

Scottish Health Council Committee Meeting

Thu 17 November 2022, 10:00 - 12:30

Via MS Teams

Agenda

10:00 - 10:30
30 min

1. Opening Business

1.1. Welcome, Introduction and Apologies

10.00-10.05 *Chair*

Verbal

1.2. Draft minutes of Meeting (15/09/2022)

10.05-10.10 *Chair*

Paper

- Paper 2 - 20220915 SHCC meeting Draft Minutes.pdf (13 pages)

1.3. Review of Action Point Register

10.10-10.15 *Chair*

Paper

- Paper 3 - 20221117 SHC Committee Action Point Register.pdf (2 pages)

1.4. Business Planning Schedule

10.15-10.20 *Chair*

Paper

- Paper 4 - 20221117 SHCC Business Planning Schedule 2022-2023.pdf (1 pages)

1.5. Directors Update

10.20-10.30 *Director*

Paper

- Paper 5 - 20221117 SHC Committee Paper - Directors Update.pdf (5 pages)
- Paper 5a - 20221117 SHC Committee Paper - Directors Update Appendix 1.pdf (1 pages)
- Paper 5b - 20221117 SHC Committee Paper - Directors Update Appendix 2.pdf (1 pages)

10:30 - 11:30
60 min

2. Setting the Direction

2.1. Business Planning for 2023/24

10.30-10.40 *Director*

Paper

- Paper 6 - 20221117 SHC Committee Paper - Business Planning 2023-24.pdf (4 pages)

2.2. Quality Framework for Community Engagement and Participation - Update

10.40-10.50 *Engagement Programmes Manager*

Paper

- Paper 7 - 20221117 SHC Committee Paper - Quality Framework for Community Engagement.pdf (3 pages)

2.3. Volunteering in NHS Scotland - Update

10.50-11.00 *Volunteering Programme Manager*

Paper

- Paper 8 - 20221117 SHC Committee paper - Volunteering Update.pdf (9 pages)

2.4. Citizens Panel - Update

11.00-11.10 *Head of Engagement Programmes/Social Researcher*

Paper

- Paper 9 - 20221117 SHC Committee Paper - Citizens' Panel Update.pdf (11 pages)

2.5. Engaging People in the work of HIS -Update

11.10-11.20 *Head of Engagement and Equalities Policy*

- Paper 10 - 20221117 SHC Committee Paper - Engaging People.pdf (6 pages)
- Paper 10a - 20221117 SHC Committee Paper -Engaging People in the Work of HIS Appendix 1.pdf (12 pages)
- Paper 10b -20221117 SHC Committee Paper-Engaging People in the work of HIS Appendix 2.pdf (17 pages)

2.5.1. Comfort Break

11.20-11.30

11:30 - 12:15
45 min

3. COMMITTEE GOVERNANCE

3.1. Remobilisation and Operational Plan Progress Report

11.30-11.40 *Operations Manager*

Paper

- Paper 11 - 20221117 SHC Committee Paper - Operational Plan Progress Report Q2.pdf (10 pages)

3.2. Risk Register

11.40-11.50 *Director*

Paper

- Paper 12 - 20221117 SHC Committee Paper - Risk Register.pdf (2 pages)
- Paper 12a - 20221117 SHC Committee Paper - Risk Register Appendix 1.pdf (1 pages)

3.3. Corporate Parenting Action Plan

11.50-12.00 *Equality & Diversity Advisor*

Paper

- Paper 13 - 20221117 SHC Committee Paper - Corporate Parenting Update.pdf (3 pages)
- Paper 13a - 20221117 SHC Committee Paper - Corporate Parenting Appendix 1.pdf (1 pages)
- Paper 13b - 20221117 SHC Committee Paper - Corporate Parenting Appendix 2.pdf (12 pages)

3.4. Service Change Sub-Committee - Update

12.00-12.05 *Engagement Programmes Manager*

Paper

- Paper 14 - 20221117 SHC Committee Paper - Service Change Update.pdf (4 pages)
- Paper 14a - 20221117 SHC Committee Paper - Service Change Appendix 1.pdf (3 pages)

Paper 14b - 20221117 SHC Committee Paper - Service Change Appendix 2.pdf (4 pages)

3.5. Governance for Engagement Sub-Committee - Update

12.05-12.15 *Head of Engagement and Equalities Policy*

Paper

Paper 15 - 20221117 - SHC Committee Paper - Governance for Engagement Update.pdf (3 pages)

12:15 - 12:20 4. RESERVED BUSINESS

5 min

4.1. Service Change Sub-Committee draft minutes of meeting (20/10/2022)

12.15-12.20 *Engagement Programmes Manager*

Paper

Paper 16 - 20221020 Service Change Sub-committee Minutes.pdf (6 pages)

12:20 - 12:25 5. ADDITIONAL ITEMS of GOVERNANCE

5 min

5.1. Key Points

12.20-12.25 *Chair*

12:25 - 12:30 6. CLOSING BUSINESS

5 min

6.1. AOB

12.25-12.30 *All*

6.2. Meeting Close

12.30

12:30 - 12:30 7. DATE OF NEXT MEETING

0 min

7.1. 2 March 2023

Venue TBC

10.00-12.30

SHCC MINUTES – V0.1

Meeting of the Scottish Health Council Committee

Date: 15 September 2022
Time: 10:00am-12:30pm
Venue: Delta House/Hybrid

Present

Suzanne Dawson, Chair (SD)
Michelle Rogers, HIS Non-Executive Director Member (MR)
Dave Bertin, Member (DB)
Simon Bradstreet, Member (SB)
Elizabeth Cuthbertson, Member (EC)
Emma Cooper, Member (EmC)
Jamie Mallan, Member (JM)

In Attendance

Lindsey McNeill, Interim Director of Community Engagement (LM)
Ruth Jays, Director of Community Engagement (RJ)
Tony McGowan, Head of Engagement & Equalities Policy (TM)
Claire Curtis, Acting Head of Engagement Programmes (CC)
Derek Blues, Engagement Programmes Manager (DBI)
Robbie Pearson, Chief Executive, Healthcare Improvement Scotland (RP) (Item 1.6)
Jane Illingworth, Head of Governance and Planning (JI) (Item 1.6)
Richard Kennedy McCrea, Operations Manager (RKM)
Paul McCauley, Risk Manager (PMC) (Item 3.1)
Gill Graham, Non-executive Director (Item 3.1)
Denise Symington, Principal Service Change Advisor (DS)
Joy Vamvakaris, Social Research Analyst (Observer)
Susan McLaren, Project Officer (Observer)
Maureen McDowall, Engagement Officer, (Observer)
Sharon Bleakley, Engagement Programmes Manager (Observer)

Apologies

Alison Cox, Member (AC)
Nicola Hanssen, HIS Non-Executive Director Member (NH)
Victoria Edmond, Senior Communications Officer (VE)

Committee Support

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

Declaration of interests

No Declaration(s) of interests were recorded

1.	OPENING BUSINESS	<u>ACTION</u>
1.1	Chair's Welcome, Introductions and Apologies	
	The Chair (SD) welcomed everyone to the meeting and noted it was	

	<p>the first Scottish Health Council Committee (the Committee) hybrid meeting since Covid. She extended a warm welcome to Lindsey McNeill (LM) the new interim Director of Community Engagement (HIS-CE) and thanked Ruth Jays (RJ) for attending, and for all that she had achieved during her time in the role as Director of HIS-CE. An introduction was made to Michelle Rogers (MR) who has recently joined the HIS Board and was attending her first meeting as a SHC Committee member.</p> <p>After some reflection on the death of the Queen and the personal loss to the Directorate with the sad passing of Jane Davies, Head of Engagement Programmes, SD provided the following update to the Committee.</p> <p>1) Due to the recent change of the HIS-CE Director, the planned virtual Staff Away day session for all the Directorate will be used as an introduction for LM to the Directorate. She advised that timings would be shortened to a half day and that Committee members were still welcome to join.</p> <p>Apologies were noted as above.</p>	
1.2	Draft Minutes of Meeting	
	<p>The draft minutes of the Scottish Health Council Committee meeting, held on 19 May 2022, were approved as an accurate record of the meeting.</p>	
	Matters arising	
	<p>There were no matters arising.</p>	
1.3	Review of Action Point Register	
	<p>SD presented the Action point register to the Committee.</p> <p>CC provided an update on item 3.3 (19/05/2022) Redesign of Urgent Care (RUC) and advised that they are still awaiting re-establishment of the RUC Evaluation Advisory Group pending the results from their commissioned engagement work and at present there is no specific current role for HIS-CE.</p> <p>The Committee noted the content of the action point register.</p> <p>Action: SF to remove JD's initials from Item 3.5 (27/05/2021) Operational Plan 2021/22 and replace with Richard Kennedy McCrea (RKM) and change 'easy read' to 'easier read' as <i>Easy Read</i> is a brand name.</p>	SF
1.4	Business Planning Schedule	
	<p>SD presented the Business Planning Schedule to the Committee.</p> <p>The Committee noted the Business Planning Schedule.</p>	
1.5	Director's Update	

