Scottish Health Council Committee

Thu 19 May 2022, 10:00 - 12:30

MS teams

Agenda

10:00 - 10:30
30 min

1. OPENING BUSINESS

1.1. Welcome, Introduction and Apologies

10.00-10.05 *Chair*

1.2. Draft minutes of meeting (17/02/2022)

10.05-10.10 *Chair*

Paper

Item 1.2 20220217 SHCC Minutes Draft 0.1 RJ TMG SD.pdf (9 pages)

1.3. Review of Action Point Register

10.10-10.15 *Chair*

Paper

Item 1.3 20220519 SHCC Action Point Register.pdf (2 pages)

1.4. Business Planning Schedule

10.15-10.20 *Chair*

Paper

Item 1.4 20220519 SHCC Business Planning Schedule 2022-2023.pdf (1 pages)

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

10.25-10.30 *Director*

Verbal update

10:30 - 11:10
40 min

2. Setting the Direction

2.1. Quality Framework for Community Engagement – update

10.30-10.40 *Engagement Programmes Manager*

Verbal update

2.2. Engaging People in the work of HIS

10.40-10.50 *Director*

Verbal update

2.3. HIS Strategy development-update

10.50-11.10 *Chief Executive-HIS*

Verbal update

11:10 - 12:15
65 min

3. Committee Governance

3.1. Risk Register

11.10-11.20 *Director*

Paper

- Item 3.1 20220519 SHCC Risk Register Cover paper.pdf (3 pages)
- Item 3.1 20220519 SHCC Risk Register.doc 1 Appendix 1.pdf (1 pages)

3.1.1. Comfort Break

11.20-11.25

3.2. Service Change update including Service Change Action plan

11.25-11.40 *Engagement Programmes Manager*

Paper

- Item 3.2 20220519 SHCC Service Change update v4.0 (003) (SD).pdf (24 pages)

3.3. Remobilisation and Operational Plan Progress Report

11.40-11.50 *Operations Manager*

Paper

- Item 3.3 20220519 SHCC Remobilisation and Operational Plan CED - Progress update Q4.pdf (16 pages)

3.4. Equality /Tackling inequalities- discussion following HIS Board Development Day

11.50-12.05 *Equality and Diversity Advisor*

Paper

- Item 3.4 20220519 SHCC 19 May ED paper.pdf (18 pages)

3.5. Governance for Engagement Sub-Committee update

12.05-12.15 *Director*

Paper

- Item3.5 20220519 - SHCC paper - Governance for Engagement 2021-22.pdf (2 pages)
- Item 3.5 Appendix 1 20220426 - Governance for Engagement 2021-22 report v03 RJ SD.pdf (17 pages)

12:15 - 12:20
5 min

4. Reserved Business

4.1. Service Change Sub-Committee meeting minutes (31/03/2022)

12.15-12.20 *Engagement Programmes Manager*

Paper

- Item 4.1 20220427 DRAFT HIS-CE Service Change Sub-Committee Meeting - 31st March 2022 (SD final).pdf (7 pages)

12:20 - 12:25
5 min

5. Additional Items of Governance

5.1. Key Points

12.20-12.25 *Chair*

12:25 - 12:30
5 min

6. Closing Business

6.1. AOB

12.25-12.30 *All*

6.2. Meeting Close

12.30

12:30 - 12:30
0 min

7. Date of Next Meeting

30 June 2022- SHCC Development Day
10am-3pm
Delta House
50 West Nile St
8th Floor
Glasgow
G1 2NP

SHCC MINUTES – V0.1

Meeting of the Scottish Health Council Committee

Date: 17 February 2022
Time: 10:00am-12:30pm
Venue: MS Teams

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

In Attendance
Ruth Jays, Director of Community Engagement (RJ)
Tony McGowan, Head of Engagement and Equalities Policy (TMG)
Derek Blues, Engagement Programmes Manager (DBl)
Louise Wheeler, Service Change Advisor (LW) (Item 4.1)
Kirsten Lawrence, Engagement Officer (Observer)

Apologies
John Glennie, Vice Chair (JG)
Elizabeth Cuthbertson, Member (EC)
Jane Davies, Head of Engagement Programmes (JD)

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 extended a warm welcome to Kirsten Lawrence who was observing the meeting as part of her induction to Healthcare Improvement Scotland-Community Engagement (HIS-CE). Thanks were extended to Derek Blues (DBl) who joined the meeting at short notice due to absence.	

	SD provided the following update to the Scottish Health Council Committee.(the Committee) 1. A Board meeting to discuss Healthcare Improvement Scotland (HIS) strategy will take place on 23 March 2022. Committee members were advised there was an opportunity for them to join the meeting. Apologies were noted as above.	
1.2	**Draft Minutes of Meeting**	
	The draft minutes of the Scottish Health Council Committee meeting held on 11 November 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 that with the exception of action Item 3.5 27 May 2021, all other actions were complete.	
1.4	**Business Planning Schedule**	
	RJ presented the Business Planning Schedule to the Committee. The Committee noted the Business Planning Schedule.	
1.5	**Proposed Business Planning Schedule 2022/23**	
	The proposed Business Planning schedule for 2022/23 was presented to the Committee for comment and approval. The Committee were content with the proposed Business Planning Schedule with no further additions being made. **Action** :SF to correct wording from Service Change Manager to Engagement Programmes Manager	**SF**
1.6	**Director's Update (including Ways of Working)**	
	The Director of HIS-CE (RJ) provided a verbal update to the Committee and highlighted the following points: 1. Accommodation – the six-month Test of Change	

	period to trial new Ways of Working will start from 4 April 2022 for all of Healthcare Improvement Scotland (HIS). She confirmed that all HIS-CE engagement offices would be retained during 2022/23 and that discussions are underway with NHS Boards to ensure that the offices they provide are fit for purpose, allowing equitable opportunities for all staff. 2. Capital Investment Group- Advised that following a recent successful meeting, SG are keen to ensure that community engagement is considered within capital investment proposals from the outset. RJ has been invited to join the Capital Investment Group to ensure there is sufficient evidence of community engagement prior to proposals progressing. 3. From April, reconnection with health and social care providers and other stakeholders is planned and external communications will be in place to highlight the role and remit of HIS-CE. 4. Interim Structure- Advised that all posts have been extended to September 2022 and a preferred candidate has been identified for the Principal Service Change Advisor post and will start in April 2022. 5. *Planning with People* - work will recommence in April 2022 with our Quality Framework being aligned to this. The Committee thanked RJ for the verbal update and raised the following points: 1. In relation to the accommodation for HIS-CE engagement offices, should co-location with voluntary sector organisations be considered? 2. On Capital investment, will this include the disposal of acquisitions? In response to the points raised: 1. The Committee were advised that this is something that could be considered in the future. It was also highlighted that at present there is nothing to stop engagement office colleagues reaching agreements with external colleagues for co-location. 2. Advised the Committee that this will be something that would need to be looked into. But didn't think it was included. **Action:** RJ to check out the disposal of acquisitions and get back to EmC	**RJ**
2.	**SETTING THE DIRECTION**	
2.1	**Quality Framework for Community Engagement**	
	The Engagement Programme Manager (DBl) provided a	

	verbal update to the Committee and highlighted the following points: 1. NHS Ayrshire and Arran including Health and Social Care Partnership (HSCP), Greater Glasgow and Clyde Women and Children Services, East Renfrewshire HSCP, Aberdeenshire HSCP and North Lanarkshire HSCP have shown interest in being test sites. 2. Scheduled support sessions are now in place for Engagement offices who may be linked into the delivery piece with these partners. 3. Monthly meetings are being held for the internal Quality Framework delivery group. The Committee enquired if DBI could foresee any reason for these five stakeholders not to take up the offer to be a test site? Assurance was provided to the Committee that although not guaranteed DBI was confident that this would happen, as taking part would be of benefit to each stakeholder. The Committee thanked DBI for the verbal update.	
2.2	**Engaging People in the work of HIS**	
	The Head of Engagement & Equalities Policy (TMG) provided a verbal update to the Committee and advised that preparations are underway in Fife for the first People's Experience Volunteering Panel roles. This will see a small group of members of the public join HIS as volunteers so that their opinions can be sought on a variety of issues relevant to the organisation including its strategy, key delivery areas, and individual work programmes. Should this first group prove successful, similar groups will be created within each of HIS-CE's four regions, providing a useful additional channel of engagement with the public for HIS, and a new way for people to volunteer with the organisation. The following points were raised by the Committee: 1. Does HIS have an official line with regards to volunteers who are not vaccinated? 2. When recruiting for the volunteers, is there consideration on how do we get a wide range of people to apply. In response to the points raised TMG: 1. Advised that he would check around unvaccinated volunteers and get back to the Committee, but given that vaccination is not mandatory for NHS staff, it is unlikely it would be mandatory for volunteers 2. Provided assurance to the Committee advising that we review our recruitment approach in	

	advance of each volunteering opportunity to ensure we learn from our previous experience and maximise our reach. As a current example for the People's Experience Volunteers, we have engaged with local volunteering groups within the Fife area to learn from them the best ways to reach members of the public who may want to volunteer, and are incorporating these approaches accordingly. **Action** TMG to check on vaccination status for volunteers and feed back to committee members.	**TMG**
3.0	**Committee Governance**	
3.1	**Scottish Health Council Committee Annual Report**	
	SD presented to the Committee for review the draft annual report for 2021/2022. To assist the HIS Board in conducting a regular review of the effectiveness of the organisation's internal control systems, each HIS governance committee submits an annual report to the Board. The annual report describes the outcomes from the Committee during the year and provides assurance to the Board that the Committee has met its remit. After reviewing, the Committee suggested the following be added to the report. 1. Reflect on and include the opportunities created due to Covid 19, as well as the challenges 2. Review the length of sentences within the report. The Committee agreed the content of the draft annual report 2021/22. **Action** SD and RJ to look at where Covid opportunities might be included and sharpen up the editing of the document.	**SD/RJ**
3.2	**Risk Register**	
	RJ provided an update and advised the Committee that following discussions at the HIS Board Development day on November 17 2021 and the Audit and Risk Committee on November 24 2021, a new risk, (Risk 1163) has been added. This replaced risk 1120, taking account of the current context and capturing the risk associated with engagement in service change proposals during the pandemic. This risk has also been added to the HIS Strategic Risk Register.	

	The Committee noted the changes made to the Risk Register.	
3.3	**Rethinking Meaningful Engagement**	
	RJ presented a paper setting out a range of actions designed to raise awareness of HIS-CE role in supporting NHS boards and integration authorities in taking forward meaningful engagement. The paper outlines the SHC's statutory assurance role and the need for health and social care providers to meet their legal requirements in this regard. The Committee found the paper useful and noted the following points: 1. Narrative needs to be edgier and more direct. 2. Boards need to take responsibility for engagement as they have the legal responsibility. 3. Noted the role of the Committee is to help engage people - we have a statutory role. 4. Important for committee members to build relationships with non-executives within Boards in a supportive way that would help them with their governance role. 5. Asked how do we know what the challenges are for Boards and IJBs? How do we monitor and evaluate this? After discussion and recap, it was agreed that RJ would revisit some of the narrative based on the points raised above and send out the revised version to Committee members. **Action** RJ to amend some of the narrative based on points raised and circulate updated paper to Committee members. The Committee thanked RJ for providing this update.	**RJ**
3.4	**Service Change – Briefing for information**	
	DBI provided the Committee with an update and highlighted the following : 1. Formation of an Engagement Practitioners Network in relation to service change, a work-shop was delivered in November to highlight the work it would cover. 2. A short life working group has also been formed with colleagues from NHS Boards and Health and Social Care Partnerships to develop the aims, vision and practicalities for a network/community of practice. The Service Change team organised a first meeting for the 15	

	February and will share information about the development of the network/community of practice as a small test of change before widening the scope to the wider directorate. 3. Service change workshops for NHS boards and Health and Social care partnerships continued in Q3 covering the following areas; - Duties and principles - Planning effective engagement - Involving people in option appraisal Following the update, a question was raised on what value can be added as an organisation to the Engagement Practitioners Network? DBl advised the Committee that prior to the workshops in November there was no place for practitioners to come together and this can help partners understand what their responsibilities are. The Committee thanked DBl for the update and agreed with his suggestion to make changes to the Service Change update template. They suggested the use of a table with a timeline would make it clearer to establish what stage each service change is at.	
3.5	**Remobilisation and Operational Plan Progress Report – for information**	
	DBL provided an update and highlighted the following points: 1. Colleagues continue to deliver a broad range of high quality programmes of work and are now preparing for the new ways of working.(WoW) 2. Webinars- A successful webinar on engaging with Gypsy/Traveller communities led by Engagement Officer Gillian Ventura took place last month, with 150 people, both internal and external, attending. 3. Citizens' Panel - during Quarter 3 we have undertaken Citizens' Panel 8 and the results of this will be published in Q4 of 21/22. The Committee were advised that the webinar was still available if they wished to view and RJ provided the link for this. Thanks were extended to Gillian and all who were involved in the setting up of the webinar. The Committee thanked DBl for the update.	
3.6	**Equality Mainstreaming Report update**	
	TMG presented to the Committee various updates, including:	

	1. The good progress made on the establishment of the three staff networks set up as part of the Equality Mainstreaming Action Plan. 2. The development of an Inclusive Language Guide, which details current best practice language in relation to each of the protected characteristic groups, as well as around socio-economic deprivation, homelessness and substance dependence providing feedback to enable this to be finalised. 3. Progress on a project to develop guidance to support directorate staff to engage with diverse communities, including: people with learning disabilities, people with low literacy, people whose first language is not English and deaf users of British Sign Language. Following discussion the Committee highlighted the following points: 1. Some questions around terminology used in the report. 2. Importance of people not being penalised if incorrect wording/phrase is used. 3. Where do people go if they don't fit into any of the networks? 4. There is contradiction in the inclusive language guide on disability. 5. Mental health not mentioned in the inclusive language. 6. Neurodiversity is missing within the language guide as well as, dyslexia and dyspraxia. Clarity around this would be welcome. 1. Assurance was provided to the Committee that people would not be penalised for use of wrong language so long as their intention is in line with our values and behaviours. 2. Advised that the networks were cross-cutting and aimed at supporting staff from protected characteristics groups, who we have a commitment to support via our Equality Mainstreaming Action Plan. The Committee agreed that mental health and neurodiversity should be included and were asked to send any further comments on the guide to TMG. The Committee endorsed the next stage and asked for thanks to be passed onto Rosie Tyler-Greig who has led this work.	
3.7	**Governance for Engagement sub-committee Minutes**	
	TMG presented the Governance for Engagement sub-committee (GfE-SC) meeting minutes held on 20	