	<p>RJ provided the Committee with her last update and thanked them for the support throughout her time with HIS-CE.</p> <ol style="list-style-type: none"> 1. A tribute was made to Jane and the impact her loss has had on the Directorate and the wider Healthcare Improvement Scotland (HIS). Staff huddles were held to check in on the well-being of everyone and these were well received by colleagues. She advised that there are discussions in place on how to honour Jane's legacy going forward. 2. Noted that the Committee were already aware of this difficult time for the Directorate with the increasing financial pressures, workforce, and the recent leadership changes which has led to extension of interim structure until March 2023. 3. Highlighted that the March 2023 Workforce planning was going forward, and advised that in her role as Interim Director, LM will be involved in this and also highlighted the importance of the Committee's involvement . <p>LM provided the Committee with a short update on what her immediate priorities were in the coming weeks:</p> <ol style="list-style-type: none"> 1. Getting to know the Senior Management Team, (SMT) Department Management Team (DMT) and their priorities. 2. Also getting out to meet all colleagues either face to face or virtually. <p>The Committee acknowledged the challenges that are facing everyone at this time and advised their focus would be on this.</p> <p>They thanked RJ for the verbal update and wished her success in her new role at Scottish Government and thanked LM for sharing her priorities for the Directorate.</p>	
1.6	HIS Strategy Update	
	<p>SD welcomed the Chief Executive (RP) and the Head of Planning and Governance (JI) to the meeting. RP reinforced the earlier tribute to Jane and welcomed the work that is going on to provide a legacy that is fitting for the void that Jane has left.</p> <ol style="list-style-type: none"> 1. An update was provided to the Committee on how the HIS Strategy is evolving from its original planned content to reflect the new and emerging operating context in which the wider public sector is now facing due to the financial challenges. 2. Highlighted the importance of clarity of vision, purpose and service delivery for the Directorate. 3. Advised there will be a need to make hard choices but HIS-CE are at the heart of HIS's response to the system. 4. JI shared a presentation with the Committee on the HIS Strategy. (Appendix1) <p>There was a wide-ranging discussion with the Committee on the following points:</p> <ol style="list-style-type: none"> 1. What these financial challenges could potentially mean for 	

	<p>NHS Boards in relation to their ability to conduct meaningful engagement with respect to service change, as well as what that may mean for the work of the HIS-CE Colleagues.</p> <ol style="list-style-type: none"> 2. There was recognition that the <i>Scottish Approach to Service Design</i> may be seen as the default approach by some NHS Boards, however it was imperative to ensure that this be seen as part of a much larger suite of tools which can be tailored to meet local needs. 3. The need for the Committee to oversee this work to ensure it remains fit for purpose, that colleagues can oversee and be assured effective engagement is carried out, and that all major service changes are properly identified as such, and then formally reviewed by the Committee. <p>Assurance was provided to the Committee that further work is underway within the Directorate to ensure clarity of vision, purpose and service delivery.</p> <p>The Committee thanked RP and JI for the update and attending the meeting.</p> <p>Action: Engagement Programme Managers to ask about <i>Scottish Approach to Service Design</i> activity as they map part of the reconnection work.</p>	CC
2.	SETTING THE DIRECTION	
2.1	Quality Framework for Community Engagement	
	<p>Engagement Programmes Manager (DBI) provided a verbal to the Committee and highlighted the following points:</p> <ol style="list-style-type: none"> 1. Work with test sites is continuing with the regular meetings with partners being beneficial in sharing experiences. Colleagues attended a recent session in East Renfrewshire and reported back their findings, which were positive. 2. Another session took place for Colleagues to further upskill and build confidence to support partners. 3. Reached out to the Care Inspectorate for the future co-badging of Self Evaluation statements. 4. <i>Planning with People</i> (Version 2) has moved back to Spring 2023. Noted thanks to Julie Simac for the support provided with this. <p>The Committee thanked DBI for the verbal update.</p>	
2.2	Engaging People in the work of HIS	
	<p>The Head of Engagement and Equalities Policy (TMG) provided a verbal update to the Committee and noted that a full update would be provided at the next meeting.</p> <ol style="list-style-type: none"> 1. Accessibility and Easy Read training is underway with a positive reaction from all colleagues who are taking part in it. Guidance and process to follow with mainstreaming into the Directorate after September. 	

	<p>2. People's experience volunteer panel, three people have been recruited in Fife and we are now extending into Grampian region. The aim is for four to ten volunteers in each region.</p> <p>TMG noted thanks to Rosemary Hampson for taking this work forward.</p> <p>The Committee thanked TMG for the update</p>	
2.3	Development Day – Follow up	
	<p>RJ provided a paper on the Development day's actions and asked the Committee to reflect on these as priorities may have changed in the intervening time.</p> <p>The Committee and the SMT had a reflective discussion to decide if the key priorities identified from that day were still fit for purpose given the more recent changes in operating / financial context.</p> <p>After discussion the Committee agreed that the priorities were still appropriate, and these are:</p> <ol style="list-style-type: none"> 1. The structure and focus of the Committee 2. The need to proactively reach out to the public 3. The change to the public's approach to engagement since the onset of the pandemic (and understanding the changing financial climate across the whole system) <p>Action</p> <p>Committee Members and SMT to identify actions which would move these priorities forward.</p>	
3.0	COMMITTEE GOVERNANCE	
3.1	Risk Register and Discussion around Risk	
	<p>SD introduced Paul McCauley (PM) Risk Manager and Gill Graham (GG) Non-executive Director, who had been invited to the meeting to provide the Committee with an insight into risk management within HIS and how risks were identified for the Risk Register.</p> <p>After reviewing the risks for the Directorate, it was agreed that there was a need for the Senior Team to re look at the current risks and discuss with DMT.</p> <p>The Committee found this insightful and informative and thanked GM and PM for attending the meeting.</p> <p>Action</p> <p>SMT to review current risks on Risk Register</p>	LM, TMG, CC
3.2	Service Change Update	
	<p>DBI provided an update to the Committee and highlighted the following points:</p>	

	<ol style="list-style-type: none"> 1. <i>Planning with People</i> (PWP) - Working with colleagues in Planning and Governance Team for an <u>o</u>rganisation wide response. The first draft has been sent to SMT for consideration. 2. Capital Investment Group (CIG) - Next meeting is 28 September to consider Scottish Ambulance Service Glasgow South. 3. Engagement Practitioners – Had a successful meeting last week, membership of the MS Teams page continues to grow. Plans are to continue to support this network with workshops being delivered on request. Next phase is to move to evaluation of impact on Practice. The next meeting is scheduled for early December. 4. Transport Animation was published on the HIS-CE website on 6 September concluding the suite of animations. 5. Lochaber Redesign Programme – Service Change Team were asked to consider whether this was Major Service Change. The team concluded this did not meet the threshold for this and this recommendation was agreed by the Service Change sub-committee on 18 August 2022. <p>DBI asked the Committee to:</p> <ol style="list-style-type: none"> 1. Discuss and approve the Service Change sub-committee’s recommendations that Lochaber Redesign Programme does not meet the threshold for Major Service Change. 2. Note the highlights mentioned and other current activity. 3. Consider the approaches to Regional and National Planning set out in Appendices 3 and 3.1. <p>The Committee:</p> <ol style="list-style-type: none"> 1. Agreed with the recommendation made by the Service Change sub-committee that Lochaber Redesign Programme does not meet the threshold for Major Service Change. 2. Noted the highlights mentioned. 3. Considered the approaches to Regional and National planning with no further questions. <p>The Committee thanked DBI for the update</p>	
3.3	Remobilisation and Operational Plan Progress Report	
	<p>The Operations Manager (RKM) provided the Committee with a paper for discussion.</p> <p>He shared two appendices and explained that with support from colleagues and committee members, the change to the Directorate’s approach to reporting was formed in line with our Performance Measurement Framework.</p> <p>He advised, rather than describing activities on a team-by-team basis, the Q1 Update describes how our work contributes to 10 outcomes, under three main aims, building capacity, raising awareness and, increasing diversity and inclusion.</p>	

	<p>The following highlights were taken from the new Q1 update;</p> <ol style="list-style-type: none"> 1. During Q1, regular strategic meetings were re-established with key contacts in boards and partnerships, to support their remobilisation. 2. The Quality Framework for Engagement is being piloted with NHS Ayrshire & Arran and three Health & Social Care Partnerships (HSCPs); NHS Greater Glasgow & Clyde; Aberdeenshire HSCP and East Renfrewshire HSCP. Planning sessions have been held with the Ayrshire & Arran teams and Aberdeenshire HSCP. 3. The Volunteering in NHS Scotland team continues to support robust and effective volunteering programmes. 4. The inaugural development session of the Engagement Practitioners' Network took place on 23 May. 5. Staff in our Fife office have been piloting an approach to the People's Experience Panel. 6. During May we carried out four discussion groups, ran an online survey and facilitated a discussion with Public Partners on the draft strategy for Healthcare Improvement Scotland. <p>The Committee were asked if they found the new Q1 update a helpful approach and they responded with the following feedback</p> <ol style="list-style-type: none"> 1. Found it helpful and pitched at the right level. 2. Liked the combination of text with infographics. 3. Really good, first steps to an overall improvement. 4. Appendix 2 is focused on activity but we need to make sure this is balanced with reporting on impact 5. In relation to Appendix 1, query over the logic of the whole approach. Feedback given that a logic model could be included. (What we do and how we do it?) 6. Requested that trend data be developed, although appreciated the time and effort involved in obtaining this. Discussion around internal linkages, especially with Finance and HR colleagues. 7. Need additional link to Finance and people. <p>RKM provided assurance to the Committee advising, that there was still work to do for the next iteration and going forward the report will be more about impact and activity reporting.</p> <p>Thanks were noted from RKM to EC and SB for their contribution.</p>	
3.4	Engagement Programmes update	
	<p>The Acting Head of Engagement Programmes (CC) provided the Committee with a verbal update, and acknowledged the attendance of colleagues observing the meeting virtually.</p> <p>Based on the three aims, building capacity raising awareness and, increasing diversity and inclusion, the following highlights were shared with the Committee:</p> <ol style="list-style-type: none"> 1. Engagement Practitioners network- meeting took place on 8 September 2022. 	

	<ol style="list-style-type: none"> 2. In Q1 One Webinar took place with 179 attendees. Q2 Webinar was cancelled due to national mourning for Queen Elizabeth. 3. Citizens' Panel 9 was published with significant press awareness and Impact Paper was sent to Scottish Government. 4. Citizens' Panel 10 fieldwork underway. 5. Chronic pain Gathering Views fieldwork underway finishing this week. <p>The Committee thanked CC for the verbal update.</p>	
3.6	Governance for Engagement sub-committee update	
	<p>TMG provided the Committee with a brief update and highlighted the following:</p> <ol style="list-style-type: none"> 1. Due to unplanned Senior Management absence the Governance for Engagement sub-committee (GfE SC) meeting scheduled to take place on 25 August 2022 was cancelled. Apologies were sent to both directorates involved. A new meeting date is planned for 2023. 2. As discussed and agreed at the last meeting of the GfE SC on 16 June 2022, the suggested revisions to the pro forma have been put in place, these pro formas will be in use for the next meeting which takes place on 27 October 2022. 3. A full GfE update will be provided at the next SHC Committee meeting. <p>The Committee thanked TMG for the verbal update and looked forward to seeing the full update at the next meeting.</p>	
4.0	RESERVED BUSINESS	
4.1	Service Change Sub-Committee meeting minutes	
	<p>DBI presented the draft minute for the Service Change Sub-Committee meeting held on 4 September 2022.</p> <p>The Committee noted the sub-committee meeting minute.</p>	
5.0	ADDITIONAL ITEMS of GOVERNANCE	
5.1	Key Points	
	<p>After discussion, the Committee agreed the following three key points to be reported to the Board:</p> <ol style="list-style-type: none"> 1. HIS Strategy. 2. Development Day action plan. 3. Service Change Update Lochaber/Regional Planning. 	
6.0	CLOSING BUSINESS	
6.1	AOB	
	<p>The Committee shared their thoughts on the hybrid meeting and agreed it worked well for both those attending virtually and in person.</p>	

	SD noted that the next meeting would be held via MS Teams.	
7.0	DATE of NEXT MEETING	
7.1	The next Scottish Health Council Committee meeting will be held on 17 November 10am-12.30pm venue via Teams.	
	Name of person presiding: Signature of person presiding: Date:	

ACTION POINT REGISTER

Meeting: Scottish Health Council Committee

Date: 15/09/2022

Minute ref	Heading	Action point	Timeline	Lead officer	Status
Committee meeting 19/05/2022 3.2	Service change update including Action plan	DBI to provide the Committee members with the overview of the workshops planned for Non-Executive board members in NHS Boards and Integration Authorities	15/09/2022	DBI	Ongoing - still under consideration to ensure we achieve the best outcome for all parties. Discussions with Claire Curtis and Denise Symington are underway.
Committee meeting 27/05/2021 3.5	Operational Plan 2021/22	Easier-read version of the Operational Plan to be produced for sharing with multiple audiences.	17/11/2022	RMK / TMG / VE	Ongoing -internally sourced easy-read capacity and capability currently being considered – update to be provided at November meeting. Recommend item for closure.
Committee meeting 15/09/2022 1.3	Review of Action Point Register	Remove JD's initials from Item 3.5 (27/05/2021) Operational Plan 2021/22 and replace with Richard Kennedy McCrea (RKM) and change 'easy read' to 'easier read' as <i>Easy Read</i> is a brand name.	17/11/2022	SF	Complete Recommend item for closure.

Date: 28/10/2022

File Name: SHCC Action register

Version:

Produced by: Susan Ferguson

Page: 1 of 2

Review Date:

<p>Committee meeting 15/09/2022 1.6</p>	<p>HIS Strategy Update</p>	<p>Engagement Programme Managers to ask about <i>Scottish Approach to Service Design</i> activity as they map part of the reconnection work.</p>	<p>17/11/2022</p>	<p>CC</p>	<p>Ongoing – to be considered on completion of the “Reconnect” work that the Engagement Programme Managers are undertaking in November.</p>
<p>Committee meeting 15/09/2022 3.1</p>	<p>Risk Register and discussion around current risks</p>	<p>SMT to review current risks on Risk Register</p>	<p>17/11/2022</p>	<p>LM, TMG, CC</p>	<p>Risk session with HIS Risk Manager took place on 02 November 2022 to review current strategic risk.</p> <p>Further work to be undertaken in light of new Risk Management Guidance, and also linked to development of new business plan for 2023/24.</p> <p>Will be taken forward as Business as Usual, with risk management review being incorporated within monthly DMT meetings to ensure corporate ownership, awareness and understanding of mitigating actions.</p> <p>Recommend item for closure.</p>

**Scottish Health Council Committee
Business Planning Schedule**

2022-2023

Committee Business	Lead officer	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				
Directors Update	Director				
Business Planning for 2023/24	Director				
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:	17 November 2022
Title:	Director's Update
Agenda item:	1.5
Responsible Executive/Non-Executive:	Lindsey McIntosh, Interim Director of Community Engagement
Report Author:	Lindsey McIntosh, Interim Director of Community Engagement
Purpose of paper:	Discussion

1. Situation

This paper gives information to reflect the priorities that the Scottish Health Council Committee Members had previously agreed at their development session. It gives an outline of current challenges and opportunities across the directorate, as well as highlighting progress on various cross-directorate and wider cross-healthcare Improvement Scotland (HIS) activities to share the scale and scope of improvement activities.

This paper highlights the following specific areas of work:

- a) Pilot reporting initiative: Introduction of a monthly dashboard within Community Engagement (HIS-CE) directorate for sharing with Committee and staff. (*Appendix 1*)
- b) Pilot reporting initiative: Planned collation of 'Re-connections' piece in order to hold effective rolling management information to inform risk based approaches to engagement. (*Appendix 2*)
- c) Planned HIS-CE DMT workshop to look at scenario planning and potential future structure options (to make progress from the current interim structure).
- d) Financial management for current year budgets.
- e) Financial planning for 2023/24, linked to planned service delivery.
- f) HIS-wide discussions with Executive Team and 'One Team' methodology.

2. Background

This is a new style of report to ensure that the Committee can maintain oversight and receive assurances of the work of the directorate in its entirety, with specific agenda items offering further information on particular items.

The Committee recently identified their priorities following a Development Day, which were agreed as:

- a) The structure and focus of the committee.
- b) The need to proactively reach out to the public.*
(Propose change to: 'The need to ensure that NHS Boards, and integration partners, are discharging their statutory requirements to carry out public engagement and fulfilling their equalities duties, and that HIS Community Engagement Directorate (HIS-CE) are assisting them in a way which is effective and proportionate.)
- c) The change to the public's approach to engagement since the onset of the pandemic.
- d) The current financial climate – both in terms of the wide system but also in terms of HIS-CE directorate.

** Following a post-meeting discussion with the Chair and the Interim Director, it is proposed that this priority is refined to reflect that the role of the directorate is not to undertake engagement activity on behalf of Boards directly, but instead to act as strategic advisors, and also to reflect that while this is an SHC Committee priority, it is HIS-CE staff members who will deliver. This reflects the revised vision for the directorate which was due to be launched in April 2020, however due to Covid-19, the planned ways of working were not implemented as intended at that time.*

The wider operating context includes:

- HIS is operating within a flat line budget for the period of the Scottish Government Resource Spending Review (April 2022 – March 2027).
- Each directorate has been informed that we should be planning to operate within the current budget allocation received in 2022/2023 as an absolute maximum.
- HIS-CE directorate is currently operating with an interim structure, which has been extended until 31 March 2023.
- The new permanent director has now been appointed and will start on 23 January 2023.
- There is an imperative to consider financial implications for the duration of the Resource Spending Review (5 years), and what that means in terms of innovation for HIS-CE service delivery in the future.

3. Assessment

In relation to Committee priority (a), a draft dashboard for the directorate has been developed, which gives a one-page oversight across all areas of work within the Directorate. It is proposed that this is a mechanism by which the information can be shared with both the Committee, and staff across the directorate for understanding and awareness. The purpose of this dashboard is to give a sense of what engagement levels exist across each of the Health Boards, as well as giving oversight in terms of progress against delivery of work programmes, budget, people management and taking to time recognise key achievements. It is intended that this is a monthly stock check of activities, allowing for the more strategic outcomes to be captured in the Operational Plan Progress Report. *(Please see Appendix A.)*

In relation to Committee priority (b), there is a 'Re-connections' item of work which is currently underway at present, with the Engagement Programme Managers collating the relative position statements with each Health Board by the end of November 2022. This is an opportunity to understand what is currently happening across the country at present, to understand what more work Health Boards may be asking from us, and also allows the Committee to direct the HIS-CE offering given the financial constraints placed upon both the Health Boards and within Healthcare Improvement Scotland. The information collated will then feed into the overarching dashboard outlined in Appendix A. The draft template which will be used to collate this management information is shared for information with the Committee to show linkage, and to ask if there is other information we would collate which would be of relevance to the Committee. *(Please see Appendix B.)*

In relation to Committee priorities (c & d), there are a number of practical activities underway which take these into account. The DMT are currently working through current year budgets with our dedicated management accountant, as there is a HIS-wide requirement to ensure that all directorates are delivering within their allocated budget due to the financial context in which the public sector is now operating. This is being exacerbated across the organisation by SG reducing or removing some previously agreed 'Additional Allocation' funding. This has not impacted on Community Engagement directorate for this financial year, but it may have to be considered a potential risk for future years. For members' awareness, HIS-CE receives Additional Allocations for work on Citizens Panel, 'What Matters To You?' work, and the Volunteering Information System replacement.