	January 2022. He also advised the Committee that work was continuing on the final report and this will be produced for the next SHC Committee meeting on 19 May 2022. It was agreed if the Committee could feed back any contributions to TMG. The Committee noted the GfE-SC meeting minutes and look forward to seeing the final report in May.	
	RESERVED BUSINESS	
4.	**Service Change Sub-Committee meeting minutes**	
4.1	DBI presented the Service Change Sub-Committee meeting minutes from the meeting held on 27 January 2022. Discussion also took place regarding NHS Ayrshire and Arran Chemotherapy (SACT) service paper and Amendments to Identifying Major Service Change Guidance. The Committee noted the sub-committee meeting minute and approved recommendations made by the Service Change Sub-committee on the items discussed.	
	ADDITIONAL ITEMS of GOVERNANCE	
5.	**Key Points**	
5.1	After discussion, the Committee agreed the following three key points to be reported to the Board: 1. Major Service Change guidance with reference to NHS Ayrshire & Arran Chemotherapy 2. Equality Mainstreaming Report 3. Rethinking Meaningful Engagement	
	CLOSING BUSINESS	
6.	**AOB**	
6.1	No AOB was discussed.	
	DATE of NEXT MEETING	
7.	The next Scottish Health Council Committee meeting will be held on 19 May 2022 10am-12.30pm venue TBC	
	Name of person presiding: Signature of person presiding: Date:	

ACTION POINT REGISTER

Meeting: **Scottish Health Council Committee**
Date: **17 February 2022**

Minute ref	Heading	Action point	Timeline	Lead officer	Status
Committee meeting 27/05/2021 3.5	Operational Plan 2021/22	Easy-read version of the Operational Plan to be produced for sharing with multiple audiences.	17/11/2022	JD / TMG / VE	On-going – internally sourced easy-read capacity and capability currently being considered – update to be provided at November meeting.
Committee meeting 17/02/2022 1.5	Proposed Business Planning Schedule	SF to correct wording from Service Change Manager to Engagement Programmes Manager on the schedule	19/05/2022	SF	Complete
Committee meeting 17/02/2022 1.6	Director's Update (including Ways of Working)	On Capital investment, will this include the disposal of acquisitions? RJ to check out the disposal of acquisitions and get back to EmC	19/05/2022	RJ	Complete – information relayed to EmC
Committee meeting 17/02/2022 2.2	Engaging People in the work of HIS	Does HIS have an official line with regards to volunteers who are not vaccinated? TMG to check on vaccination status for volunteers and feed back to committee	19/05/2022	TMG	Complete- We do not require our volunteers to be vaccinated. The only circumstances where it would be preferable is if any volunteers were taking part in inspections (and actually on the

		members.			relevant hospital site), but there is no likelihood of this in the foreseeable future.
Committee meeting **17/02/2022** **3.1**	Scottish Health Council Committee Annual Report	SD and RJ to look at where Covid opportunities might be included and sharpen up the editing of the document	19/05/2022	SD/RJ	Complete- Annual Report updated to reflect comments suggested.
Committee meeting **17/02/2022** **3.3**	Rethinking Meaningful Engagement	Narrative needs to be edgier and more direct RJ to amend some of the narrative based on points raised and circulate updated paper to Committee members.	19/05/2022	RJ	Complete – amended paper circulated to Committee members.

Scottish Health Council Committee
Business Planning Schedule

Committee Business	Lead officer	2022-2023 19/05/2022	15/09/2022	17/11/2022	02/03/2023
Strategic Business					
Quality Framework for Community Engagement	Head of Engagement and Equality Policy				
Volunteering in NHS Scotland	Programme Manager Volunteering				
Citizens Panel	Head of Engagement and Equality Policy				
Engaging People in the work of HIS	Head of Engagement and Equality Policy				
Committee Governance					
Draft Annual Report 2022/23 & Committee Terms of Reference	Chair				
Proposed Business Planning Schedule 2023/24	Director				
Risk Register	Director				
Remobilisation & Operational Plan Progress Report	Director				
Service Change Briefing	Service Change Manager				
Engagement Programme Update	Head of Engagement programmes				
Corporate Parenting Action Plan	Public Involvement Advisor				
Equality Mainstreaming Report-update	Director/Equality and Diversity Advisor				
Additional Items of Governance					
Governance for engagement sub-committee meeting notes	Head of Engagement & Equalities Policy				
Service Change sub-committee meeting notes	Engagement Programmes Manager				
Closing Business					
3 Key Points	Chair				
AOB					

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council Committee**
Meeting date:	**19 May 2022**
Title:	**Risk Register**
Agenda item:	**3.1**
Responsible Executive/Non-Executive:	**Ruth Jays, Director of Community Engagement**
Report Author:	**Ruth Jays**

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to:

- Annual Operational Plan delivery
- HIS Strategic Direction

This aligns to the following HIS priorities(s):

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

2 Report summary

2.1 Situation

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

2.2 Background

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

There are no changes to the risk register.

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

2.3 Assessment

2.3.1 Quality/ Care

N/A

2.3.2 Workforce

Relevant workforce implications for each risk have been identified.

2.3.3 Financial

Relevant resource implications for each risk have been identified.

2.3.4 Risk Assessment/Management

Risk register attached in appendix 1.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix No1 Risk Register

Active Risks - Standard Report

Category	Project/Strategy	Risk No	Risk Status	Risk Manager	Risk Owner	Risk Director	Risk Description	Inherent Risk Level	Current Controls	Current Mitigation	Current Update	Last Updated	Last Updated Risk Score	May - 2022
	:hange	1163	Active	Derek Blues	Ruth Jays	Ruth Jays	There is a risk that system pressures together with regional/national planning and COVID remobilisation and recovery reduces the priority given to meaningful public involvement and engagement in service change resulting in failure of Boards to meet their statutory responsibilities with the subsequent operational and reputational risk to HIS.	High - 16	"Planning with People", Scottish Government and COSLA Community Engagement Guidance', Identifying options for delivery of core functions; and raising awareness through governance structures, via engagement with NHS boards, partnerships and Scottish Government. Development of Quality Framework for Engagement to support implementation of national guidance.	The Scottish Health Council Committee Service Change Sub-Committee continues to provide governance over the issue and last met on 31 March 2022 to consider progress. This subject was the focus of a paper presented to the Scottish Health Council Committee on 9 September where recommendations were accepted. The issue was also the subject of a Board Development Day on 17 November and further actions have been developed in the light of these discussions. Ongoing discussions with boards and partnerships to emphasise need for engagement and support available via HIS-CED.	The current serious and sustained pressures in the health and social care system are having an impact on boards' ability to meaningfully engage around service change. There are also a range of service changes which were brought in on a temporary basis at the start of the pandemic and have now been in place for 24 months. We are reviewing on an ongoing basis the support we provide for boards and what more we can do to ensure relevant guidance is applied and the risks around failure to meaningfully engage are taken account of.	05/05/2022	Very High - 16	Very High - 16 Impact - 4 Likelihood - 4
Operational	Community Engagement directorate wide risk	1077	Active	Tony McGowan	Tony McGowan	Ruth Jays	There is an operational risk to HIS – Community Engagement as a result of the limited launch of the directorate undertaken in April 2020 necessitated by the on-going pandemic, resulting in a lack of widespread stakeholder recognition and understanding of our new branding, and the full range of expertise, support and services offered.	Medium - 8	• Defined directorate communications approach to reconnect with internal & external stakeholders (brand recognition and understanding) • Design, delivery, on-going management and evaluation via Directorate communications operational group • Regular reporting via Director, Directorate Management Team, and Scottish Health Council Committee • Regular reporting via Director, and HIS Head of Communications.	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. Some of the website content is legacy material from the Scottish Health Council - these are being reviewed and where necessary being brought up-to-date. These are supported by a communications operational group comprised of colleagues from all levels within the directorate. The original launch ideas pre-dating the onset of the pandemic are being revisited by the group to determine their appropriateness as part of the communications reconnection work. The directorate's senior team has been taking opportunities to present to and share with external stakeholders about our role and remit (including opportunities with the Scottish Government, NHS Boards and integration authorities).	A further refocus on the branding piece with stakeholders is necessary given the limitations of the launch arrangements in April 2020. A communications plan is being implemented during spring & summer 2022 to reconnect the directorate with internal and external stakeholders focusing on brand recognition and understanding of our remit. This is being supported by considered publication of new & existing materials including recorded webinars via social media channels. Distribution of new signage across the engagement office network estate has not been possible due to the on-going pandemic. This will be addressed during spring 2022. A review of our accommodation requirements was completed in February 2022 and discussions with host territorial NHS Boards are nearing completion on new Service Level Agreements. The communications operational group is progressing the reconnection work during 2022 with regular reporting as set out within the Controls section.	03/05/2022	Medium - 8	Medium - 8 Impact - 4 Likelihood - 2

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council Committee**
Meeting date:	**19 May 2022**
Title:	**Service Change: Update (including Service Change Action Plan update)**
Agenda item:	**3.2**
Responsible Executive/Non-Executive:	**Ruth Jays, Director**
Report Author:	**Derek Blues, Engagement Programmes Manager**
Purpose of paper:	**Awareness & Discussion**

1. Situation

This paper provides the Scottish Health Council Committee with an update on service change activity within *Healthcare Improvement Scotland – Community Engagement* including general guidance, detail on specific changes and practice development, including an update on National and Regional Planning and the Service Change Action Plan.

2. Background

The service change team are involved in various pieces of work in support of NHS Boards and Health and Social Care Partnerships as well as a number of practice development activities. Denise Symington has joined the team as Principal Service Change Advisor until 30 September 2022 from her substantive post in NHS Western Isles.

3. Assessment

Assessment considerations

Quality/ Care	Effective engagement and consultation in line with legislative duties and principles will help ensure high quality care services provided are robust and sustainable.
Resource Implications	The budget for financial year 2022/23 is in the process of being finalised. It will provide resource for face to face meetings during the course of the financial year.
	Denise Symington joined the team on 1 April 2022 as Principal Service Change Advisor. Denise Worrall (Tayside Engagement Office Administrator) is now providing administrative support one day per week.

Risk Management	The requirements for engagement where decisions on service provision are made on a national or regional basis (referenced in section 3.3.3 are included within the HIS corporate risk register.
Equality and Diversity, including health inequalities	Consideration of equality and diversity issues underpins the activity of the team in all aspects of our work.
Communication, involvement, engagement and consultation	Ongoing support to support effective involvement, engagement and consultation being provided.

3.1 General Guidance

3.1.1 Scottish Government Capital Investment Group

The team have made links with the Scottish Government Capital Investment Group (CIG) and have agreed a schedule of monthly meetings for sharing of knowledge and information. This platform will allow the CIG to provide an overview of emerging proposals and business cases and gain an understanding of the engagement work that the team are sighted on for each one. It will also allow the team to have sight of developments that they may not yet be involved in allowing them to reach out to NHS Boards and Health and Social Care Partnerships to offer support. HIS-CE have already provided advice to the CIG on the Initial Agreement for the Lochaber Redesign Programme.

3.1.2 National Treatment Centres

Seven National Treatment Centres are at various stages of being established across Scotland and the team have been in discussions about developing a standardised “core” set of standards for engagement about the development of these as a valuable resource, whilst recognising the need for flexibility to take account of the different services in place at each centre and their geographic locations.

3.1.3 Planning With People

Planning with People was co-produced by Scottish Government and COSLA and applies to NHS Boards, Integration Joint Boards and Local Authorities. It was published in March 2021 to replace CEL 4 (2010). The publication;

- Has a focus on collaboration and joined up working between organisations and communities, to plan together.
- Takes account of the learning from engaging differently during the COVID-19 pandemic and findings of the Feeley report.
- Supports organisations to deliver their existing statutory duties for engagement and public involvement.

The established major service change decision-making process for NHS Boards remains unchanged. Revisions to the materials have been delayed by the pandemic and the team will be working with colleagues from Scottish Government to influence the content of the next version of Planning with People which will be published later this year.

The team have been leading on the development of the Quality Framework for Engagement and published materials in late September 2021. They have been working with partners from NHS Boards and Health and Social Care Partnerships to test the materials and the approach with a view to finalise this in line with the next version of Planning with People.

3.2 Service Changes

The table below provides an overview of the active, more significant changes that the team has been involved in, with further detail on wider changes provided in Appendix 1. We have used a new colour coded system which is as follows: green (work is progressing in line with guidance, not aware of public concern); yellow (active public and political interest, concerns raised re proposal, a watching brief); and, blue (contentious proposal, high public/ political interest, may be 'major' change involving significant resource from service change team). A categorisation of red would indicate that a change is deviating from the advice we have provided and requires escalation.

Red – deviation from advice, escalation required

Blue – contentions change, possibly major change requiring significant input

Yellow – active interest, watching brief

Green – progressing in line with guidance, no apparent areas of concern

Organisation	Summary of change	Update	Action taken	Escalation required?	Status
NHS Ayrshire and Arran	**Review of Chemotherapy Services:** proposal to make the current interim model, permanent. This involves all Tier 2 chemotherapy treatments and inpatients being delivered from Crosshouse; Tier 3 chemotherapy delivered from Crosshouse and Kyle Ward.	Following a decision at Scottish Health Council Committee on 17th February, HIS-CE confirmed (by letter) its view that these proposals met the threshold for major service change and made recommendations to inform next steps	Formal response to HIS-CE letter from NHS A&A not yet received. The SG has been informed NHS A&A is proceeding to consultation for MSC. EPM had initial discussion with NHS A&A. SCA provided advice on requirements for consultation at meeting on 21 April.	No	Blue

NHS Grampian	**Review of Maternity services model at Dr Gray's (DGH), Elgin-** review of future model of services, Service has been downgraded previously due to staffing issues and patient safety.	NHS Grampian are waiting for direction from the Scottish Government after the Ministerial announcement in March. A copy of the statement can be found on the link here.	Advised on the need for ongoing engagement in the re-establishment of the service, seeking feedback on the interim model and suggested that service users are involved in the impact assessment for the interim model.	No	Yellow
NHS Ayrshire and Arran	**Vascular services –** service reviewed as part of regional planning (with main driver being shortage of surgeons). Vascular surgery moved from Ayr Hospital to Hairmyres, East Kilbride with limited patient and public engagement. Capital funding granted to NHS Lanarkshire to create regional service/ theatre space. NHS A&A has not sought a view on 'major' from HIS-CE.	The service change team has had no further update or discussion with NHS A&A on proposed changes to vascular services since summer 2021.	Discussion paper prepared by the service change team14 April	No – however further work to be undertaken on engagement process for public involvement in regional and national changes.	Yellow

	Trauma & Orthopaedics: concentrating major trauma and trauma cases in the Major Trauma Centres and Trauma Units, to ensure equity of access to those specialist services for trauma patients. This change will enable Boards to develop elective centres of excellence within their local emergency hospitals	Plan to consolidate elective Orthopaedic surgery at Ayr Hospital, supported by a National Treatment Centre at Carrick Glen Hospital. Carrick Glen was purchased by Scottish Govt in March 2022. Prior to this we understand from NHS A&A there has been patient (limited public) communication and involvement in this development. HIS-CE has not been actively involved in the process.		HIS-CE will present to SG in June 2022 on core principles and expectations on engagement for NTCs and we will seek opportunities to present to boards	Yellow
NHS Highland	**Lochaber Hospital reprovision-** development of model of services	NHS Highland and HIS-CE met on 5 February to discuss the upcoming option appraisal. Clinician workshops, to review the options from a clinical perspective, were held in March and an Option Appraisal with a wider stakeholder group took place on Tuesday 22 March 2022.	Follow up on option appraisal meeting. Monthly Stakeholder meetings ongoing – last meeting on 21 April. The Capital Investment Group agreed to approve the Initial Agreement for	No	Yellow

			Lochaber subject to NHS Highland completing the MSC template which they have been asked to complete and is expected shortly.		
NHS Highland	**North Skye inpatient and community bed redesign:** review of recommendations of the Sir Lewis Ritchie report.	NHS Highland have decided that the focus of the service development should be to develop a health and care campus. Future meetings will initially consider service requirements and then consider possible site. The Service Change Team has received no further update as at March 2022.	Stakeholder meeting took place on 29 April	No	Green
NHS Tayside	**Mental Health and Learning Disability Services:** implementation of previous consultation on inpatient services and new strategy.	A Short Life Working Group has been set up to develop a People's Panel for Mental Health Services in Tayside. The Engagement Officer has been providing advice to the group to ensure involvement of	The Service Change Advisor and Engagement Officer have been providing advice on engagement to the Early Intervention in Psychosis pathfinder project. This project is supported by the	No	Green

		people with lived experience.	iHub, who are providing support with the design of the service.		
NHS Forth Valley	**Primary Care Premises review:** reviewing GP services to reflect the new GMS contract and 'right person, first time' ethos. There are approximately 50 GP practices in six areas and there is potential for many practices to be impacted by change.	NHS Forth Valley (NHSFV) plan to conduct engagement in each area on an individual practice basis as part of an ongoing process focusing on one area at a time.	The Service Change Advisor has provided ongoing advice on engagement and contacted the HSCP in April 2022 to establish progress, detail of engagement plans and any support required.	No	

Further detail of the other services changes being supported by the team can be found in Appendix 1.