The current financial position is that the directorate is projecting a forecasted overspend of £17k, but a number of remedial actions are underway to bring the expenditure back on budget. This includes continuing to hold any vacancies as they arise, with a watching brief on how workloads are impacted across teams, whilst ensuring employee health and wellbeing. We do have a number of staff who are not available to work at present, but we are offering a number of supportive measures in this regard. The Senior Management Team are monitoring the situation closely, and all of the above information will lead into the business planning / workload capacity for 2023/24. The Chief Executive has regular 1:1 sessions with the Director to ensure senior oversight of the HIS-CE directorate in line with operational management arrangements.

The intention is to bring information to the next Committee meeting on 02 March 2023 which will be based on discussions with the Community Engagement DMT at a workshop planned for 11 November 2022. The session is planned to examine scenarios and potential future structure options, taking cognisance of the financial challenges ahead, balanced against the pre-pandemic vision for the directorate and lessons learned around how people want to engage post-pandemic.

There are also Healthcare Improvement Scotland-wide pieces of work underway, under the banner of 'One Team'. This is being discussed as part of the regular discussions with the Executive Team, and specific project work is being overseen by the newly constituted One Team Programme Board. Updates and items for decision will be reported through various Healthcare Improvement Scotland governance committees and to the full Board in order to ensure delivery against the overall HIS strategy.

Assessment considerations

<p>Quality/ Care</p>	<p>This report forms a key governance document to give oversight of HIS-CE activities and outcomes to the Scottish Health Council Committee. It can help inform future decisions around direction of travel and service delivery for the directorate by providing visibility of the operating climate and exploring what opportunities and risks are present.</p> <p>A key aspect of the Scottish Health Council's role is to support NHS Boards to improve individual and collective participation and also to monitor how they carry out their statutory duty to involve people in the planning and delivery of health services.</p>
<p>Resource Implications</p>	<p>The budget forecast for the current financial year is a projected overspend of £17k. There are remedial actions in place to address this.</p> <p>The directorate is operating on an interim structure until 31 March 2023. This is having an impact on staff morale due to the ongoing instability and uncertainty, especially around secondments and fixed term appointments.</p> <p>Therefore options for moving forwards will be looked at initially by DMT on 11 November 2022.</p> <p>Options will be considered in light of feedback previously received through iMatters, jamboard sessions and also a series of 1:1's that the Director is having with all members of staff.</p> <p>There are regular meetings with Partnership representatives in place as well, to ensure that there are temperature checks in place and to seek feedback. There is also regular engagement</p>

	with staff via MS Teams to seek weekly 'Top 3' activities, and also creative ways of sharing 'A Week in the Life of...'
Risk Management	There are potential service delivery and people-related risks to consider in terms of future work programmes and what can be afforded in a flat line budget. There is ongoing work with the SMT and the Risk Manager to ensure that these risks and relevant scoring and mitigating actions are identified and undertaken appropriately.
Equality and Diversity, including health inequalities	There are no equality and diversity issues as a result of this paper at this time – future structure and delivery outcomes will take equality, diversion and inclusion considerations into account with a full EQIA completed as required.
Communication, involvement, engagement and consultation	This level of detail and ways of working has not previously been discussed, and is a new item.

4 Recommendation

The Committee is asked to:

- Consider the contents of this paper
- Give feedback on the level of detail and topics contained within the paper and appendices and to consider their value as a reporting mechanism
- Gain assurance that the directorate are moving into a strategic operating space to reflect the intention behind the vision developed pre-Covid.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1, Draft HIS-CE Performance Dashboard
- Appendix 2, Draft HIS-CE Overview of Board Community Engagement Levels

HIS-CE Performance Dashboard – DRAFT EXAMPLE

NHS Boards – Perceived Risk Levels*	
NHS Ayrshire & Arran	Red
NHS Borders	Yellow
NHS Dumfries & Galloway	Green
NHS Fife	Red
NHS Forth Valley	Yellow
NHS Grampian	Green
NHS Greater Glasgow & Clyde	Red
NHS Highland	Yellow
NHS Lanarkshire	Green
NHS Lothian	Red
NHS Orkney	Yellow
NHS Shetland	Green
NHS Tayside	Red
NHS Western Isles	Yellow
Public Health Scotland	Green
Healthcare Improvement Scotland	Red
NHS Education for Scotland	Yellow
NHS Golden Jubilee	Green
NHS 24	Red
Scottish Ambulance Service	Yellow
State Hospital Boards for Scotland	Green
NHS National Services Scotland	Red

CED Work Programmes Progress	
Citizens Panels'	Yellow
Gathering Views	Red
Public Involvement	Green
Reconnections Work	Yellow
Quality Framework Rollout	Red
Service Change	Green
Volunteering	Yellow
	Red
	Green

Key Risks in Directorate	
1. Financial performance	Yellow
2. Staff engagement / transformation	Yellow
3. Workload capacity / inability to recruit	Red

Our Team	
Attendance rate %	xx%
PDWR completion rate %	xx%
Mandatory training rate %	xx%
Annual leave uptake	xx%

Overall Expenditure vs Allocated Budget	
Allocated Budget for 2022/23	£2,649k
Projected Position at End of Year	£2,666k
Projected Variance (£'s & %)	- £17k - 0.64%
Process Mapping Efficiency Savings	£xxx

Budget Holders – Current Budget Position		
Derek Blues	- £xxx	- xx%
Wendy McDougall	- £xxx	- xx%
Christine Johnstone	- £xxx	- xx%
Sharon Bleakley	- £xxx	- xx%
Richard Kennedy-McRea	- £xxx	- xx%
Claire Curtis	- £xxx	- xx%

Our Achievements This Month	
1.	4.
2.	5.
3.	6.

HIS-CE Overview of Board Engagement DRAFT EXAMPLE

Community Engagement - Overview Position (as at 30 November 2022)

Health Board Name / HSCP	Level of Engagement with CED	Push or Pull Contact?	Frequency of Board Contact?	Level of Board Contact?	Level of Confidence in Board / HSCP discharging duties?	Level of Interaction with CED	What do they say they want from HIS-CED?	Accommodation available within Board?
NHS Example (EXAMPLE PURPOSES ONLY)		PUSH	Weekly	CEO Volunteer Coordinator Engagement Officer		Advice - how they should engage with communities Support - assistance with facilitating community engagement Support - assistance with specific service change Review - scrutiny of specific service change Visibility - attendance at board / HSCP meetings Engagement - through Third Sector Interfaces Engagement - direct to local community groups / community councils Other - please specify	National guidance & toolkits Help with facilitation Attendance at meetings Making connections with community representatives	Room available Fit for requirements Signed SLA in place
INSTRUCTIONS ON HOW TO COMPLETE								
Column B: Overall RAG Status - colour code in terms of levels of engagement. (Weighted up against all evidence in Column F)								
Red - No engagement (Zero or less than twice per year)								
Amber - Infrequent engagement (3-6 times per year)								
Green - Frequent engagement (Monthly or more)								
Column C: Indication if we drive the engagement (Push), or whether the board / HSCP proactively reach out to us (Pull)								
Column D: Frequency of contact - free text - write in								
Column E: Level of contact - free text - write in level of contact - i.e. CEO, Medical Director, Volunteer Coordinator, Engagement Officer etc								
Column F: Level of confidence that board meeting their duties? RAG status								
Red - No evidence that Board is meeting statutory duties								
Amber - Some evidence that Board is meeting statutory duties but further work required								
Green - Significant evidence that Board is meeting statutory duties and can be used as exemplar to others								
Column G: Level of Interaction with CED								
For each statement, please colour code in terms of what activity is taking place at present								
Red - No engagement (Zero or less than twice per year)								
Amber - Infrequent engagement (3-6 times per year)								
Green - Frequent engagement (Monthly or more)								
Column H: What do Boards need from HIS-CED?								
Free text - write in								
Column I: Accommodation within Board?								
Free text - write in - want to know if office accommodation is available - and if it is appropriate / useable.								

DRAFT

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	17 November 2022
Title:	Business Planning for 2023/24
Agenda item:	2.1
Responsible Executive/Non-Executive:	Lindsey McIntosh, Interim Director of Community Engagement
Report Author:	Lindsey McIntosh, Interim Director of Community Engagement
Purpose of paper:	Awareness

1. Situation

This paper seeks to advise the Committee that the Business Planning process for 2023/24 is due to commence within the Community Engagement (HIS-CE) directorate.

There is a requirement for the directorate to have clear direction, structure and ability to operate within the identified financial envelope.

2. Background

The HIS-CE directorate does not have a 'traditional' Business Plan in place for this current year as there was a conscious decision to examine different reporting mechanisms.

Moving forwards, there are a number of contextual factors as to why a Business Plan is required, and to ensure clear ownership and clarity of agreed activities within the directorate:

- There was a new vision agreed but never fully launched in April 2020 due to pandemic / lockdown / new ways of working / what NHS Boards needed at that time. This led to the creation of a national NHS 'Re-mobilisation Plan' to respond to wider system pressures, and for which HIS-CE contributed to the HIS-wide Plan. This meant that some of the original planned work within HIS-CE was either paused or changed. It is now an appropriate time to re-focus and re-gather, alongside emerging financial situation, and being cognisant of wider 'One Team' HIS-wide approach to service delivery.
- Over the last few years, there has been a number of changes to leadership structure. This has meant that some key areas of work have not had the opportunity of being progressed as planned due to handover periods, workload capacity and

different skills, knowledge and approaches being brought across the directorate.

- The interim structure started in August 2021 and was initially planned to be in place for 6 months, but then extended for a further 6 months due to recruitment issues. By its nature this has been unsettling for some individuals, alongside the challenges of working from home during the pandemic. Over the course of the recent past, different teams around the country have undertaken varying activities within their local communities as requested of them. There have been many examples of excellent work, but there has been little consistency of approach or sharing / deployment of good practices and how these could be implemented elsewhere.
- Despite the clear messaging promoting a common understanding of our role following the 2018 Review of the SHC, there remain some diverse views on what HIS-CE activities should include, so hindering our ability to deliver as planned.. A new financial and business planning year offers the opportunity to have a permanent stable directorate team, clarity on roles and responsibilities, and streamlined working practices, whilst allowing for innovation to meet local needs where appropriate.

3. Assessment

There is a business imperative to ensure that there is visibility of all operational activity which has clear links to strategic priorities and allocated budget, which is underpinned by the appropriate communication plans and linked to individual objectives for all staff within the directorate. This process will also be supplemented by the ongoing work with respect to reporting on outcomes achieved by the directorate.

As part of the Directorate Management Team (DMT) workshop to be held on 11 November 2022, discussions will take place focussing on:

a) Vision & Forward Planning

- Ensure alignment with SHC Committee priorities.
- Re-visit original 2020/21 Business Plan with DMT.
- Clarity on deliverables / impact / difference made.

b) Finance

- Understand budget implications for remaining four years of Resource Spending Review. (Taking cognisance of HIS-wide position.)

c) Activities / Processes

- Look at all activities underway within teams – identify Must / Should / Could / Stop / Transfer to Others
- Meeting structure – attendance / content / frequency.
- Review processes – encourage innovation.

d) People

- Clarity on roles and expectations – confident, competent and empowered workforce.
- Clear links between objectives for directorate and personal delivery / impact.
- Internal scheme of delegation – autonomy, responsibility and ownership.
- Appropriate training and development – alternative delivery methods.

- Reviewing structure options based on delivering statutory functions to an excellent standard.

The subsequent draft business plan will be brought to the next Committee meeting on 02 March 2023 for discussion and approval.

Assessment considerations

Quality/ Care	Effective business planning will ensure that all of our work will enable health and social care services to improve the quality of care they provide to the people of Scotland with a particular focus on ensuring people are at the heart of decisions in relation to their own care and development and delivery of services.
Resource Implications	<p>The budget allocation for the new financial year is to be the same as this year, subject to any additional core funding applied by SG to meet any agreed pay awards in 2022/23.</p> <ul style="list-style-type: none"> • Pays budget = £2,530,000 • Non Pays budget = £119,000 <p>Pay awards for 2023/24 onwards have to be self funded from within the allocated HIS-CE budget, therefore representing a financial challenge.</p>
	<p>The current budgeted staffing complement is 55.1 WTE, at various grades across the directorate. It is the intention to identify a sustainable, vibrant and financially viable structure to deliver the 2023/24 business plan.</p> <p>Relevant workforce implications for the delivery of the operational plan will be identified and work will be delivered within the directorate's resources.</p> <p>The health and wellbeing of our staff continues to be a priority for us whilst the default position for the organisation has moved into hybrid working. This is being closely monitored across the directorate.</p>
Risk Management	Risks associated with the delivery of the planned business plan, if any, will be reflected in the Risk Register.

<p>Equality and Diversity, including health inequalities</p>	<p>There are no equality and diversity issues as a result of this paper at this time – future structure and delivery outcomes will take equality, diversion and inclusion considerations into account with a full EQIA completed as required.</p> <p>The directorate has a specific role in supporting equality and diversity within Healthcare Improvement Scotland and will continue to do this.</p>
<p>Communication, involvement, engagement and consultation</p>	<p>There will be extensive engagement with staff, Committee members, HIS and wider stakeholders in relation to the building of the HIS-CE Business Plan for 2023/24. This will be done taking into account our statutory duties, innovative service delivery and the feedback from the ‘Re-connections’ work. This engagement will be ongoing throughout 2023/24 as we deliver the various programmes of work identified within the business plan.</p>

4 Recommendation

The Committee is asked to:

- Note the planned activity to produce the 2023/24 Business Plan, and a draft to be brought to the next SHC Committee meeting in March 2023..

5 Appendices and links to additional information

N/A.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	17 November 2022
Title:	Quality Framework for Community Engagement and Participation
Agenda item:	2.2
Responsible Executive/Non-Executive:	Lindsey McIntosh, Interim Director of Community Engagement
Report Author:	Derek Blues, Engagement Programmes Manager
Purpose of paper:	Awareness

1. Situation

This paper provides the Scottish Health Council Committee with an update on the progress towards the publication of the Quality Framework for Community Engagement and Participation.

2. Background

The Quality Framework for Community Engagement and Participation will support NHS boards, local authorities and Integration Joint Boards to carry out effective community engagement and demonstrate how they are meeting their statutory duties for public involvement.

It is aligned to 'Planning with People: community engagement and participation' guidance published by the Scottish Government and COSLA.

The framework identifies, supports and assures engagement activity within organisations in relation to 3 domains:

- routine ongoing engagement
- specific engagement activities relating to service planning and design
- internal governance systems for community engagement activity

It provides a framework to help senior management, operational staff and service leads within health and care services – and those externally quality assuring and inspecting them – to understand what good quality community engagement looks like, and how well their organisation is carrying out its engagement functions.

Healthcare Improvement Scotland Community Engagement (HIS-CE) directorate will have a key role in supporting partners to use the framework effectively.

3. Assessment

The draft Quality Framework for Community Engagement and Participation was published in September 2021. Currently there are six sites (a mix of NHS Boards and Health and Social Care Partnerships) who are participating in a test phase prior to the planned publication of the final framework, in line with the revised Planning with People guidance in Spring 2023.

The current framework includes self-evaluation statements which are co-badged with the Care Inspectorate and discussions are underway to determine if this co-badging approach will continue on the final publication. Healthcare Improvement Scotland (HIS) will be using the self-evaluation tool within the Quality Framework as part of our internal governance for engagement work.

As part of the internal support for this work, the Quality Framework delivery group continue to explore options on the best approach to expand confidence, knowledge and understanding of the framework across the whole HIS-CE directorate. A short session is being planned with the Directorate Management Team to test the delivery of some of the content that has been developed for staff. A draft roles and responsibilities document relating to the framework has also been developed by the delivery group to assist staff in their use of the materials to support partners.

Assessment considerations

Quality/ Care	The use of the Quality Framework for Engagement and Participation will support partners in health and social care to achieve their statutory obligations to carry out effective and proportionate community engagement.
Resource Implications	There are no financial implications associated with the development and use of the Quality Framework for Engagement and Participation.
	HIS-CE staff will be supported in the use of the Quality Framework for Engagement and Participation with partners in health and social care.
Risk Management	The risk associated with partners not using the Quality Framework for Community Engagement and Participation is one for the NHS Boards and Health and Social Care

	Partnerships in delivering on their obligations within Planning With People
Equality and Diversity, including health inequalities	The Quality Framework for Community Engagement and Participation supports partners in health and social care to focus on equality and diversity in their engagement work through the use of specific questions within the framework
Communication, involvement, engagement and consultation	Engagement with stakeholders has taken place throughout the development of the draft materials and continues with partners involved in the test phase. Further communication and engagement is planned in the run up to the launch of the framework in Spring 2023.

4 Recommendation

The committee is asked to note the progress with the work towards publication of the Quality Framework for Community Engagement and Participation

5 Appendices and links to additional information

Further information about the Quality Framework for Community Engagement and Participation can be found [here](#).

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	17 November 2022
Title:	Volunteering in NHSScotland
Agenda item:	2.3
Responsible Executive/Non-Executive:	Lindsey McIntosh, Interim Director of Community Engagement
Report Author:	Janice Malone, Programme Manager - Volunteering
Purpose of paper:	Awareness

1. Situation

The Volunteering in NHSScotland Programme drives forward the volunteering agenda in NHSScotland through effective leadership, governance, consultancy and expert advice for volunteering across NHSScotland.

Volunteering provides numerous well-evidenced benefits for NHSScotland, staff, patients and for the volunteers themselves. This paper provides an update on the progress of the Volunteering in NHSScotland Programme over the past 12 months.

2. Background

Support available to Volunteering Teams

The Volunteering in NHSScotland Programme offers a variety of support for staff working in volunteering roles:

- Volunteering Helpdesk provides support on any issue relating to volunteering, via email, MS Teams or phone. 172 instances of support to staff during the period 1 November 2021 – 31st October 2022.
- Regular peer support networking sessions held virtually via MS Teams providing light touch facilitation to allow for peer networking support and discussion.

- Quarterly practice development / learning sessions held virtually via MS Teams.
- Community of Practice, hosted on an MS Teams channel curates a range of information of volunteering such as research and evidence, training, events, articles and blogs. The channel also provides a space for staff to connect with peers, give and get support on volunteering related issues and share good practice.
- A range of resources and guidance is available via our website pages.