3.3 Practice Development

3.3.1 Online workshops

The team has continued to deliver online workshops with partners in NHS Boards and Health and Social Care Partnerships (HSCPs) over recent months. The team has held workshops with Angus HSCP, NHS Grampian, NHS Greater Glasgow & Clyde and NHS Borders.

There has also been another cycle of internal workshops internally during Q2 along with a 'taster' session covering duties and principles, planning with people and option appraisal to colleagues in the iHub. The workshops to date have received positive feedback and actions were identified to be further developed and discussed. We plan to revisit the impact the workshops have had on practice in Q3 of 2022 with the potential to use the Care Experience Improvement Model (CEIM) being explored.

The team has drafted an overview of the workshops and the *Planning with People* guidance for non-Executive board members in response to requests for the workshops to be delivered to senior staff and non-executives in NHS boards and Integration Authorities. An approach to deliver these workshops has been agreed with the HIS CE Directorate Management Team with planned delivery of the workshops between June and August 2022.

3.3.2 Resources

To continue to help NHS boards and Integration Authorities effectively engage with people and communities in the planning and development of health and care services, resources have been updated to reflect current context and new Scottish Government guidance. The Identifying 'major' health service change guidance was published on our website in March 2022 and we have revised the major service change template to reflect the updates. The up to date resources can be found at https://www.hisengage.scot/service-change/resources/

3.3.3 Regional and national changes

Background

Some health services need to be planned and delivered on a regional or national basis. This can be for reasons[1] including:

- Larger population gives clinicians sufficient opportunity to undertake more specialist services more often, which results in better outcomes for patients
- Workforce pressures – recruitment and retention of clinicians and supporting team
- Financial pressures – this may relate to equipment, pharmacy and supporting services, suitable accommodation/space

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

- Consistency in service provision e.g. emergency care pathways across the NHS in Scotland.

Statutory duties and principles

NHS Boards have statutory duties in relation to public involvement. Service Change Advisors are sometimes advised by their NHS board colleagues that there is no opportunity to involve people in the development of options, as there is only one viable option. The Planning with People guidance states that:

"If there are areas that the engaging organisation believes cannot be influenced, for instance safety, working practices or budgetary restraints, they must be clearly explained. Any such limitations should be evidenced, and organisations receptive to challenge over scope. It is important to be ready to revisit assumptions or decisions following discussions with the community, or the emergence of new evidence."

Similarly, by approving a regional clinical model separately, specific requirements to the regional model, may subsequently limit the number of viable options. Planning with People recognises that "*the more non-negotiable elements there are, the less likely members of the community will want to participate*".

Over the past three months we have explored three case studies[2] to understand the regional approach taken by NHS boards and undertaken an initial SWOT analysis. It would be helpful for the committee to consider the principles we are recommending, taking into account the learning from the SWOT analyses and our experiences from other regional projects, which are:

- Recognise that regional planning is undertaken by a group of individuals and health professionals from geographic NHS boards to consider clinical and workforce considerations – consider how communication and involvement with people (including patients) can also be taken into account at this early stage.

- Regional and national planners should follow Planning with People guidance when planning and commissioning care services in Scotland i.e. there is no 'fast' or 'minimal' track – on this basis, our expectations for patient and public involvement would be similar to those for geographic NHS boards.

  These would include:
  - public involvement in option appraisal (location and design)
  - wider communication about the process and proposal taking place from the outset (website, social media, media, newsletter)
  - equality impact assessment of the involvement process and preferred option (good practice to consider this with people who have experience of the service e.g. travel and access)
  - proportionate consultation (this may take into account impact on people, whether relating to unscheduled care, location

[2] Cardio-thoracic service (NHS GG, NHS Lanarkshire and Golden Jubilee Hospital 2005); Chemotherapy Systemic Anti-Cancer Therapy (SACT) WoSCAN and NHS Ayrshire and Arran (2018-22); and, Vascular Surgery (West of Scotland and NHS Ayrshire and Arran, 2019-21)

- Fairer Scotland Duty assessment before decision
- people's feedback is used to inform the decision-making process
- provide feedback to people on the decision reached and an explanation of how this decision was made, and
- continue to engage with people during the implementation of the proposal/next steps.

To support this, the team have developed a draft regional planning expectations template covering expectations, outputs and evidence which is available at Appendix 2. Next steps now that Denise has commenced in post are to refresh the original action plan for supporting the delivery of effective engagement for regional planning and to finalise the case studies that have been developed. Additionally, the team is seeking a discussion with John Glennie before his term in office ends at the end of May to inform this work. The updated service change action plan reflecting progress made is included as Appendix 3.

4 Recommendation

The Committee is asked to note the contents of the paper for information and discussion.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix No 1 : Service Change Wider Update, April 2022
- Appendix No 2 : Draft Regional and National expectations template, April 2022
- Appendix No 3 : Service Change action plan April 2022

Appendix 1 : Service Change Wider Update, April 2022

NHS Board	
National Waiting Times Centre	*Scottish Adult Congenital Cardiology Service* *Expansion Phase 2 Orthopaedics*
NHS Ayrshire and Arran	*Caring for Ayrshire*
NHS Grampian	*National Treatment Centre*
NHS Greater Glasgow and Clyde	*Institute for Neurological Sciences* *Mental Health Services* *Primary Care Out of Hours (interim arrangement in place)*
NHS Highland	*Primary Care provision in Inverness*
NHS Shetland	*Gilbert Bain Hospital replacement and Clinical Strategy*
Scottish Ambulance Service	*Strategy Development Framework 2021-2030*
NHS Lothian	*Edinburgh Cancer Development, Ward 20 replacement- Western General Hospital*
NHS Forth Valley	*Bone Service*
NHS Western Isles	*Neurological Service redesign, Mental Health Strategy*
Integration Authority	
Aberdeenshire Health and Social Care Partnership	*Insch and Aboyne community Strategic Needs Assessment*
Angus Health and Social Care Partnership	*Review of Specialist Dementia discharge pathway. Care of the Elderly inpatient beds.*
Argyll and Bute Health & Social Care Partnership	*Dementia Review, Housing and Care Home review*
Fife Health and Social Care Partnership	*Review of Inpatient Mental Health Services*
Glasgow City Health and Social Care Partnership	*Mental Health services*
North Ayrshire Health and Social Care Partnership	*Arran Integrated Island Services (on hold)*
North Lanarkshire Health and Social Care Partnership	*Hospital Based Complex Clinical Care (consolidation of HBCCC beds across Lanarkshire and reduction in number of beds from 127 to 75)*
Dumfries & Galloway Health and Social Care Partnership	*Strategic Review* *Dementia Review* *Community Model Programme*
Edinburgh City Health and Social Care Partnership	*Bed Based Review*
East Lothian Health and Social Care Partnership	*East Lothian bed review*
Forth Valley – Falkirk and Clackmannanshire HSCP	*Review of Community Hospital*
Moray Health and Social Care Partnership	*Business case process for replacement of Keith Health Centre and Turner Hospital.* *Burghead and Hopeman- Branch Surgery Review.*

Appendix 2 : Draft regional planning expectations template

NHS boards – expectation template

Regional planning

Healthcare Improvement Scotland | Community Engagement

STAGE	EXPECTATIONS	OUTPUTS (*these are the outputs likely to be seen at each stage in process*)	EVIDENCE (*section to be completed by NHS board at relevant stage in process*)
Identify the issue	The scope of the review and drivers for change have been communicated.	• Background paper detailing the rationale for change, any known timescales, the reasons for engagement and shared understanding of objectives. • *A practical example may be to enable people to tour existing and proposed facilities to create a shared vision at the outset (Resistance to change)*	

	The process of engagement, including how and when decisions will be made, is clearly explained and people[3] understand how their involvement will be taken into account.	• Project plan, which includes indicative timescales and governance arrangements for engagement and decision-making • Project group/Stakeholder Reference Group and focus groups	
Identify stakeholders who may be affected by the issue	An engagement planning team has been established, with community representatives involved from the earliest stage, to oversee process for service change. Stakeholders have been identified.	• Stakeholder analysis and mapping • Planning team Terms of Reference	
	A representative and inclusive approach to participation is undertaken, which is supported by an involvement and communication plan. Evaluation of engagement activity should be continuous and arrangements for this are part of the initial plan for engagement.	• Involvement and communication plan	

[3] The word 'people' should be interpreted to refer to health service users, patients, staff, members of the public, carers, volunteers, and the voluntary organisations that represent them.

	Use existing feedback to gather together and review patients', service users' and carers' experiences and expectations and take this into account in informing service review and proposed change.		
Plan Engagement	Develop an Equality Impact Assessment (EQIA) of the engagement and describe how you have used it to inform the planning of the engagement process.	• Equality impact assessment of engagement process (including actions to address any barriers to engagement)	
	Demonstrate how you have worked collaboratively with partner organisations to draw on existing collective knowledge, experience and infrastructures to support community engagement *Consider how proposals affect people in other areas and work collaboratively with these NHS board/IJB areas.*		

HIS- CE ANALYSIS OF EVIDENCE/ RECORD OF DISCUSSION			

STAGE	EXPECTATIONS	OUTPUTS (*these are the outputs likely to be seen at each stage in process*)	EVIDENCE (*section to be completed by NHS board at relevant stage in process*)
Engage those potentially affected	People potentially affected can access accurate information to enable them to engage effectively. The information clearly describes the reasons for proposed change, planned timetable for engagement and includes other relevant background information. This approach has been guided by the involvement and communications plan, *which includes a range of engagement and communication methods*.	• Involvement and communications plan	
	People potentially affected have been sufficiently informed to support their participation –the information is balanced, written in plain language and easy to understand. To promote equity all information should be made	• Information materials on the review	

	available in a variety of formats and languages.		
	The areas that cannot be influenced for example safety, working practices or budgetary restraints, have been explained and evidence has been provided for this.		
	Provide regular updates and feedback to participants as part of the engagement activity. All information should be co-produced, presented clearly and made widely available.		
	Questions or issues about the information/evidence that has been shared with people are proactively addressed by the Board as appropriate to inform the process moving forward.		

	Local people have been involved in developing and considering a wide range of options to identify sustainable solutions; heard new ideas and understood all the issues for communities.		
	People have been given the information and support they need to effectively participate in the process.		
Evaluate engagement	The process has been robust, inclusive and representative. The impact of the engagement has been routinely assessed to ensure that the right people were involved, and their experience was monitored.		
	Impact assessment of policy or service redesign proposals have been undertaken to consider the impact on different communities taking into consideration equality, human rights, sustainability and the environment. Actions have been identified *(with people potentially affected by the proposal)* to mitigate adverse impacts.	• Equality impact assessment of the service model	

	People have been meaningfully involved in an open and transparent process to determine the service model(s) that should be taken forward and new evidence and *people's suggestions/feedback have been considered to inform next steps in the process*.		
HIS- CE ANALYSIS OF EVIDENCE/ RECORD OF DISCUSSION			
	NHS Boards should not move to consultation until confirmation received from the Healthcare Improvement Scotland - Community Engagement that engagement up to that point has been in accordance with guidance. A proportionate approach may include a form of consultation for proposals not considered to be major.		

STAGE	EXPECTATIONS	OUTPUTS (these are the outputs likely to be seen at each stage in process)	EVIDENCE (section to be completed by NHS board at relevant stage in process)
Consultation	The information provided on the consultation was available, accessible, and easy to interpret to enable consultees to provide an informed response.	• *Consider synergy in timing, governance and information across the regional/ NHS board areas* • *e.g consultation paper and supporting information e.g. equality impact assessment, transport analysis, Fairer Scotland Duty assessment*	

	There was sufficient opportunity for consultees to participate.	• *Consultation plan, which sets out:*
		  ○ *scope for consultation*
		  ○ *activity to date (including development of proposal and engagement)*
		  ○ *stakeholder analysis*
		  ○ *methods of consultation*
		  ○ *timelines*
		  ○ *decision-making process and feedback*	

Specific considerations for Major Service Change:	There was at least a three month public consultation *HIS-CE would recommend a 'mid-way review' to discuss the process to date and identify any additional actions that may be helpful to respond to issues raised*.		
HIS- CE ANALYSIS OF EVIDENCE/ RECORD OF DISCUSSION			

STAGE	EXPECTATIONS	OUTPUTS (these are the outputs likely to be seen at each stage in process)	EVIDENCE (section to be completed by NHS board at relevant stage in process)
Decision making	There was a full meeting of the NHS Board where the proposals were considered and a decision was made that took account of the responses to the consultation. **For major change-** • The report from HIS-CE was used to inform the Board's decision.		
Feedback	The Board took into account the quality of the engagement process.		
	The Board provided speedy information explaining the impact of community engagement on the outcome.		

Appendix 3 : Service Change action plan April 2022

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

Operational (option appraisal – a co-design approach)				and timelines with Committee members.
6. Review learning and feedback from discussions and develop a position paper setting out HIS-CE expectations for regional and national planning that supports engagement with people and communities in line with Scottish Government's guidance, *Planning with People.*	*Paper would be presented to the November Committee meeting for consideration and approval*.	Nov 2021	SCT/SMT	Complete
7. Explore with colleagues from Scottish Government, national planning structures and NHS Boards viable approaches to community engagement.	Jointly developed initial approach to engagement for regional and national planning, which meets HIS-CE expectations.	Nov-Dec 2021	SMT	Complete. Approach and expectations template included
8. Update the COVID pandemic guidance and position statement on remobilisation and recovery.	Re-issue COVID pandemic guidance and position statement on remobilisation and recovery, with references to regional and national planning included.	29.10.21	RJ/SMT/SCT	Complete and published on HIS engage website
9. 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.	Ensure that vision, strategic objectives and priorities across services are being developed with people and communities	Nov 2021	SMT	In progress
10. Arrange programme of regular meetings with Scottish	• Develop overview/landscape of upcoming service planning and redesign	Jan 2022	SMT/EPMs/ SCT	Capture key learning points to inform revise of Planning with People

Government, national planning structures and NHS Boards	• Build clear understanding of HIS-CE support and quality assurance role			
11. Plan work programme for local, regional and national service change for 2022/23 and beyond.	Work programme – with flexibility built in to support responsiveness to needs of stakeholders.	May 2022	SMT/SCT	Development of work programme to be led by Denise Symington
12. Consider development of a Community of Practice for practitioners involved in local, regional and national planning.	• Greater collaboration to share practice and learning • Share the support we can offer and identify what else would be helpful for example co-produce new tips for engagement.	June 2022	SCT	Build on the experience of establishing a network for engagement practitioners.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council Committee**
Meeting date:	**19 May 2022**
Title:	**Remobilisation and Operational Plan 2021-22: Progress Update Q4**
Agenda item:	**3.3**
Responsible Executive/Non-Executive:	**Ruth Jays, Director of Community Engagement**
Report author:	**Richard Kennedy-McCrea, Operations Manager**
Purpose of paper:	**Discussion**

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 2021-22 and carried out during Quarter 4 of 2021-22. The Committee is asked to discuss the contents of the paper.

2. Background

In the fourth quarter of 2021-22 we have continued to support the remobilisation and recovery of health and care services at a pace that is consistent with the continued pressures in the system. We have been responsive to requests from NHS boards and Health and Social Care Partnerships particularly in relation to development of new engagement strategies and plans and service change issues that were put on hold earlier in the pandemic.

We have begun to develop proposals to provide a consistent package of engagement support to the Healthcare Improvement Scotland (HIS) key delivery areas, for example Children and Young People. This will help ensure we embed engagement and equalities across the organisation.

3. Assessment

The pandemic has presented both challenges and opportunities for staff and the directorate as a whole. Although some of the challenges should ease as we move out of the pandemic, and we are able to engage with health and care services more proactively as the emergency footing is lifted, a focus remains on the health and wellbeing of our staff. There have been considerable opportunities for learning from and collaborating with other colleagues across the organisation and health and social care more generally, and for

career progression opportunities due to the location-neutral nature of our work during the period of the pandemic. We are keen that these opportunities continue.

During Quarter 4 of 2021-22 our staff have continued to learn and grow in terms of their improvement knowledge and skills, participating in Cohort 4 of the Foundation Improvement Skills course and embedding their learning from the Care Experience Improvement Methodology training they undertook earlier in the year.

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 NHS Scotland.

During Quarter 4 we published the report following the 8th survey of the Citizens' Panel, which makes a number of recommendations for Scottish Government and NHS boards.

Assessment considerations

Quality/ Care	All of our work will enable health and social care services to improve the quality of care they provide to the people of Scotland with a particular focus on ensuring that the voices and lived experience of people and communities are at the heart of decisions in relation to their own care and development and delivery of services. We have begun to embed improvement methodologies within our own work to ensure we can improve our engagement activities and ensure improvement is at the heart of our directorate approach moving forward.
Resource Implications	The resource implications for the directorate's work programmes have been reflected in the 2021-22 budget. Additional funding has been secured from Scottish Government to support Citizens' Panels for 3 years from 2022-23, and to replace the current Volunteer Information System.
	We continue to follow the most up-to-date policies and guidance to ensure the health, safety and wellbeing of our staff, particularly given the current home working policy, which will continue until for the foreseeable future.

	We are working with colleagues across the directorate to consider their Ways of Working (WoW) for the future, ensuring we understand their preferences. We are supporting staff who have chosen to do so to move to hybrid working in Q1 of 2022-23 now that our offices are reopening.
Risk 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 the HIS risk register in relation to the impact of the COVID-19 pandemic.
Equality and Diversity, including health inequalities	The directorate has a specific role in supporting equality and diversity within HIS and will continue to do this as part of our response to COVID-19. We have undertaken a number of equality impact assessments in relation to projects being delivered during the pandemic and are able to demonstrate the impact of these through our work.
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.

4 Recommendation

The Committee is asked to discuss the content of the Community Engagement directorate's Remobilisation and Operational Plan 2021-22: Progress Update Q4.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1 – Remobilisation and Operational Plan 2021-22: Progress Update Q4

Appendix 1

Scottish Health Council Committee

Remobilisation and Operational Plan 2021-22
Progress Update Quarter 4

Background

During 2020-21 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 2020-21 Operational Plan have been scaled back, refocused or paused in order to ensure we had the capacity to meet other demands.

However, we have been able to get back to more 'business as usual' working to provide strategic and operational advice and support to colleagues across health and social care in Scotland in relation to their engagement and involvement activities as well as equalities and human rights approaches. We have also been working closely with partners in the third sector to engage with people and communities in relation to their experiences during the pandemic.

Achievements

Outlined in the tables below are an update of the work the directorate has undertaken from January to March 2022. The pandemic has provided opportunities for our staff to work in different ways as well as enabling greater collaboration with colleagues in other directorates across the organisation and with other partners. We will continue to build on this as we progress our work programmes.

Directorate Team Work Programmes

Volunteering in NHSScotland Team
During the global pandemic our Volunteering in NHSScotland 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	• 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. • Boards 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.	***Volunteer Information System:*** The current system is in use in 19 of 22 NHS organisations. We have secured funding from Scottish Government to replace the current system which is no longer fit for purpose. 1 training session was provided to 1 new user. ***Supporting Volunteer Managers:*** 26 instances of individual support were provided to Volunteer Managers across Scotland. We have hosted 2 peer support networking / practice development sessions, attended by 37 participants. ***New vision and strategy for Volunteering in NHSScotland:*** The new strategy was approved by Community Engagement DMT, work is underway to understand the capacity required to deliver the strategy and to structure the work into tranches over the 5 year period. ***Helpforce:*** 3 NHS boards are utilising the Insight & Impact service to evaluate a volunteering role. ***Volunteering for All: National Outcomes Framework:*** Work is progressing in the Inclusive Volunteering working group, chaired by the programme manager. ***Volunteer Induction Training:*** Content review was completed in October 2021, content was sent to NES for digital build. Due to capacity within the programme team this is now delayed until 30 April 2022. ***Inclusive Volunteering in NHSScotland:*** A project group is being established to carry out and EQIA into volunteering in NHSScotland, however this work has been impacted by a lack of capacity within the programme team. ***Volunteering Community of Practice:*** A new volunteering community of practice is under development using the functionality within MS Teams. ***Discharge Support Volunteer:*** We are undertaking at test of concept for a discharge support volunteer role to help bridge the gap between hospital and home for patients who are not vulnerable and do not need a care package. This work is taking longer than anticipated as a result of pressures on the clinical team in the wards within Ninewells hospital who are participating in the test.

emerged during the pandemic to demonstrate the impact to health and care	• Demonstrate that volunteering is embedded in our thematic work programmes.	***Review of all guidance and resources published on the Community Engagement website:*** many documents are out of date and require updating. Planning is underway to carry out this work across 2022-23. ***Online application form***: the online volunteer application form has been delayed (for 6 months) by a lack of capacity within the IT team at the Golden Jubilee to review and update the system security policy. The chair of the National Group for Volunteering was able to convey the national importance of this work to senior management who responded favourably initially. We have again begun to have problems in receiving a response from staff at Golden Jubilee and as such this work is still unable to progress.

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	**Service change network**: 5 partners have expressed an interest in forming a short life working group to develop the aims, vision and practicalities for the network/community of practice. First meeting held in February, follow up meeting held in April with further meetings scheduled for May and June **Online workshops:** the team has been continued to respond to requests for workshops around Planning with People, Duties and Principles, Option Appraisal and ongoing engagement with additional sessions for internal staff. These continue to be very popular and will include sessions for NHS Boards non-executive directors in Q2 of 2022-23. **Guidance on identifying 'major' health service change**: The guidance was reviewed and shared with the Committee in Q4 and subsequently updated on the website in April 2022. **Headline service changes:** please refer to paper 3.2 for the detail of ongoing service changes.

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, at the pace of boards and partnerships, due to the continued pressures. All areas are beginning to look at new engagement plans and strategies to ensure that people and communities are involved in co-designing and developing services. This has meant a considerable amount of work for all of our engagement offices to support this recovery effort and ensure that people and communities continue to have their voices heard. ***Person-centred Virtual Visiting**:* All devices are now delivered to the boards that requested them. ***Voices Scotland Going Digital*** – The training pack to deliver Voices Scotland training virtually has been further refined and tested internally. Following feedback and comments the pack will now be updated and launched in Q1 of 2022-23. ***Redesign of Urgent Care***: Following the publication of the Gathering Views exercise on the redesign of urgent care, the report was cited in the publication of the second national staging report from Scottish Government. Our work has informed how they take forward an external evaluation of the programme and also the next steps for this redesign project. This work has paused until May 2022 to agree next steps. CED staff have contributed to the HIS lead Rethinking Unplanned Care Group, led by the ihub, to consider user design processes later in 2022-23. ***West Region***: the staff in the West region have undertaken a stakeholder mapping exercise throughout Q4 to reconnect to community groups and services across the 3 NHS board areas. This has focused on groups with protected characteristics to prepare for future work in the next financial year. ***North East Region***: staff in the North Region have continued to provide support to statutory partners and have made significant progress in developing links with community Partners. In Fife, Rachel and Niamh embarked on a series of face-to-face meetings over the course of one day, sharing information about the work of Community Engagement and gaining an insight into their work that will be productive and helpful for our upcoming Gathering Views work. Discussions are underway with Scottish Government around the delivery of a ***Gathering Views*** exercise for Chronic Pain between June and September 2022.

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	• 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	***Children and Young People*:** we have continued to support the children and young people's key delivery area network to meet monthly since November 2021. The network brings together colleagues who are leading work that has a full or partial focus on children and young people. It aims to maximise HIS's collective positive impact on children and young people's rights, experiences and outcomes by sharing learning, experience, contacts and resources across work programmes. The network reports into the Children and Young People's Working Group. ***Board Succession Planning sub-Committee:*** we have continued to support this sub-Committee including helping promote the 3 recent Board vacancies to a diverse audience focusing on groups currently under-represented on the HIS Board such as disabled people, unpaid carers and people from minority ethnic groups. ***Public Partner volunteers***: 2 new public partners have been recruited and inducted to the HIS pool. 3 public partners reached the end of their volunteer terms in March (current total 17 public partners). Regular public partners' sessions on MS Teams continue including one in March with members of our Board and Executive Team. ***Equality & Diversity Training***: an online training session for 15 staff was delivered and positively evaluated in February 2022. ***Disability staff network:*** the disability staff network was launched during the March all-staff huddles. It has a regular meeting schedule, Teams activity, a presence on Source and representation at the Equality and Diversity Working Group. ***Scottish Government Review of the Public Sector Equality Duty:*** a HIS response was prepared and submitted in March 2022.

involvement and engagement activity across all HIS directorates.		

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 Citizens' 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.	***Webinars*** Two webinars were organised for Q4: • 9 Feb: engaging with Gypsy/Traveller communities (145 attendees) • 9 March: community engagement to support 2 capital builds in NHS Grampian (44 attendees) Following the webinars, 97% of survey respondents rated the webinars good or excellent. 97% said the webinars had increased their knowledge; 74% agreed that they had got practical tools or resources, and 73% had been put in touch with useful contacts. Upcoming webinars planned for Q1 include the latest Citizens' Panel report and volunteering week. ***Citizens' Panel*** Funding for the next 3 years has recently been secured from Scottish Government, which includes a refresh to identify new Panel members. It will also fund Project Officer support 1 day per week to the Panel work plan. **Citizens' Panel 8** report published mid-February. The survey sought public opinion on the remobilisation of dentistry and elective care, the redesign of urgent care services, and the remit of the Patient Safety Commissioner. The report makes a number of recommendations for the Scottish Government and NHS boards based on the responses received. The **Citizens' Panel 9** survey is underway, looking at public engagement, inclusive COVID vaccination and the COVID Vaccine Certification (passport). The report is due to be published in Q1 of 2022-23. Interim results relating to the vaccination

	• 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.	questions were shared in Q4 with the Scottish Government to inform planning processes. Initial conversations have begun with Scottish Government sponsors to plan the topics and questions for **Citizens' Panel 10**.

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	The WMTY Working Group continues to meet, and the frequency of meetings and activity will increase in the run-up to WMTY Day 2022 on 9 June. Resources to raise awareness of WMTY and to support healthcare professionals to embed these conversations in their day-to-day work were ordered in Q4. Distribution to people who register on the WMTY website will take place in Q1 of 2022-23.

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 current key delivery areas: • Safety • Older People • Mental Health • Unscheduled/urgent care • Access – including cancer services • Children and young people Each key delivery areas is being led by an Executive Director and has now established a cross-organisational working group. We now have a named member of directorate staff sitting 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. A (very) short life working group will consider a package of engagement support, aiming to complete its proposals in Q1 of 2022-23.

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.	***Quality Framework for Community Engagement***: the draft materials for the Quality Framework were published in September 2021 seeking comments and nominations for participation in a testing phase. The purpose of the framework is to • explain 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, and • support and assure engagement activity within organisations as well as identify and share good practice that others can learn from. Self-evaluation statements were developed from current policy and guidance to form a self-evaluation tool for organisations to understand how they deliver their engagement activity based on 3 domains: 1. Undertaking Ongoing Community Engagement 2. Community Engagement on Service Planning and Design 3. Governance, Organisational Culture and Leadership Exploratory discussions held with 2 potential partners for the testing phase to start in March 2022. NHS Ayrshire & Arran is interested in a pan-Ayrshire approach and is discussing with all 3 partnerships. East Renfrewshire HSCP took the testing opportunity to its patient panel in February 2022. Proactive discussion with other partners was put on hold pending the easing of system pressures and will recommence in Q1 of 2022-23. The materials will be finalised following the testing phase and aligned with the revisions to Planning with People for release around September 2022. Webinar delivered to CE staff in March to raise awareness and familiarity with the materials and process.

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 work streams 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	• 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.	***People's Experience Volunteer Network***: a working group from across the Community Engagement directorate are leading work to develop a new People's Experience volunteer role to attract a diverse group of people to support the work of HIS by providing a public perspective on health and care in their local areas. Volunteer recruitment is being undertaken by Fife Engagement Office to test and develop the approach in the NHS Fife area. ***Public Partners' annual conference*** took place in March on MS Teams with the aim of providing an opportunity for public partners to get together and talk with members of our Board and Executive Team about HIS now and in the future. Feedback from attendees was excellent and an action plan to enhance the role of Public Partners is now being developed.