Once for Scotland education and training

We launched our national NHSScotland volunteer induction training course on TURAS in early 2022. This course provides a consistent and standardised approach ensuring that all new NHS volunteers are provided with the same core induction into volunteering in NHSScotland.

Working with NES we now have a dedicated ‘volunteering mini-site’ within TURAS, which programme staff are undertaking training in developing our own content for the mini-site. This will support our strategic ambition to create more training and education for volunteers and staff working in volunteering.

Developments on the Volunteering Information System (VIS) replacement

The current system used to record volunteering activity by NHSScotland, was installed in 2015 and is used by 19 of the 22 NHS Boards. However, the Volunteer Information System (VIS) is now outdated, limited in capacity and is no longer fit for purpose.

A new digital platform for NHS volunteering will provide the fundamental building block to support the transformation of NHS Volunteering, and is vital to allow us to develop the infrastructure for volunteering to ensure it is in a position to grow volunteering across NHSScotland, but also support the NHS during times of crisis and extreme pressure in future.

Working with the Digital Health & Care Innovation Centre and Scottish Government we are scoping a new digital platform to support NHS volunteering now and into the future.

Stage 1 scoping was completed in July 2022 and provided us with a requirements catalogue and an outline of potential suppliers for the new solution. Most significantly though, Stage 1 captured a significant body of material on challenges and opportunities, deficiencies and strengths of the current VIS, and insights into new processes and data that the stakeholders believe are important to incorporate into the new solution.

Stage 2 intends to build on the outputs of stage 1. This includes defining the business architecture (systems we will expect the new digital platform to be able to interact with), create the business model for NHS Volunteering (future state) and map the processes and workflows that we need a new system to support. The output of Stage 2 is expected to become the core requirement description to inform the procurement of a new digital platform.

The overall purpose of stage 2 will ensure that whatever system we purchase:

1. Can support NHS volunteering now and into the future
2. Will support a career pathway for volunteers into NHS jobs

It will further allow us to explore and consider some exciting opportunities for the future namely:

- NHS Reserves
- National Volunteer Register

A new vision for Volunteering in NHSScotland

The Advisory Board for Volunteering in NHSScotland (previously known as the National Group for Volunteering in NHSScotland) provides a strategic steer to the Volunteering in NHSScotland Programme. It is also responsible for providing leadership, advice and guidance for volunteering in NHSScotland.

The Advisory Board is comprised of senior leaders and subject matter experts from NHSScotland, Scottish Government and Third Sector. Its membership was expanded in August 2022 following a review of its terms of reference which articulates its intention for the advisory boards to support the delivery of the NHSScotland Volunteering Programme Strategy.

The strategy was published in March 2022, following a 6 month period of stakeholder engagement.

Vision Statement

The Volunteering in NHSScotland Programme drives forward the volunteering agenda in NHSScotland through effective leadership, governance, consultancy and expert advice for volunteering across NHSScotland.

Through our work, the quality, effectiveness and impact of volunteering on both NHSScotland and on volunteers themselves will be evidenced through robust gathering of data, evaluation, impact assessment and a commitment to continuous improvement and learning.

We will contribute to the development of volunteering in Scotland through collaboration and partnership working, fostering cross sector relationships to achieve our common goals.

The strategy has 5 key outcome areas:

- Improvement
- Quality
- Collaboration
- Evidence & Impact
- Influencing

It has a number of new work streams which will be implemented over the 5 year period, the implementation plan is shown in appendix 1.

3. Assessment

Quality/ Care	The support provided by the Volunteering in NHSScotland Programme to NHS boards provides a framework for the delivery of safe, high quality volunteering activity across NHSScotland. This is evidenced via the programme’s annual report for 2021-22 which was published in May 2022.
Resource Implications	None out-with existing core funding.
	The programme team actively manages its workplan, prioritising areas of work as necessary. The programme team is comprised of 1 programme manager (0.8 WTE), 1 project officer (0.6 WTE) and admin support (0.5 WTE). The project officer is on long term sick leave, which means less progress against the workplan for 2022-23 than originally anticipated.
Risk Management	<p>Programme risks are monitored via a local risk register, reviewed and updated monthly by the programme team (escalating as necessary) and is further discussed by the NHSScotland Volunteering Advisory Board on a quarterly basis.</p> <p>The programme risk register is shown in appendix 2.</p>
Equality and Diversity, including health inequalities	The ‘New Vision for Volunteering in NHSScotland’ strategy sets out its ambition to ensure that volunteering within NHSScotland is as inclusive as possible, and will contribute directly to Scotland’s Volunteering Action Plan, published in June 2022.

4 Recommendation

The Committee is asked to discuss and note this update on the progress of the Volunteering in NHSScotland Programme.

5 Appendices and links to additional information

- [A New Vision for Volunteering in NHSScotland 2022-26 strategy](#)
- [Volunteering in NHSScotland Programme – Annual Report 2021-22](#)
- [Scotland's Volunteering Action Plan](#)

The following appendices are included with this report:

- Appendix 1, NHSScotland Volunteering Programme – 5 year strategy implementation plan
- Appendix 2, NHSScotland Volunteering Programme - Risk register

NHSScotland Volunteering Programme – 5 year strategy implementation plan

APPENDIX 1

<p>Business as usual activity:</p> <ul style="list-style-type: none"> Volunteer Managers Network Stakeholder engagement Communications Volunteer Information System Governance Programme Reporting Networking & relationship management Finance Training delivery Volunteering guidance review and development Scotland's Volunteering Action Plan Community of practice Web pages Data gathering and activity reporting (national) Events Staff and team development Internal meetings, working groups, projects Administration Cross sector collaboration 	<p>Year 1 (2022-23) Develop Programme Team skills in Quality Improvement (QI) via ScIL / HIS FIS</p> <p>New volunteering management system for NHSScotland</p> <p>Once for Scotland – templates, guides and resources development</p> <p>Scoping for 'Once for Scotland' approach to education and training</p>	<p>Year 2 (2023-24) Embed QI approaches into Programme activity</p> <p>New volunteering management system for NHSScotland</p> <p>Once for Scotland – templates, guides and resources development</p> <p>Develop 1 new course</p> <p>Inclusive volunteering EQIA, stakeholder engagement and action plan development</p>	<p>Year 3 (2024-25) Support development of QI skills across Volunteering in NHS Boards</p> <p>Embed new volunteering management system into BAU</p> <p>Evaluate and embed ongoing review and development of templates, guides and resources into BAU</p> <p>Develop 2 new courses Implementation of action plan</p> <p>Evaluation and impact assessment in volunteering</p>	<p>Year 4 (2025-26) Support development of QI skills across Volunteering in NHS Boards</p> <p>Embed the ongoing development and review into BAU</p> <p>Implementation of action plan</p> <p>Evaluation and impact assessment in volunteering</p>	<p>Year 5 (2026-27) Support development of QI skills across Volunteering in NHS Boards</p> <p>Evaluation on Inclusive volunteering activity and embed learning</p> <p>Embed outputs from evaluation and impact assessment into BAU</p>
---	---	---	--	--	--

Risk Register: **Volunteering in NHSScotland Programme**
 Last Updated: **27.09.22**

ID	Risk Description and Consequence	Mitigating Controls with Indication of Timescales and Effect	Current Risk Level	Risk Attributes
1	<p>Unplanned staff absence</p> <p>There is a risk that planned work will not be completed on schedule should any of the programme team be unexpectedly be absent from work.</p> <p>Because of the small staff team.</p> <p>Resulting in delays to planned work, a backlog of work to be completed. This may also affect relationships and reputation of the programme.</p>	<ul style="list-style-type: none"> Monthly reviews to monitor progress and make necessary adjustments of the programme workplan by the team Unplanned absences (of more than 1 week) communicated to senior management and triggers a review of current work priorities Communication with key stakeholders regularly on delays to work, advising of estimated timescale of delay and revised delivery timescales as soon as they are available 	<p>Likelihood 4</p> <p>Impact 3</p> <p>Score 12</p>	<p>Owner Sharon Bleakley</p> <p>Tolerance Score 12 (3x4)</p> <p>Last Review Date 25.10.22</p>
2	<p>Project Delivery</p> <p>There is a risk that the workforce element of the new VMS may not be a high priority for stakeholders</p> <p>Because they are unable see the connection between volunteering and workforce.</p>	<ul style="list-style-type: none"> Made contact with Head of People (Sybil Canavan) to begin conversations with Workforce Directors on gaining support Review of NVG and membership means that we are actively trying to secure a rep from the NHS Workforce Directors group to join the group. Gerry Lawrie is rep for NHS Workforce Directors group and is engaging. 	<p>Likelihood 3</p> <p>Impact 3</p> <p>Score 9</p>	<p>Owner: Janice Malone</p> <p>Tolerance score 12 (4x3)</p> <p>Last review date: 25.10.22</p>