• Establish organisational objectives within Turas process relating to engagement		

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 as well as wider discussions with our Engagement Office colleagues in the 4 regions. This work will recommence in Q1 of 2022-23 and will be led by the Participation Network.

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. ***HIS Campus:*** the working group has started to meet in order to progress the progress the priority learning needs for the CE directorate which were identified earlier in the year: • Values Based Reflective Practice • Coaching & Leadership skills • Competency based interview skills Recent training undertaken by CE staff includes the following: • Introduction to Project management (3 staff) • Online Facilitation and Design (2 staff) • Managing Successful Programmes (4 staff recently gained Foundation level) ***Foundation Improvement Skills training (previously Scottish Improvement Foundation Skills):*** Cohort 4 of the training commenced in Q4 and 10 staff (3 teams) from CED are participating in the course (scheduled to run until Q1 of 2022-23). A total of 54 CED staff have now undertaken FIS. This is making a significant difference to staff in terms of their confidence in delivering improvements within their own work. Improvement projects being done as part of Cohort 4 include setting up sustainable external networks to share learning and practice, improving the quality of MS Teams meetings and increasing participation in the monthly webinars. ***ScIL programme***: 1 member of CE staff successfully completed the course in Cohort 30. Another member of staff has gained a place on ScIL and starts in Q1 of 2022-23. ***Care Experience Improvement Model (CEIM)***: a review and reflect session was held at the end of March to bring together the learning following successful completion of the programme. Further discussions on next steps will be undertaken with colleagues from the ihub in Q1 of 2022-23.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council Committee**
Meeting date:	**19 May 2022**
Title:	**Board Away Day: Equality and Diversity**
Agenda item:	**3.4**
Responsible Executive/Non-Executive:	**Ruth Jays**
Report Author:	**Rosie Tyler-Greig, Equality and Diversity Advisor**
Purpose of paper:	Awareness / Discussion

1. Situation

The Healthcare Improvement Scotland Board Development Day took place on 6th April at Delta House. The day focussed on the theme of equality and diversity. Two workshops were delivered which supported HIS Board members to understand their role and responsibilities in respect of equality and diversity. During the day, consideration was given to members' internal facing leadership role as well as the ability to influence policy externally as part of a national organisation.

2. Background

Healthcare Improvement Scotland has an extensive induction, training and development programme for all board members to ensure they receive the support they need to fulfil their role. This includes in relation to equality and diversity. We aim to ensure issues of equality, diversity and human rights receive consistent and robust consideration throughout the organisation's activities.

Healthcare Improvement Scotland is required to mainstream the needs of the Public Sector Equality Duty (PSED) as per the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended). The PSED requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people and groups when carrying out activities. It is imperative that the duty is understood by board members in order that they can provide leadership and confidently seek assurance for the consideration of equality issues in HIS activities.

Healthcare Improvement Scotland's published equality outcomes covering 2021-2025 include an action for staff, volunteers and board members [to] have a proficient level of equalities awareness. Distinct activities, including the Board Development Session, are scoped in order to successfully deliver this activity.

3. Assessment

The morning workshop focussed on 'what we know and what we can influence'. It covered COVID-19 as a 'great illuminator' in respect of existing health inequalities for different groups. It discussed the changing health context as we continue to live with COVID-19 and through crisis in respect of climate, conflict and cost of living ("the 4 Cs"). The session identified responsive actions within the power of board members and shared examples of HIS work that illustrates where these actions are demonstrated by staff. A Diversity Action Plan for board members was outlined as an approach to on-going support.

Board members reflected on the need to identify areas of health inequality HIS can influence and to better understand how to gain assurance around equality impact assessment. Suggestions arising from discussion included:

- All work programmes could have a logic model and key outcomes around reduced health inequalities
- Include equality impact assessments in the review of new commissions
- Consider joint working with Public Health Scotland as well as when and how to influence national policy via the evidence we collect
- Review our approach to inspections in relation to equality and diversity aspects
- Embed equality and diversity leadership and discussions at board meetings

The afternoon workshop shared findings and analysis around the HIS 2020-21 Workforce Equality Monitoring data. It highlighted current equality and diversity considerations within the HIS workforce. It covered pay gaps and employment trends in relation to gender, disability, age and race and ethnicity.

Board members reflected on fairness in recruitment as well as flexibility in working arrangements. Areas of particular concern included:

- We receive a lot of applications from people with minority ethnic backgrounds, but they do not then progress to interview.
- We need to ensure equality of treatment for people who are disabled at the point of recruitment and who become disabled during the course of their employment.
- Many of our posts require a high degree of expertise making it difficult to appeal to younger people at earlier stages of their career journey.

It was hoped the new ways of working test of change period will provide evidence and feedback around flexible working. It was noted that work is underway on the wording of our job adverts, including around work location, on employer branding and HIS Campus, and that the HIS Board is actively utilising the co-option process to improve diversity of membership in the Committees. A key suggestion arising from this discussion was to review the new commissions process to consider workforce inequalities that can be addressed when there are recruitment/workforce requirements within a new commission.

Quality/ Care	Focussing on equality and diversity at board level helps increase the capacity of the board to seek assurance that our work programmes centre equality and undertake inclusive and meaningful community engagement where required.
Resource Implications	On-going support and training for HIS Board members is recommended. This will require dedicated staff time within the Community Engagement Directorate. This may also involve input from staff equality networks, which are facilitated through the directorate. Adequate time and support will be required for any contributing network participants.
Risk Management	N/A
Equality and Diversity, including health inequalities	Healthcare Improvement Scotland must meet the needs of the Public Sector Equality Duty. Doing so effectively requires strong leadership from board and committee members, which the Board Development Session was designed to support. The session also supported the action within the Board's Equalities Outcomes for 2021-2025: *staff, volunteers and board members have a proficient level of equalities awareness*.
Communication, involvement, engagement and consultation	N/A

4 Recommendation

This paper is presented for awareness and discussion. It is recommended that the Scottish Health Council Committee considers any contributions it may make towards progressing the work identified. It should also consider any advice or support within the Committee's particular expertise that can be share with the HIS Board in respect of its reflections and the actions it identified.

5 Appendices and links to additional information

The following appendices are included with this report:

Appendix No 1, Board Development Session 1 slides

Healthcare Improvement Scotland | Community Engagement

Equality and Diversity 1

What we know and what we can influence

Ruth Jays, Director of Community Engagement

Rosie Tyler-Greig, Equality and Diversity Advisor

NHS SCOTLAND

Overview of session 1

- COVID-19 as a 'great illuminator' in respect of health inequalities
- A changing health context as we continue to live with COVID-19
- Continuing challenge through other social, political and environment change
- We are not powerless

RJ

Minority ethnic groups

- Greater incidence of serious illness and death
- Risk factors through socio-economic circumstances and existing health inequality
- Lower uptake of vaccination
- Trust is an issue
- Refugees experiencing isolation and digital and food poverty

RJ

Disabled people and unpaid carers

- At greater risk and account for a higher proportion of deaths
- Adults with learning disabilities over two times more likely to be infected and had worse prognosis once infected.
- Questions about quality of care
- Increase in unpaid carers as a result of pandemic and serious shortfalls in social care provision.

RJ

Women

- Mothers 47% more likely than fathers to have lost jobs or resigned
- 14% more likely to have been furloughed.
- Women taken on more childcare responsibilities when working from home
- More than half of those who needed childcare reported insufficient provision.

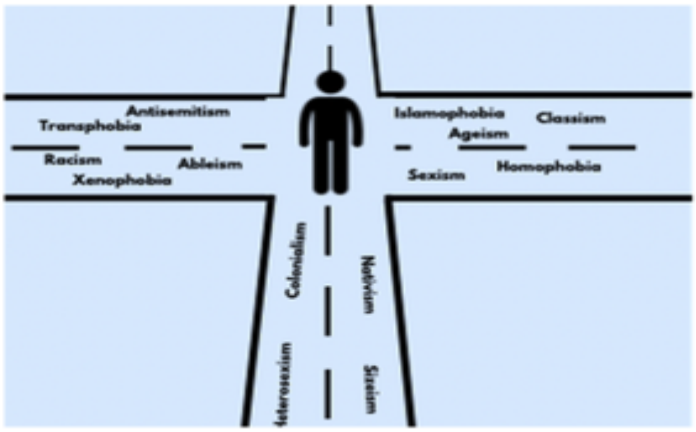
RJ

LGBT+ communities

- Fewer safe spaces – physical and virtual
- People living with HIV experience increased risk
- Interruptions in gender identity services and fertility services
- Mental health inequality

RJ

Pause at the intersection



RT

Pause at the intersection

- **Socio-economic position**. Covid death rate twice as high in poorest areas.
- **Age.** Older people more isolated and younger people facing economic uncertainty.
- Consider younger and older people who are also LGBT+, part of a minority ethnic group, disabled, living on low income.

RT

Changing context

- Am I valued? Will I get the treatment I need?
- Will I be able to continue living independently?
- What risks can I take with my health and wellbeing?
- How accessible is the digital world?

RT

Changing context

- **Covid-19** – 'living with' period
- **Conflict** – support for refugees will only grow in importance, as will questions around equality for different refugee groups
- **Climate chaos** – infrastructure and health impacts during extreme weather events
- **Cost of living crisis** – food and fuel

RT

Changing context

As currents change, inequalities will continue to rise to the surface- not be swept away.

RT

What is within our power?

1. Asking questions which centre the experiences of marginalised groups –
   - ➢ Equality Impact Assessments
   - ➢ A learning culture

RJ

What is within our power?

3. Valuing lived experience –

- A national care service for Scotland
- New requirements as part of the Public Sector Equality Duty

RJ

Healthcare Improvement Scotland | Community Engagement

Examples

(*over to our colleagues*)

NHS SCOTLAND

ADP & Homeless Programme

- Collected information about age and sex via peer research interviews
- Engaged with women through Simon Community Scotland
- Worked with Scottish Families Affected By Alcohol and Drugs to better understand the impact on families and children
- Engaged with mental health services in response to number of people affected by both mental health and drug and alcohol issues
- Completed a survey through LGBT networks

Healthcare Improvement Scotland | ihub RT

Scottish Barnahus (Bairns Hoose) standards

If my interests are only a primary consideration, what are the other considerations? Why am I not a priority?

If primary means first, how can there be more than one primary? If that is not me, why isn't it? This one word [the] *changes the whole meaning!*

My time is just as important as your time so it should not be about when it works best for you that dictates what happens. This will be one of the most traumatic times in our lives and we can't afford for you to get it wrong.

Healthcare Improvement Scotland | Evidence
Advice, guidance and intelligence

RT

Sexual Health Standards

- Where to make condoms available?
- Where young people go for sexual health advice?

Healthcare Improvement Scotland | Evidence
Advice, guidance and intelligence

RT

Engaging with Gypsy Travellers

Healthcare Improvement Scotland | Community Engagement

RT

Board Diversity Action Plan

A plan to -

- Promote learning and development support to the HIS Board in respect of diversity, equality and inclusion.
- Contribute to the delivery of HIS equality outcomes in the context of our values and behaviours.

RJ

Board Diversity Action Plan

Facilitated diversity focus sessions -

- Race and Disability
- Pride at HIS

Mainstreaming –

- Non-executive equality champions
- Staff Equality Networks

RJ

Breakout discussions

- What stands out?
- How can the board provide effective leadership?
- What support does the board need to do this?

RJ

Appendix No 2, Board Development Session 2 slides

Workforce Equality Monitoring Report

- Produced annually to help us understand our workforce profile and opportunities within the organisation in respect of the protected characteristic groups defined in the Equality Act 2010.
- Reporting helps us promote transparency and meet the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 (as amended).
- Report covers the period April 2020- April 2021.
- During this reporting period, our ways of working were impacted by the COVID-19 pandemic. This included - the suspension of recruitment activities between March and June 2020,
  - the temporary re-deployment of some staff to clinical and frontline roles
  - home-working by default for all staff.
- Normal activities were significantly disrupted during this period and it is important therefore to bear that in mind.

Areas for discussion

- Gender Pay Gap/Gender Split
- Disability (including Disability Pay Gap)
- Age, Race and Ethnicity

The Gender Pay Gap

- The gender pay gap is an equality measure that shows the difference in average earnings between women and men.
- Our gender pay gap has increased to 16.9% (Mean) and 14.9% (Median) in favour of men.*
- We tested our disability pay gap for the first time and found an average 24.3% pay difference in favour of non-disabled employees

*The NHSS Gender Pay gap for 2020-21 is 18.2%

Gender Pay Gap

- Healthcare Improvement Scotland has seen an increase in its gender pay gap over the first year of the pandemic (2020-21). The increase is from 15.3% mean to 16.9% mean. It has been (marginally) decreasing year-on-year previously.

	2016/17	2017/18	2018/19	2019/20	2020/21
Mean Gender Pay Gap	21.5%	19.9%	17.2%	15.3%	16.9%
Median Gender Pay Gap	24.2%	13.4%	14.2%	8.0%	14.9%

- 77.4% of our workforce are women and 22.6% are men
- 85.7% of our senior management level are women, but the biggest pay gap is at this grade - at just under 30%.
- Women are the gender majority at all grades, except bands 8c and medical and dental grades. Bands 2 and 3 are occupied solely by women, who continue to make up over 90% of the grade at band 4.
- Women out-perform men during recruitment, but also make up the majority of part-time workers at all grades.
- 100% of part-time staff at bands 5, 8a, 8c, 8d are women; while over 90% of part-time staff are women at bands 4 and 7.

Gender Pay Gap : Discussion Points

- The pay gap could be the result of:

The proportion of women working in the 'lowest bands' and in part-time roles, in-band pay differences and the pay gap at senior level.

The gender pay gap of organisations can fluctuate and small changes have a big impact.

Women and men doing different types of work or women being clustered at more junior grades

A lack of flexibility in working practices which means that women, who tend to have more and varied caring responsibilities can find it hard to balance work and family life.

Pay structures that have a different impact on women and men.

Length of service is a contributing factor to pay difference at some grades if men have been able to progress more quickly in their careers.

Disability (pay gap)

Disability pay gap

Our disability pay gap is based on whether staff have a disability or not (those not disclosing their status is shown for reference but my not be specifically commented upon):

	Workforce			Pay Rate	
Disability Group	**Female**	**Male**	**% of Headcount**	**Mean Pay**	**Median Pa**
1. Yes	*	*	4.4%	£16.58	£12.96
2. No	69.9%	18.7%	88.6%	£21.90	£20.30
3. Unknown/Declined	4.8%	*	7.1%	£23.09	£22.44
% of headcount	**77.8%**	**22.2%**	**100%**		

Staff numbers below 10 are substituted with *

Disabled employees currently represent 4.4% of the workforce and are showing a pay differential of 24.3% compared to those who are not disabled. There is no previous data to compare against.

Disability

- Disability includes, physical, sensory and energy impairments as well as neuro-developmental differences and long-term conditions including cancer.

- Staff identifying as disabled are currently 4.4%. This is an increase of 0.5% from last year.
- At the last census, 20% of the population were disabled / had a long term health condition.
- 11.3% of all appointments made were to disabled candidates. However, the number of applications from disabled people was less than 10%.
- Colleagues identifying as disabled work at bands 4-8b. But there are no disabled colleagues at band 8c or higher.
- Non-disabled colleagues currently earn on average 24.3% more than disabled colleagues.

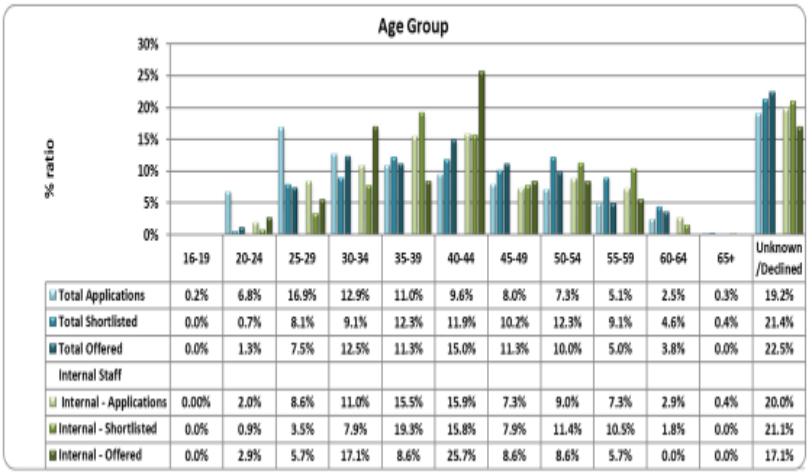
Disability: Discussion Points

- New ways of working during the pandemic have largely supported disabled employees. As we shift gear again, it will be important to maintain awareness of the way ableism can shape our ways of working. For example, do we prioritise physical presence / presentee-ism? Are we continuing to optimise and build on digital ability developed over the course of the pandemic (e.g. Digital Facilitation Group)? For some people with long-term conditions, Covid has changed the context of their health / health considerations.

- HIS participates as an employer in the Disability Confident scheme, and has clear actions undertaken in relation to disabled employees in this regard.

- Looking closely at the experiences of disabled employees, learning and adapting on an on-going basis, will enable instructive insight into the reality of recruitment and progression within HIS. The HIS Disability Network will be key in supporting the organisation to do this.

Age and the recruitment profile



	16-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	Unknown /Declined
Total Applications	0.2%	6.8%	16.9%	12.9%	11.0%	9.6%	8.0%	7.3%	5.1%	2.5%	0.3%	19.2%
Total Shortlisted	0.0%	0.7%	8.1%	9.1%	12.3%	11.9%	10.2%	12.3%	9.1%	4.6%	0.4%	21.4%
Total Offered	0.0%	1.3%	7.5%	12.5%	11.3%	15.0%	11.3%	10.0%	5.0%	3.8%	0.0%	22.5%
Internal Staff												
Internal - Applications	0.00%	2.0%	8.6%	11.0%	15.5%	15.9%	7.3%	9.0%	7.3%	2.9%	0.4%	20.0%
Internal - Shortlisted	0.0%	0.9%	3.5%	7.9%	19.3%	15.8%	7.9%	11.4%	10.5%	1.8%	0.0%	21.1%
Internal - Offered	0.0%	2.9%	5.7%	17.1%	8.6%	25.7%	8.6%	8.6%	5.7%	0.0%	0.0%	17.1%

Age

- 6.8% of all applications received were from those aged 20-24
- 0.7% of those shortlisted for posts were aged 20-24
- 1.3% of those offered posts were aged 20-24

- The majority of applications received were from candidates within the combined age ranges of 25-34 (39.8% this year compared to 27.8% last year) and fewest from candidates aged 16-19 (only 0.2%) and over 65 (only 0.3%).
- Across the whole recruitment journey, from application to offer stage, candidates in the age range of 40-54 were the most successful. On average, people in this age range achieved a 3.8% higher offer to application rate than for other age groups.
- In contrast, the least successful candidates were people aged between 20 and 29. This group achieved an average offer to application rate of -7.5% (down from -4.8 last year). Unfortunately, no candidates aged under 20 progressed beyond the application stage

Age – Discussion Points

- We have no non-executive board members under the age of 50, and younger people remain under-represented at all levels of the organisation.
- We have not considered occupational segregation by age, but this may be informative. It is likely younger people occupy the 'junior' grades to a greater extent.
- Young people have been disproportionately impacted by the pandemic in terms of education, job opportunities and mental health and wellbeing.
- Consideration could be given to the requisite professional experience for roles in HIS. Given the clear interest in working with us, are there any roles in which the pre-requisites are unreasonably high and may screen out good candidates with potential?

Race and Ethnicity

- 4.4% of HIS staff identify with a minority ethnic group we currently include in monitoring. This is a 0.5% increase on the previous year.
- The number of applicants from a minority ethnic group we record was 26.4%. The previous year was 11.2%, so a significant increase here.
- 26.3% of job offers went to candidates from recorded minority ethnic groups.
- This is almost entirely a result of changes in the 'other ethnic group / Arab' category.
- For some groups, there has been a consistent lack of appointments despite changes in application numbers
- Colleagues from minority ethnic groups work at a range of grades - 7 and 8a may have the most representation (e.g. less than 10 but not 0% for some groups)
- The biggest pay differential looks to be between the white majority and white minority group at 16.6% difference in favour of the white majority.

Race and Ethnicity – Discussion Points

- Minority ethnic staff are not well represented at any band in the organisation, and are under-represented in senior posts across NHSS.
- We have no non-executive directors from a minority ethnic background, meaning visibility at this level of leadership is poor. Minority ethic people are under-represented on boards generally.
- Under-representation does not mean a lack of suitable talent. For example, see the 'Pass the Mic' campaign to address the under-representation of women of colour experts in media.
- Looking closely at the experiences of minority ethnic employees, learning and adapting on an on-going basis, will enable instructive insight into the reality of recruitment and progression within HIS. The HIS Race and Ethnicity Network will be key in supporting the organisation to do this.
- Anti-racist approaches take time to develop. The only way to do so is to be proactive / embed reflection and awareness into the day-to-day.

Discussions and Feedback

Breakout discussion questions

- What areas of the workforce need our specific focus?
- What steps are possible for HIS to take and could have a tangible impact? Please consider those outlined by colleagues and any new suggestions you might have.

Facilitated feedback

- The board wants to focus on ... (stand-out areas)
- The board recommends the following steps .... (actions)
- The board will provide leadership to support these steps by .... (actions)

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council Committee**
Meeting date:	**19 May 2022**
Title:	**Governance for Engagement 2021/22 report**
Agenda item:	**3.5**
Responsible Executive/Non-Executive:	**Ruth Jays, Director of Community Engagement**
Report Author:	**Tony McGowan, Head of Engagement & Equalities Policy**
Purpose of paper:	**Discussion and Decision**

1. Situation

The Governance for Engagement 2021/22 report sets out the process and findings from the first year of operation of Healthcare Improvement Scotland's (HIS) 'Governance for Engagement' process including feedback from the sub-committee (including general themes and specific directorate findings), subsequent actions taken, sub-committee reflections on learning from the process, and recommendations for the approach during 2022/23 to continuously improve it.

2. Background

The Governance for Engagement sub-committee seeks to identify and improve upon good engagement practice through practical examples from HIS Directors (from information prepared in advance by them) in meeting their required legislative and other duties across their designated areas of responsibility. It seeks to do this in a 'supportive scrutiny' context where the approach deliberately focuses on evidence from and conversation with HIS Directors that celebrates successes and encourages candid discussions about areas for further development.

2021/22 saw a full cycle of sub-committee meetings completed with each HIS directorate participating in the process.

3. Assessment

The report provides general thematic feedback and then more specific reflections on each of the directorates and teams, with information on subsequent actions. The report also provides reflections from the sub-committee on aspects of the process that have gone well, where there have been challenges, and what the future focus should be. Proposed next steps are also provided.

Quality/ Care	Everything we do as an organisation has the potential to be informed and improved by listening to those who may in the future or currently use health and care services as well as those who are impacted by the decisions we make and the work programmes we offer. Therefore, effective governance of how the organisation engages with people and communities will have a direct positive impact in supporting HIS to ensure its delivery areas and work programmes are successful.
Resource Implications	No financials out with existing core funding. No workforce out with existing core resources. One of the benefits of this governance for engagement approach is be an indirect support of staff wellbeing. This should manifest itself through facilitating the organisation to gain more consistently its understanding of the lived experience and insights of people and communities, and how these can positively impact our work and outcomes.
Risk Management	An absence of effective governance for engagement and equalities arrangements risks the organisation moving forward with an inconsistent and sub-optimal approach to engagement with people and communities and monitoring our equalities activities.
Equality and Diversity, including health inequalities	The Community Engagement Directorate has a specific role in supporting equality and diversity within HIS which is reflected in our objectives. The governance for engagement process directly supports the organisation in meeting its Public Sector Equality Duty, the Fairer Scotland Duty and the Board's Equalities Outcomes.
Communication, involvement, engagement and consultation	The arrangements to support governance for engagement were originally considered during the Scottish Health Council review process, and then by the Scottish Health Council Committee at its development session in June 2020, and by the HIS Executive Team in July 2020. 2021/22 saw a full cycle of sub-committee meetings completed with each HIS directorate and corporate team participating in the process.

4 Recommendation

The Committee is asked to:

- Consider the content of the Governance for Engagement 2021/22 report; and
- Approve the proposed next steps in section 5 of the report.

5 Appendices and links to additional information

The following appendices are included with this report:

- HIS Governance for Engagement 2021/22 report

Healthcare Improvement Scotland | Community Engagement

Governance for Engagement report

2021/22

v03

1 Introduction

1.1 This report sets out the process and findings from the first year of operation of Healthcare Improvement Scotland's (HIS) 'Governance for Engagement' process including feedback from the sub-committee (including general themes and specific directorate findings), subsequent actions taken, learning points from the process, and recommendations for the approach during 2022/23 to continuously improve it.

1.2 2021/22 saw a full cycle of sub-committee meetings completed with each HIS directorate participating in the process. Information on the background to the process including the remit and design can be found in Appendix B.

1.3 The Governance for Engagement sub-committee seeks to identify and improve upon good engagement practice through practical examples from HIS Directors (from information prepared in advance by them) in meeting their required legislative and other duties across their designated areas of responsibility. It seeks to do this in a 'supportive scrutiny' context where the approach deliberately focuses on evidence from and conversation with HIS Directors that celebrates successes and encourages candid discussions about areas for further development.

2 Supportive scrutiny – learning from the first year of operation

2.1 Proforma

In December 2020 and ahead of the commencement of the Governance for Engagement process, a stock-taking exercise was carried out involving HIS Directors and delegated staff completing proforma providing an overview of examples and evidence of engagement practice across four categories:

- Planning for fairness
- Engaging effectively
- Reporting transparently
- Learning through reflection

In practice, sub-committee members often felt that the evidence provided within the original proforma submissions was limited in nature (or in some cases too much), and did not give an accurate account of the volume and quality of engagement and equalities-related work being

undertaken by the directorate or team. While this was by no means the case in every example, it was felt that when HIS Directors had the opportunity to revise their proforma closer to the time of their scheduled meeting with the sub-committee, there was improvement in the information given.

Despite this, in some cases directorates and teams were unable to answer all questions as some were deemed by them as not applicable to their situation. Some proforma were missing notable successes and challenges, and some lacked impact stories.

This made preparation for the sub-committee meetings difficult at the early stages of the process, and was mitigated by the sub-committee coming together virtually for a one hour session prior to each meeting to consider and agree the areas for exploration in the conversation section.

2.2 Presentations and conversation

As the model approach matured over the course of 2021/22, refinements to the presentation element were identified. When Community Engagement presented at the first sub-committee meeting in February 2021, thirty slides had been prepared and while their content was appreciated by sub-committee members, it meant that conversation time was reduced.

Subsequent meetings saw HIS Directors being offered pre-meeting preparation support, and where this was taken up revised proforma submissions were improved and presentations sharpened up and made more concise.

In general, the conversation element within the sub-committee meetings has been successful according to anecdotal evidence from sub-committee members, HIS Directors and other participants. It has allowed sub-committee members to gain valuable insights to work programmes across HIS, and some thought-provoking ideas on engagement to be generated.

2.3 Differences between directorates

In general, the sub-committee found there to be a difference in the way externally-facing directorates are able to readily provide information within their proforma, presentations, and in the conversation element of sub-committee meetings about their engagement activities in comparison to HIS' corporate directorates and teams. This was not unexpected.

However, it remains important for HIS to be able to demonstrate meaningful engagement internally and externally, and the governance for engagement process continues to encourage Directors and senior management within corporate directorates and teams to consider the many ways good engagement is necessary in their work. For example:

- Ways in which the public can effectively influence new organisational strategies and plans;

- How quality feedback is gained to improve recruitment processes;

- How the organisation tests communication themes and messages with the public in advance of publicity campaigns; and

- Understanding what the public thinks about the organisation's web presence and what should be done to improve it.

3 Key points from HIS directorates and teams

3.1 Meeting dates 2021/22

Directorate / team	Meeting date
Community Engagement	11 February 2021
Evidence and Communications	13 May 2021
ihub and People & Workplace	19 August 2021
Quality Assurance and Finance	09 December 2021
NMAHP and Medical & Pharmacy	20 January 2022

3.2 General themes

Some of the general themes gained from the process throughout 2021/22 are as follows:

- The importance of data to help demonstrate the successes and impact of the directorate's work, e.g. numbers of Public Partners involved in supporting work programmes / key delivery areas, numbers of the general public and people with lived experience engaged on specific work, and numbers of EQIAs produced.

- Desire to understand the impact of equality and other impact assessments on the directorate's work – what has been informed, changed, or re-developed as a result of the learning from these.

- Highlighting the importance of utilising the full range of functionality within technologies such as Microsoft Teams or Zoom to support learning conversations throughout any engagement, including chat box monitoring, break-out rooms, session recording, etc..

- Suggestion there would be a benefit of the organisation investing in the use of second and third generation digital communication tools (e.g. moving from reliance purely on video conferencing software such as Microsoft Teams and Zoom to utilising social media apps such as Facebook, Instagram, SnapChat and TikTok, and messenger apps such as WhatsApp and Telegram) to aid engagement, highlighting the importance of mitigating against further exclusion for some people and communities as these methods of engagement become more sophisticated.

These themes will help inform the governance for engagement approach during 2022/23.

3.2 Community Engagement

The sub-committee, which was joined by HIS non-executive board members Zoe Dunhill and Jackie Brock, found the presentation provided a comprehensive read-out of the directorate's role and responsibilities, including in the key areas of service change, equalities, and supporting meaningful community engagement practice within health and care. The sub-committee acknowledged the quality of examples given within the presentation, but the available time for the conversation element was insufficient as a result.

In terms of specific feedback, the sub-committee:

- Highlighted the importance of providing specific data and metrics within examples to support the demonstration of impact, e.g. Citizens' Panel membership demographics, Gathering Views exercise membership demographics, numbers of equality and other impact assessments produced, volunteer profile of HIS Public Partners, etc.