ID	Risk Description and Consequence	Mitigating Controls with Indication of Timescales and Effect	Current Risk Level	Risk Attributes
	<p>Resulting in funders of the new system being dissatisfied at the ability of the new system to support workforce ambitions</p>			
3	<p>Financial</p> <p>There is a risk that the volunteering management system could cost more than the budget available.</p> <p>Because of unknown costs.</p> <p>Resulting in either reverting to the current system or a sub-standard new system.</p>	<ul style="list-style-type: none"> DHI scoping work (stage 1) Project board established to provide governance and decision making Current financial pressures mean it is not yet clear if SG will fund stage 2 scoping work. Funding confirmed for stage 2 September 2022, no funds in place to purchase new system. Procurement agreed that DHI can gather pricing information as part of scoping. 	<p>Likelihood 3</p> <p>Impact 4</p> <p>Score 12</p>	<p>Owner Janice Malone</p> <p>Tolerance score 10(2x5)</p> <p>Last review date 25.10.22</p>
4	<p>5 year strategy roll out</p> <p>There is a risk that as the strategy is implemented over years 1 and 2 that embedding new streams of work into BAU may create capacity pressures</p> <p>Because of current resources available to delivery BAU activity</p>	<ul style="list-style-type: none"> Annual workplan to schedule programme activity, reviewed monthly Development of a 5 year workforce plan to understand the human resource requirements to deliver the strategy over 5 years and embed new work into BAU Monthly budget meetings, and annual budget planning cycle 	<p>Likelihood 3</p> <p>Impact 3</p> <p>Score 9</p>	<p>Owner Janice Malone</p> <p>Tolerance score 12 (4x3)</p>

ID	Risk Description and Consequence	Mitigating Controls with Indication of Timescales and Effect	Current Risk Level	Risk Attributes
	<p>Resulting in the programme remaining static and not progressing volunteering in line with our strategic ambition</p>			<p>Last review date 25.10.22</p>
5	<p>Patient and volunteer safety</p> <p>There is a risk that patient and volunteer safety could be compromised</p> <p>If NHS boards do not continually review policies and processes relating to volunteering activities</p> <p>Resulting in poor governance of volunteering and potential for harm to patients and volunteers</p>	<ul style="list-style-type: none"> • Volunteer managers network, peer support networking (bi-monthly), practice development (x4 per year) and community of practice (updated weekly) • Fit for purpose and relevant governance and guidance (annual review) • Communication between the national programme and volunteering teams (fortnightly bulletin) • Communication with NVG (quarterly) and SG (weekly) • Accessibility of guidance and resources publicly available on HIS:CE website and via CoP 	<p>Likelihood 3</p> <p>Impact 3</p> <p>Score 9</p>	<p>Owner Janice Malone</p> <p>Tolerance score 15 (3x5)</p> <p>Last review date 25.10.22</p>

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	17 November 2022
Title:	Citizens' Panel Progress Report
Agenda item:	2.4
Responsible Executive/Non-Executive:	Lindsey McIntosh, Interim Director of Community Engagement
Report Author:	Gary McGrow, Social Researcher
Purpose of paper:	Awareness and Discussion

1. Situation

To provide the Committee with an annual update on the Citizens' Panel activity and impacts since last year within Healthcare Improvement Scotland Community Engagement (HIS-CE). The Citizens' Panel contributes to the following HIS-CE outcomes:

- People and Communities are empowered to participate in health and care.
- Members of the public have increased opportunity to share their views and experiences in order to influence policy and practice.
- Engagement and volunteering activity carried out by health and care services is accessible and includes a wide diversity of voices.
- The views and experiences of users of health and care services in Scotland and members of the public influence the design and delivery of healthcare services.

2. Background

The Citizens' Panel has allowed us to seek the views of a cross-section of the Scottish public using electronic, postal and telephone methods to capture the Panel's views. This has enabled us to continue to engage in a safe and person-centred way during and beyond the pandemic, providing us with robust results to help improve NHS services.

Topics are determined from priority areas in the Scottish Government Health & Social Care Directorate.

Since the last update to Committee in November 2021 HIS-CE has delivered the following activities and impacts via the national health and social care Citizens' Panel: (Further details are available in Appendix 1)

Citizens' Panel Surveys

The following surveys were completed, undertaken or planned over the last 12 months. The Citizens' Panel reports now include recommendations to Scottish Government, NHS Boards and Health & Social Care Partnerships.

- **Citizens' Panel 8** - The planning for Citizens' Panel 8 started in June, the fieldwork was conducted from September to November 2021, and the report was published in March 2022. The four topics the panel was engaged in was the remobilisation of dentistry services; the recovery of urgent care; the recovery of planned care; and views on the role of the Patient Safety Commissioner. <https://www.hisengage.scot/informing-policy/citizens-panel/eighth-panel-report/>
- **Citizens' Panel 9** survey was distributed to Panel members in January 2022. This included three topics; public engagement in health and social care service design and change; COVID-19 vaccination programme inclusion; and COVID Status Certification. Citizens' Panel members were also asked if they could suggest improvements to the Panel. This was reported in July 2022. <https://www.hisengage.scot/informing-policy/citizens-panel/ninth-panel-report/>
- **Citizens' Panel 10** focused on two topics on Community eyecare and the NHSScotland brand guidelines review. This was sent to Panel members in June 2022 and will report late November 2022.
- **Citizens' Panel 11** – There are three planned topics on Tobacco Action Plan; Inclusive Vaccination; and Digital Health & Care Strategy due to be submitted to Panel late November 2022 and report in May 2023.

Management & resourcing of Citizens' Panel

Outwith the survey work there is work which goes towards managing and resourcing the Citizens' Panel, this includes the following:

- In February 2022 we secured a commitment from the Scottish Government to three-year funding for the Citizens' Panel from 2022-2025. This included resources for a refresh of the Citizens' Panel membership and 0.2WTE Project Officer support that we currently utilise from the Operations Team Project officer. Funding is provided on an annual basis.
- In March 2022 we undertook procurement of the research contractors to support the operation of the Citizens' Panel. Research Resource continue to partner us with the Citizens' Panel. The contract is for 12 months to March 2023 with the possibility of a two-year extension dependent on funding.
- Continued to refine the Citizens' Panel Standard Operating Procedure (SOP) to improve the process of the Citizens' Panel and communications with stakeholders. (See Appendix 2 for a summary of the SOP.)

- During August to November we undertook a refresh of the Citizens' Panel membership to ensure representativeness of the sample of members. This is due to be completed in November 2022 with almost 200 new members. Younger people, people from deprived communities and Black, Asian and Minority Ethnic people are now more represented on the panel.

Promotion and awareness raising

There is also work which promotes the Citizens' Panel and its topics to a wide audience, this includes:

- We undertook presentations and Q&A sessions to raise the profile of the Citizens' Panel to the Scottish Government Health & Social Care Directorate Policy Leads. This was conducted in April and August 2022.
- We were asked to present to NHS England & Picker Europe in May 2022 to share learning from the Citizens' Panel to colleagues in NHS England's Integrated Care Commissions.
- We successfully bid for two poster submissions to the NHSScotland Event in June 2022 – Citizens' Panel 8 and 9 results.
- We successfully bid to present to a UK-wide Health Service Research UK conference in Sheffield in July 2022.
- Organised and delivered two Community Engagement webinars on the results and impacts of Citizens' Panel 8 and 9.

3. Assessment

The Citizens' Panel has continued to attract good publicity for HIS-CE during the last year and has achieved the objectives set by the Scottish Government sponsor team and created positive impacts.

Assessment considerations

<p>Quality/Care</p>	<p>Key impacts over the last year include:</p> <ul style="list-style-type: none"> • Findings helped to inform a new model of care for dentistry. • Influenced a change in frequency of Treatment Time Guarantee (TTG) communications with patients providing an online link for planned care waiting times information. • Influenced Urgent and Unscheduled Care Collaborative that will see health boards implement a range of measures to reduce A&E waiting times and improve patient experience.
----------------------------	---

	<ul style="list-style-type: none"> • Influenced the scope of the Patient Safety Commissioner for Scotland Bill, results were included in the Policy Memorandum to the Bill. • Resulted in national media publicity around Public Engagement results in July 2022 and used to inform the review of Planning with People guidance. • Results on COVID-19 Vaccination Programme Inclusion helped the Scottish Government understand the public's experience of accessing the vaccine. • Findings were used to inform Public Health Scotland's evaluation of the COVID-19 evaluation programme. • Results on COVID Status Certification allowed the Scottish Government to assess the impacts and efficacy of COVID Status Certification and inform future policy.
Resource Implications	Funding is derived from the Scottish Government to cover the Research Contractor's costs for two full surveys and database management per year. In addition 0.2 WTE Project Support costs are supported and for this year only, an additional allocation has been provided to refresh the Citizens' Panel.
	The majority of the work is completed by the Research Team (Social Researcher & Social Research Analyst) with additional Project Support and Admin from within the Participation Network team. There is wider support from Engagement Offices to support the User Testing of the questionnaires and support the refresh of the Panel.
Risk Management	The Citizens' Panel is not currently on the risk register. In terms of risk management Senior Managers sign off on the questionnaire after user testing phase, feedback letter/ infographic material, and completed reports. The Communications Team comment on reports, and when required, liaises with media to promote the findings.
Equality and Diversity, including health inequalities	The Citizens' Panel engages a cross section of just under 1,000 people in Scotland and broadly represents the population of Scotland across many different demographics and protected characteristics. The refresh to the Citizens' Panel has recently undertaken aims to ensure the Panel is as representative as possible and has concentrated on recruiting more young people, people from deprived areas and people from Black, Asian and Minority Ethnic backgrounds.
Communication, involvement, engagement and consultation	As highlighted in section 2 above there has been: <ul style="list-style-type: none"> • Two webinars disseminating the results of Citizens' Panel 8 and 9. • Two poster presentations at NHSScotland national event in Aberdeen (and online).