- Requested more specific evidence of engagement with BAME communities, and more explicit actions to meet HIS' Equality Outcomes in this regard.

- Noted that the directorate's response to the pandemic had been proportionate and relevant to the expertise available (particularly with respect to the provision of advice on equality impact assessments, the development of *Engaging Differently* web resources, and supporting national activities like *Virtual Visiting*).

- Suggested that Community Engagement should be at the forefront of developments on digital communication tools to aid meaningful engagement on behalf of HIS and the wider health and care system.

Community Engagement has since established an Operations Management team which co-ordinates resource and work programme planning, including reporting on data and metrics with respect to activities and impact. The HIS Public Involvement team (part of Community Engagement) is supporting the internal Race & Ethnicity staff Network as it contributes to meeting Equality Outcomes through planned activities aimed at raising the profile of issues important to BAME communities, and in so doing helping to directly inform work programmes.

3.3 Evidence

The sub-committee found the presentation to be a comprehensive representation of the directorate's work, and noted a number of engagement-related successes within it which were consistent with the dedicated public involvement resources embedded within parts of its structure. The sub-committee was particularly pleased to learn about the extensive use of Public Partners (volunteers) within parts of Evidence, and the development of Standard Operating Procedures to support their management, and the ways plain language summaries were being applied to patient and public versions of publications including consultation report surveys.

In terms of specific feedback, the sub-committee:

- Encouraged the directorate to continue to find ways to achieve a consistent approach to their public involvement activities so that it can be embedded across all parts of Evidence, whilst not losing the focus on measurement of impact.

- Suggested the consideration of ways to involve the public in ensuring that what the directorate believes is understandable in terms of plain language is in practice.

- Encouraged the directorate to work with Community Engagement to develop alternative ways to meaningfully engage with individuals and groups within communities who are traditionally more challenging to involve.

Evidence has since collaborated with Community Engagement on a number of equality and other impact assessments for specific work programmes, and contributed to the new HIS Inclusive Language Guide. Both directorates continue to collaborate on research-related learning opportunities for internal and external audiences.

3.4 ihub

The sub-committee found the presentation enlightening and thought-provoking as it provided a strong flavour of the volume and scope of the directorate's work. The information relating to the Early Intervention in Psychosis programme which sees a paid person with lived experience chairing its group was noted as a potentially huge learning opportunity for the wider organisation. There was also particular interest in the directorate's work to look at data and measurement tools to help address health inequalities, and ensure inequalities are considered throughout the entire improvement programme.

In terms of specific feedback, the sub-committee:

- Welcomed the opportunity for ihub colleagues to share some of the impacts of their engagement work within their programmes, particularly around experience-based co-design where an example was given of dementia patients being able to switch plastic cutlery for metal and the positive sensory impact this had. The sub-committee would like to see more of these examples and impacts being shared within the organisation and across the wider health & care system.

- Encouraged the suggestion to utilise logic modelling for all work programmes so that measurement of impact is possible at all stages of design and implementation. This would allow the impact of meaningful engagement to be more readily demonstrated across the full range of directorate and wider organisational activities, and help develop compelling reasons for the wider health & care system to adopt.

- Appreciated the totality of the work presented, and the reflections shared about where progress had been achieved, and where further work was required. This candour supports the work of the sub-committee significantly, and is to be encouraged with the other directorates.

- Encouraged the continued application of the directorate's ethics approach, including the importance of checking what people have told us already before seeking to engage again; the essential need to understand service users and staff experience of and exposure to trauma; and not putting unnecessary burdens on people to become involved, while empowering those who want to share their views to be able to.

ihub has since worked with Community Engagement to recruit specific Public Involvement resources to support key programmes with professional linkages in place to ensure sharing of good engagement practice. Across HIS there have been training opportunities in trauma-informed practice with particular emphasis on complaints management. Community Engagement and ihub senior team members meet regularly to discuss work streams, planning, learning and areas of mutual interest. Work continues within ihub on their user research, ethics and transformation change approach.

3.5 Quality Assurance

The sub-committee found the presentation provided a hugely helpful insight into the wide range of work that Quality Assurance is involved in, and readily demonstrated the commitment of the directorate's leadership to meaningful engagement with service users across the areas where it has scrutiny responsibilities. The sub-committee recognised the excellent use of examples within the presentation which aided their scrutiny process and provided assurance. It was suggested that Quality Assurance's provision of examples set a standard that other directorates should aim for.

In terms of specific feedback, the sub-committee:

- Encouraged consideration of ways to make engagement more routine and systematic as part of the Adverse Events process, as opposed to appearing dependent upon the sensitivity of the issue.

- Expressed keenness for the Community Engagement directorate to collaborate with Quality Assurance on maintaining engagement in more challenging areas such as prisoner healthcare and independent healthcare.

- Welcomed the potential application of Public Partners across more areas of Quality Assurance activities, including the 'sounding board' approach which could have applicability across other HIS directorates.

- Noted that the approaches to engagement and the values of the directorate have reflected the impact of the pandemic, and felt assured that the directorate proposes to meet current and future challenges.

Subsequent to the meeting, Quality Assurance is considering the creation of a HIS template for capturing engagement case studies. Prisoner healthcare work is expanding into a 'Healthcare within Justice' team which will also cover police custody inspections, and work has already been undertaken in engaging with prisoners and third sector organisations to inform the

developments. Further discussions on the Public Partner 'sounding board' approach are taking place between Quality Assurance and Community Engagement.

3.6 Communications

The sub-committee found the presentation aided their understanding of the Communications team role and the impact it has throughout the whole of HIS, and with external stakeholders.

In terms of specific feedback, the sub-committee:

- Understood the challenges the Communications team had encountered in preparing for the meeting in terms of the work of the team being incorporated within the work of the other directorates – the sub-committee encouraged the Communications team to take a step back and consider what engagement with people and communities they could undertake to help inform their communications, messaging and campaigns and in so doing bring about improvement.

- Encouraged further consideration of accessible communications delivered through HIS' outward-facing social media channels to ensure maximum audience reach.

- Suggested the use of equality and other impact assessments to help plan effectively for publicity campaigns by encouraging thinking about what messaging matters to people across the protected characteristics and where these intersect. Also consideration of socioeconomic disadvantage and health inequalities, and the support available from Community Engagement.

The Communications team has since been collaborating with Community Engagement over the public stakeholder engagement elements of the new HIS Strategy, including the use of a *Gathering Views* exercise, regional focus groups, a questionnaire for patient groups and representatives, and a session with HIS Public Partners. The Communications team is also supporting the establishment and operation of our new employee equality networks.

3.7 People, Workplace & Organisational Development

The sub-committee found the presentation helpful in highlighting the team's priorities, and in particular its work around employee equality & diversity, and engagement activities. The sub-committee noted the importance in seeking the opportunity to look at the ways in which the team uses engagement approaches and public involvement to inform its work, as opposed to consideration of actions which would be properly scrutinised by the Staff Governance Committee.

In terms of specific feedback, the sub-committee:

- Highlighted that the use of an EQIA to inform organisational policy on working at home during the pandemic had been beneficial in: developing an understanding of individual's preferences; resource planning (particularly the variety of equipment for use at home); and aided thinking about how hybrid working might work.

- Encouraged the team to work with Community Engagement to gain a thorough understanding of the many ways good public involvement approaches could be taken to directly inform and shape their work, including: supporting the aim of making HIS an 'employer of choice'; what can be learned from recruitment campaigns to help the organisation understand potential barriers to success; and in the area of equality, diversity and human rights with specific regard to the new employee equality networks (Race & Ethnicity, PRIDE and Disability).

Subsequent to the meeting, Community Engagement has collaborated with colleagues within the team on the production of the Workforce Equality report, and members of the team are contributing to the on-going development of the new employee equality networks.

3.8 Finance, Planning & Corporate Governance

The sub-committee found the presentation helpful in providing background to the different areas of work covered by the directorate.

In terms of specific feedback, the sub-committee:

- Suggested that the engagement approaches being used to support the HIS Ways of Working programme will have yielded considerable learning about what has worked, and what has not. It would be good for this learning to be shared more widely within HIS and especially with Community Engagement so that it can be included within the *Engaging Differently* resources.

- Noted that the HIS Chair had been taking forward work with respect to ensuring diversity within the HIS Board, bringing the voices of those with lived experience on particular conditions and subject matter, considering the use of mentoring to open up opportunities for people who may not necessarily have the confidence (or interest) in joining a Board. The directorate has a key role in supporting the HIS Chair in this work, so any learning should be shared more widely within HIS.

- Encouraged the directorate to ensure equality and other impact assessments are undertaken from the outset of any new work programmes, and especially at the planning stages in order to identify potential disproportionate impacts, and where meaningful engagement with particular people and / or communities with lived experience would directly inform and add value to the work.

- Observed that a significant amount of work in support of the HIS Annual Review was not made publicly available, and that it would be helpful to find ways to positively influence this in order to maximise accessibility and potentially lead to the public being meaningfully involved in the planning of the next Annual Review.

Subsequent to the meeting, the team is collaborating with Community Engagement on specific stakeholder engagement aspects of the new HIS Strategy, including engagement with HIS Public Partners, patient representative groups, and the general public. This work will directly

inform the Strategy's ambitions by testing for their ease-of-understanding and relevance with the identified stakeholders.

3.9 Nursing, Midwifery & Allied Health Professionals (NMAHP)

The sub-committee found the presentation helpful in explaining the role of the NMAHP team and the professional engagement it undertakes with colleagues based externally.

In terms of specific feedback, the sub-committee:

- Suggested the team exercises care in the use of acronyms in their written work and in conversation to ensure everyone understands what is being discussed

- Encouraged the NMAHP team as it develops its own work plans to begin including patients and the wider public as key stakeholders so improvements in professional practice are rooted in meaningful engagement with the people who use and rely on practitioners' services. This is aligned with *Realistic Medicine* and expectations around person-centred care.

- Welcomed the planned refresh of the team's equality impact assessment (EQIA) as a starting point for the assessment of work completed to date, and to help shape next steps. Suggested Community Engagement can support if required. Also, suggested that new colleagues joining the team present an excellent opportunity to embed the EQIA approach.

- Suggested that there could be ways in which the HIS Public Partners can add value to the work of the team through gaining views on potential approaches and work plans being devised, and in forming readers' panels to help with sense checking draft publications and other communications. Again, Community Engagement can support this.

Subsequent to the meeting, the team are actively working on the use of acronyms and ensuring their meanings are provided across all their communications. As the team's work plans develop, the intention will be for specific actions to be channelled through NHS Boards which will gain the support of the Boards' Patient Involvement teams. However, there remains an important opportunity for patient and public engagement to be embedded into the team's work plans, and Community Engagement is keen to support this.

3.10 Medical & Pharmacy

The sub-committee found the proforma submission and presentation provided an excellent overview of the team's responsibilities and ambitions. The sub-committee felt the explanation of linkages to regulatory bodies and the associated responsibilities on practitioners to always act with probity with respect to communication, partnership, teamwork and trust in advancing patient interests, to be particularly helpful.

In terms of specific feedback, the sub-committee:

- Noted that the consideration of meaningful engagement with people and communities

was taking place in the Pharmacies part of the team, and suggested the rest of the team could learn from their approach.

- Encouraged the team to use accessible language when describing medicines and technical procedures so that seeking engagement from people and communities can be successful. This leads to improved shared understanding in line with the principles of *Realistic Medicine*.

- Suggested the learning is captured and shared from the pharmacy team's engagement work in prisons where an acknowledged hard-to-reach group (prisoners) were engaged with positively on a number of issues. Further suggested an After Action Review could prove helpful to the team and wider HIS.

- Encouraged the team to link with Community Engagement to discuss alternative approaches for hard-to-reach clinical communities who tend not to participate in improvement-related events, webinars, etc. with potential reference to Community Engagement's *Engaging Differently* resources for ideas on appropriate ways forward. There is also learning to be gained from the academic sector.

Subsequent to the meeting, the team has further committed to using accessible language within their communications. The appearance at the sub-committee is being seen as the 'springboard' for the team to move forward with their engagement activities, and Community Engagement plans to check-in with the team during May 2022 to identify and agree some areas for further action.

4 Sub-committee reflections

4.1 In February 2022, members of the sub-committee met virtually to discuss their observations about the Governance for Engagement process' first year. The session worked around the following questions:

- What has gone well?
- What have been the challenges?
- What is the focus for the future?

4.2 What has gone well?

There is agreement within the sub-committee that the process has raised the profile of activity across HIS with respect to engagement activities, and has provided Directors with the opportunity to talk honestly about successes and where further focus is required. The broad enthusiasm shown by Directors for the process has been appreciated, with some seeing the process as a 'springboard' to a more helpful focus on engagement and our statutory responsibilities.

The structured approach offered by the proforma is seen to be helpful, and the 60min pre-meeting for sub-committee members has worked well as a means of coalescing on key observations and themes from the proforma. The pre-meeting support offered to Directors has been a helpful development, and providing specific guidance on proforma and presentation content and length has been broadly successful.

Sub-committee members have remarked that throughout the year there has been a strong sense that Directors and other participants have seen the process as an important development providing a different way of building accountability and transparency with respect to their actions. The emphasis on 'supportive scrutiny' – a non-confrontational, supportive, not audit-based approach – has allowed the meeting time available to quickly focus on the conversation elements where successes and areas for further development have been readily identified and shared.

By adopting a systematic approach, sub-committee members state that rigour has been evident in how directorates and teams are scrutinised. This has helped Community Engagement participants to highlight areas for potential collaboration and any inconsistencies in a positive and constructive way.

Sub-committee members have remarked how much they have learned about HIS beyond the Community Engagement directorate, and this is helping them discharge their governance responsibilities.

4.3 What have been the challenges?

The sub-committee reflects that the amount of preparation asked of Directors prior to their annual appearance at the meeting may need to be reconsidered. At present, Directors are asked to complete a four-section proforma at the start of the year, and produce a short presentation in advance of their appearance at the sub-committee highlighting successes and areas for further development. During the course of the 2021/22, concise guidance was provided to Directors about the presentation requirements, and this proved helpful. In addition, Directors were given the opportunity to revisit their proforma with support from Community Engagement. With the first year complete, it is envisaged that the proforma submissions in 2022/23 will require updating only, and that presentations will focus on progress from last year along with new developments.

Sub-committee members have shared their disappointment about the general lack of readily available data and metrics on engagement activities to support the evidence and examples provided within proforma submissions and presentation content.

This report has highlighted the different experience of the process found between externally-facing directorates and HIS' corporate directorates and teams. Sub-committee members want the process to be helpful and meaningful for all participants, so encourage Directors in corporate teams to link in with Community Engagement in the context of the suggested areas of focus in section 2.3, and in particular with respect to gaining public views to inform organisational strategies, corporate plans and communication approaches, and applicant feedback to shape improvements to recruitment practice.

There have been points during 2021/22 where the process has led sub-committee members to feel they were potentially straying into the Staff Governance Committee's remit, particularly when considering evidence and examples relating to internal engagement activities with employees. It remains the responsibility of the Governance for Engagement process to consider the ways HIS engages and fulfils its statutory responsibilities across the full range of its activities. When considering evidence and examples of engagement activities with employees, this is limited to scrutiny of the design and methodology used and its success in terms of numbers engaged and volume of feedback gained. The nature of the feedback, and management's response to it remain the purview of the Staff Governance Committee.

Sub-committee members reflect that across the directorates it is important to bear in mind that in the vast majority of work programmes, HIS remains positioned a step away from the patient or community. This requires continued understanding when scrutinising HIS' engagement activities with people and communities.

4.4 What is the focus for the future?

For 2022/23, sub-committee members want to ensure the process retains its freshness and appeal to Directors, use the significant amount of information and understanding gained from the first year, and seek evidence of meaningful progress.

Sub-committee members would like to provide Directors and other participants with the ability to share their feedback on the process to further aid its development. This will be a key activity in 2022/23 with feedback sought immediately after the respective sub-committee meeting, and reported back to the sub-committee by the Lead Officer.

Process alignment to the Quality Framework for Community Engagement is expected by sub-committee members, and they will be guided on the timing of this by the Director of Community Engagement, and the Lead Officer.

5 Proposed next steps

5.1 It is proposed that 2022/23 sees a continuation of the established process, with a meeting date each quarter identified and then shared with the respective Directors. The composition of directorates for each meeting is to be confirmed.

5.2 Community Engagement will offer Directors full preparation support to consider their proforma and presentation content. The emphasis will be on seeking evidence of meaningful progress from last year through the use of metrics and evidence of impact. The sub-committee will also seek examples of internal and external collaboration on engagement activities to support improvements for people and communities in their health and care services.

5.3 A feedback mechanism will be established following each meeting in order to gain reflections from all participants in terms of what went well, what could be improved, and a specific action the respondent will take forward.

5.4 During 2022/23, Community Engagement will undertake preparatory work to align the Governance for Engagement process with the Quality Framework, with the aim of implementation from 01 April 2023.

Lead Officer

Tony McGowan
Head of Engagement & Equalities Policy
Healthcare Improvement Scotland

26 April 2022

Appendix A

Healthcare Improvement Scotland
Governance for Engagement sub-committee membership

Membership
Suzanne Dawson, Chair of the Scottish Health Council (Chair)
Simon Bradstreet, Committee Member
Emma Cooper, Committee Member
Elizabeth Cuthbertson, Committee Member
Jamie Mallan, Committee Member

In attendance
Ruth Jays, Director of Community Engagement
Tony McGowan, Head of Engagement & Equalities Policy

Committee support
Susan Ferguson, PA to Director of Community Engagement and Chair of the Scottish Health Council

Appendix B
Healthcare Improvement Scotland
Governance for Engagement background, remit and design

A1 Background

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

A2 As part of the directorate review process resulting in the establishment of the Community Engagement directorate, the Scottish Health Council Committee's governance arrangements were revised to provide greater transparency and assurance of the directorate's work in supporting the engagement of people and communities. Other changes include:

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

A3 The last point above required the development of a 'governance for engagement' approach within HIS, and the establishment of the Governance for Engagement Sub-Committee. This continues to be a current work-stream within the directorate's Engaging People programme. The overall programme seeks to take forward a range of actions that support the wider organisation to deliver a consistent level and quality of engagement practice across all its activities.

A4 The governance for engagement approach needs to enable the Scottish Health Council Committee to hold to account and gain assurance on the performance of all HIS directorates / delivery areas. This is with respect to engaging people to directly inform and influence our work programmes and functions, including meeting our legal duties to assess, improve and report the impact of our work.

A5 The approach also needs to include practical ways for Committee Members to provide guidance to HIS Directors and other staff relating to best practice in community engagement, in order to foster an environment that encourages and supports improvement.

A6 Timelines for the delivery of the work were impacted by the COVID-19 pandemic. In June 2020 a development session afforded an opportunity for the Scottish Health Council Committee to discuss what it considered to be the main areas of focus for the remit and design of the governance approach.

B1 Remit

The Governance for Engagement sub-committee seeks to identify and improve upon good engagement practice through practical examples from HIS Directors (from information prepared in advance by them) in meeting their required legislative and other duties across their designated areas of responsibility, including:

- The use of Equality (and other) Impact Assessments at project-initiation and reviews at other key milestone stages across HIS work programmes;
- Sustained engagement with people with lived experience to directly inform work programmes and shape directorate priorities; and
- Evaluation activities that provide meaningful feedback to stakeholders, and readily demonstrate the outcomes and impact of the specific engagement undertaken.
- Learning through reflection to identify, celebrate and share good engagement practice within work programmes, and determine sources of support and appropriate remedial actions where improvements are needed.

The sub-committee explores with HIS Directors, other senior managers, Public Partners and people & communities engaged by HIS, any challenges or areas of work where engagement could be improved.

The sub-committee ensures appropriate processes are developed to consider changes to community engagement policy within HIS.

The sub-committee considers the impact on stakeholders (notably the public) of any changes to organisational support provided by the Community Engagement directorate for HIS engagement activities and equalities-related outcomes.

The sub-committee regularly reviews its information gathering processes to ensure it is collecting the most appropriate information in order to support robust governance for engagement, without making reporting onerous for each directorate.

C1 Design

The Scottish Health Council Committee has operated a sub-committee comprised of some Committee Members and directorate management team members that considered information and analysis with respect to service change. The sub-committee provides an advisory function to the Chair of the Scottish Health Council and Director of Community

Engagement on service change and its operation has proven to be successful in supporting detailed discussion and improved governance of service change advice and decisions.

C2 A similar sub-committee approach was devised to support governance for engagement to operate during 2021/22 to support the fulfilment of its remit. A model approach was developed to collect and present the information, helping to establish an effective starting point for the sub-committee's deliberations, and the approach was refined during the course of the year based on on-going feedback from Committee Members and HIS Directors in order to maximise its effectiveness.

C3 At every step, the focus is on supportive scrutiny that acknowledges good practice and considers how it can be spread, whilst also encouraging openness and an environment that allows areas for improvement to be readily identified and discussed.

DRAFT MEETING MINUTES – V 0.1

Meeting of the Scottish Health Council Service Change Sub-committee

Date: 31 March 2022
Time: 10.00 - 12.00
Venue: MS Teams

Present
Suzanne Dawson, Chair
Ruth Jays, Director, Community Engagement
Dave Bertin, Member
Alison Cox, Member
John Glennie, Member
Christine Lester, Member

In Attendance
Derek Blues, Engagement Programmes Manager- Service Change
Louise Wheeler, Service Change Advisor

Service Change Sub-committee support
Carmen Morrison, Service Change Advisor
Denise Worrall, Service Change Administrator

Apologies
Elizabeth Cuthbertson, Member
Emma Ashman, Service Change Advisor

ITEM	NOTES	ACTION
1	**WELCOME & APOLOGIES FOR ABSENCE**	
1.1	**Welcome** The Chair of the Scottish Health Council welcomed everyone to the meeting.	
1.2	**Apologies for Absence** Apologies received from Elizabeth Cuthbertson and Emma Ashman **Minutes of Previous Meeting of 27 January 2022 and matters arising** The accuracy of the note of the meeting on 27 January 2022 was approved with one suggested change – the time of the meeting of March 2022 was inaccurate and should read 10am. There are no matters arising that are not covered in the agenda. **Actions Log** Standing items which will be addressed in the agenda.	
2	**STRATEGIC BUSINESS**	

	Standing Items	
2.1	**Update on Quality Framework for Engagement** Derek Blues provided an update on recent activities both external and internally with the delivery group. Derek expressed his thanks to the Service Change Team and Emma Ashman in particular for the progress made to date. Comments and suggested changes as a result of feedback from stakeholders were made to the draft documents and the final versions of all associated documents are available on the hisengage.scot website. In addition to interest from a number of Boards and Partnerships in the West Region, Shetland and Rural Aberdeenshire have also expressed an interest in involvement in the testing phase (total of six test sites). Timescale for testing phase will be led by Boards and Partnerships involved on an individual basis. The Sub-Committee agreed that the Quality Framework for Community Engagement is a key piece of work for the wider directorate to deliver on improvement planning and does not have a service change only focus. The Director stressed that the framework is an important tool for the whole of Healthcare Improvement Scotland – some further work/communication should be done to embed this. An internal staff awareness session led by Emma Ashman and members of the internal delivery group took place on Thursday 24 March. The session was developed to provide information for engagement office staff to develop confidence and understanding of the process as they prepare to offer support to Boards and Partnerships during the role-out of the Quality Framework Tool. Louise Wheeler relayed her experience of discussion with Emma Ashman and East Renfrewshire Partnership, which Louise described as positive and collaborative. The Chair expressed her thanks to Louise on her work with NHS Ayrshire and Arran as there has been such a lot of work and relationship building to get us to this point. Members agreed that it would be useful to have sight of the comments and feedback provided by the stakeholder group and subsequently used to update the tool. Derek agreed to share this information with the sub-committee. The Chair expressed her thanks to Emma and the team for the progress with the Quality Framework for Community Engagement.	**Head of Engagement Programmes** **Engagement Programmes Manager** **Engagement Programmes Manager**
	Service Change updates	
2.2	**NHS Ayrshire and Arran (NHSA&A): West of Scotland Systemic Anti-Cancer Therapy (SACT) model** The Director noted that HIS-CE had written to NHSA&A to advise of the decision of the SHC Committee and Service Change Sub-Committee. NHSA&A have accepted the decision although written confirmation of this has still to be received from NHSA&A NHSA&A have asked for assurance that their approach will satisfy the SHC Committee and sub-committee' expectations. Ruth advised that regular dialogue with HIS-CE would be the best approach.	**Director**

	Louise noted that the attached paper contained a number of expectations that had been based on *Planning with People* guidance. She highlighted that these were expectations and not a 'task list' for the NHS Board. NHSA&A has indicated that their engagement will begin after the local authority election period in May. There was some discussion about the delay, however Ruth advised that it was prudent for NHS Boards not to carry out engagement until after the election had taken place. Members noted that public should be involved in the development and appraisal of options and that sometimes the community can suggest options that might not be identified by an NHS Board. Louise advised that a public option appraisal had taken place in 2015 prior to Regional Planning model being introduced. HIS-CE have advised NHSA&A to conduct an option appraisal based on the Regional Model, however, NHSA&A declined to do this stating that they believed there was only one option available within the Regional model. The Regional model had specific requirements that could only be met by one site – configuration was felt to be restricted. *Planning with People* reference to option appraisals is not as specific as the previous CEL4 Guidance. Louise advised that where only one option was viable then the Board had a duty to explain the reason and provide evidence to support this. There would be an expectation of engagement and consultation on any element where options might be developed. There was some discussion by members on the 'starting point' in terms of service and requirement to engage/develop options i.e. Service before pandemic (baseline) Interim (during pandemic) service provision Current proposal It was noted that the interim model was an operational response to an emergency situation and not a strategic decision – therefore the base model would be the model prior to the pandemic. Members suggested this decision could begin a national conversation with Boards and Partnerships to highlight the importance of engagement from a governance and patient perspective. The Chair advised that she had had an opportunity to remind Boards of the importance of public and community engagement at the recent NHS Boards Chief Exec and Chair meeting – the Cabinet Secretary and Government Ministers were also in attendance. Members agreed that we would expect more than one patient or public representative to participate in the planning group.	**Engagement Programmes Manager Service Change Advisor** **Engagement Programmes Manager, Service Change Advisor**
2.3	**<u>General update on Service Change Activity</u>**	

	Derek gave a verbal update on some of the key activities from the paper. NHS Ayrshire & Arran – as previous discussion. Derek expressed his thanks to Louise Wheeler for valuable input to the papers and discussion. Quality Framework – as earlier discussion Practitioners Network – the short life working group (SLWG) met W/C 21 March. Initial discussion was around holding a full Practitioner Networking meeting in June with a focus on Equalities and What Matters to You Day. These topics were identified by the members of the SLWG. It is envisaged that the Service Change Team will act as the catalyst for the network rather than as owners. Practitioners themselves will ultimately steer the group. Identifying Major Service Change guidance – with thanks to Louise for bringing this to completion – the guidance was published on the hisengage.scot website on Wed 30 March 2022. The Chair and Director will progress discussion on how the approach for giving a view on whether a proposal may be considered major, and may be adapted to provide NHS boards with an opportunity to interact in this process. Dr Gray's Hospital, Elgin – A Ministerial statement released on Wednesday 30 March 2022 announced a decision that a consultant led service would be reintroduced to the Hospital. The community has welcomed the decision. Ruth noted the need for honest conversations between NHS and community. Ruth agreed to share the link for this announcement. Argyle and Bute – Christine enquired why the entry was identified as NHS Highland when the owner is HSCP. This will be amended. There was some discussion about the role of HIS-CE with HSCP and non-health delegated services. Service change team have had discussion about the role of HIS-CE in terms of care home/non-health delegated services and await clarity on this. As per Item 2.5 of sub-committee minutes of 27 Jan 2022.	**Chair** **Director** **Director** **Service Change Advisor**
2.4	**Update on position on national and regional service change** Derek advised that this item was added as a standing item at the last meeting in January. He noted that an update to include National Treatment Centres and a substantive paper would be tabled at the next meeting. The Chair suggested that John and Derek liaise to discuss this topic in advance of the next meeting of the sub-committee, which is due in August 2022. John and Derek agreed that this would be useful.	**Engagement Programmes Manager**
	General Updates	
2.5	**Internal and External workshops – engagement in service change** Louise gave an update on workshops developed and delivered for internal staff, these were around; Duties and Principles for Service Change (x3)	

	Planning With People (x3) Quality Assurance in Service Change (x3) The sessions were designed to be interactive in order to generate discussion and support a shared understanding of each topic. Louise shared with members some discussion and points for consideration to come out of the sessions. A workshop aimed at non-executive Board members has been developed by the service change team, however, roll-out of this has not yet been progressed due to current demands on NHS Boards and the push-back of the emergency footing status.	
3	**Any other business** The Chair noted that today is the last meeting that John Glennie will attend before his term as HIS Non-Executive Director comes to an end in June 22. The Chair thanked John for his commitment, valuable contribution and wisdom shared during his time with the sub-committee. Members also expressed their personal thanks to John for his insight, wisdom and humour and agreed that John will be missed. The Chair brought the meeting to a close at 11.35.	
	Date of next meeting – 18 August 2022 – 10 to 12noon via MS Teams	

Item 1.2: Healthcare Improvement Scotland – Community Engagement Service Change Sub-committee

Actions Log – updated 17.01.2022

Ref	Date of Meeting	Action	Responsible Person	Status	Comment *(include anticipated date for active items)*
1.	27.01.2022	National and regional planning: Make standing item; provide regular updates against the national and regional action plan on next steps and directorate role.	Jane Davies/Derek Blues	Active	
2.	18.03.2022	Develop a timeline for decision making in Service Change	Ruth Jays/Derek Blues/Suzanne Dawson	Active	