	<ul style="list-style-type: none">• Two webinar presentations to Scottish Government Health & Social Care Policy Leads to promote the Panel and determine topics.• Presentation to NHS England and Picker Europe to learn from HIS Citizens' Panel.• Presentation at UK Health Services Research conference in Sheffield.
--	---

4 Recommendation

The Committee is asked to discuss and note this update

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix No 1 – Citizens' Panel Activities & Impacts Dec 2021 – Nov 2022
- Appendix 2 – Summary Standard Operating Procedure

Appendix 1

Citizens' Panel Key Impacts Dec 2021 – Nov 2022

Key Impacts

As part of the follow up work on the publication of Citizens' Panel reports we contact Scottish Government Policy leads to assess any impact from the results of their topic from the panel. Topic Sponsors are asked to complete a short questionnaire at 6, 12 and 18 months after publication to assess the impacts. Not all topics have impacts immediately and some impacts take time to come to fruition. In addition we conduct regular online scanning to see if any of the Citizens' Panel results have been used in other publications. The following Sections below summarise the impacts we have monitored over the last 12 months.

Citizens' Panel 5

The fifth Citizens' Panel survey was carried out between June and July 2019 and published in October 2019. Topic - Attitudes toward organ and tissue donation after death.

This work contributed towards public views on, attitudes toward, and behaviours associated with donation and was cited in the publication 'Organ and Tissue Donation: Baseline Report 2021' Published in February 2022

<https://www.gov.scot/publications/baseline-report-2021/pages/4/>

Citizens' Panel 8 – June 2021 – March 2022

The planning for Citizens' Panel 8 started in June and fieldwork was conducted from September to November 2021 and the report was published in March 2022. The topics the panel was engaged in were remobilisation of dentistry services and recovery of urgent care, planned care and views on the role of the Patient Safety Commissioner. A total of 599 responses (63% response rate) were received, either by post, email or by telephone. This level of return provides data accurate to +/-4.0% at the overall Panel level. The full report can be found here:

<https://www.hisengage.scot/informing-policy/citizens-panel/eighth-panel-report/>

Some further feedback on the short-term impact of the results so far includes:

The office of the Cabinet Secretary for Health and Social Care told us:

“Mr Yousaf has noted that this (the Citizens' Panel 8 report) is very valuable feedback and officials will want to consider the results of the Citizen's Panel in terms of further policy development”.

More specifically, in terms of the four topics the survey covered, short-term impact and commitment to using the results to influence healthcare policy and services are noted below. These impacts have been feedback from topic sponsors in the Scottish government.

Dentistry

The Citizen's Panel results have been discussed at national Directors of Dentistry sessions, and locally with some individual Boards and also cited in some briefings.

The Scottish government are in the process of designing a new model of care for Dentistry, and the results are part of this continuous loop, including difficult funding decisions.

The General Dental Council (GDC) has referred to our Citizens' Panel involvement in discussions with CabSec Yousaf and at presentations with various stakeholders.

The statistical rigour of the Citizens Panel findings has helped to ensure that the recommendations have been taken seriously internally.

The GDC Blog – 'Working with partners listening to patients' highlights its work with the Citizens' Panel.

<https://www.gdc-uk.org/news-blogs/blog/detail/blogs/2022/03/15/working-with-partners-listening-to-patients>

Planned Care

An impact from the Citizens' Panel work has been a change in frequency of Treatment Time Guarantee (TTG) communications with patients providing an online link for planned care waiting times information.

Feedback from the report was provided to progress changes in communication with patients for inpatient/day case treatments.

Informed the summary report and highlighted key themes in Waiting Times Guidance review.

Discussed findings with Cabinet Secretary for Health and Social Care to aid in changes in patient communication and launch of online platform for patients to access information on planned care waiting times.

For Waiting Times Guidance review, this helped to inform from patient perspective and what focal points should be of review. This will help in setting up patient and public engagement groups.

Redesign of Urgent Care

It has supported the progression of the Redesign of Urgent Care programme which the findings informed our approach to marketing materials to increase awareness of how to access the right care at the right time.

This programme of work feeds into the Urgent and Unscheduled Care Collaborative that will see health boards implement a range of measures to reduce A&E waiting times and improve patient experience.

Feedback from the report provided will inform the Redesign of Urgent Care programme external evaluation which is in early development.

Discussed findings with Cabinet Secretary for Health and Social Care to showcase the impact of the Redesign of Urgent Care programme through the use of respondents using NHS 111 as a way of accessing urgent care.

Findings were shared with local RUC teams and the Strategic Advisory Group for Redesign of Urgent Care and the importance of strong public messaging, workforce alignment etc. was reaffirmed.

Patient Safety Commissioner

The question and subsequent responses gave good evidence to support the preparation of legislation to establish a statutory Patient Safety Commissioner, independent of the NHS and government.

The Scottish Government has used the findings to support its policy proposals and the option for legislating.

A summary of the findings was cited in the Policy Memorandum to the Patient Safety Commissioner for Scotland Bill.

<https://www.parliament.scot/-/media/files/legislation/bills/s6-bills/patient-safety-commissioner-for-scotland-bill/introduced/policy-memorandum-accessible.pdf>

The results of the question influenced the scope of the Patient Safety Commissioner in the Bill.

Citizens' Panel 9 – Jan-April 2022

Citizens' Panel 9 covered topics on Public Engagement, COVID-19 Vaccination Inclusion and COVID Status Certification. The ninth Citizens' Panel survey was conducted between January and April 2022. We asked questions about Public Engagement in health and social care service design and change, COVID-19 vaccination programme inclusion and COVID Status Certification.

At the time of this survey in early 2022, there were 949 Panel members from across all 32 local authority areas. A total of 507 responses (53% response rate) were received, either by post, email or by telephone. This level of return provides data accurate to +/-4.8% at the overall Panel level. The report was published in July 2022.

The full report can be found here: <https://www.hisengage.scot/informing-policy/citizens-panel/ninth-panel-report/>

Intended impacts

Public Engagement

The questions around public engagement in health and social care will inform the review of 'Planning with People – Community Engagement and participation guidance for health and social care' published by the Scottish Government and COSLA.

Publication in July 2022 resulted in national media publicity around the Public Engagement results, some examples of which are in the links below.

<https://www.pressreader.com/uk/daily-record/20220714/281715503335035>
<https://www.pressreader.com/uk/the-courier-advertiser-perth-and-perthshire-edition/20220714/281706913400735>

Inclusive Vaccination

The Scottish COVID-19 vaccination programme has been a significant part of Scotland's response to the pandemic, aiming to provide as much protection as possible from serious outcomes of the virus and support the country to go back to a more normal way of life. These findings will help better understand the impact of the COVID-19 vaccination programme and shape future planning.

Findings were also used to inform Public Health Scotland's evaluation of the COVID-19 vaccination programme published in October 2022, which is available on the link below: <https://www.publichealthscotland.scot/news/2022/october/learnings-from-the-flu-and-covid-19-vaccination-programme-evaluation/>

COVID Status Certification

The findings around COVID Status Certification will help Scottish Government to assess the impacts and efficacy of COVID Status Certification and inform future policy. Impact information will be reported in the next 2022/23 impact report.

Feedback from Citizens' Panel members

At the end of the Citizens' Panel 9 survey panel members were asked if the surveys and format of the citizens' panel can be improved in any way. The vast majority either stated no or stated that they were happy taking part and positive about participating in the citizens' panel. Many people stated that they enjoy taking part and welcome the feedback on the results and the impact they are having in healthcare policy and services.

Some people did say they feel feedback should be more regular and some mentioned they would like a format to conduct on their phone. The phone option is now available from Citizens' Panel 10 onwards. In terms of feedback this is done on a regular basis in terms of results from the surveys with the next survey.

We will now give feedback on impact in the same way rather than on an ad-hoc basis. HIS CED is committed to gaining feedback at 6 months, 12 months and 18 months from topic sponsors in order to assess the impact of the panel and a summary of this will be feedback to panel members.



Citizens' Panel Refresh – Conducted August – November 2022

The refresh of the panel consists of asking members to step down from the panel (mainly those that are no longer responding to surveys).

From time to time we have refreshed the panel asking people no longer willing or those that have not taken part in the last few surveys to step down and refresh with new members. In addition the younger demographic age grows older and we need to recruit younger people. This ensures that the Citizens' Panel is broadly demographically representative and the results from surveys are robust and meaningful.

This time round we're seeking to recruit approximately 200 new members to boost the panel membership.

We are taking a blended approach to recruitment this time round, utilising our research partners Research Resource, Engagement Offices will be using their contacts and networks and third sector organisations Interfaith Scotland, Young Scot and CEMVO are also supporting the refresh. To date (2nd November 2022) we have almost reached 200 new members and this includes many younger people, people living in more deprived areas across Scotland and Black, Asian and Minority Ethnic people.

The refresh will ensure the Citizens' Panel membership is diverse and broadly representative of Scotland's population. It will also ensure we receive high response rates to ensure future survey results are statistically robust.

Appendix 2 - Standard Operating Procedure

One of the objectives for 2021/22 was to develop a standard operating procedure (SOP) for the citizens' panel with the aim of developing a consistent approach to each panel survey and ensuring all partners in the process have an understanding of their contribution.

A summary of the SOP is included below.

Generate topics: Topic sponsors send a note of interest form, meet with the research team, submit topic submission forms and the topics are finalised.
Question development: Draft questions are taken from the topic submission form if present and developed between topic sponsors and the research team. User testing takes place with the support of engagement offices and/or public partners and the question set is amended as appropriate. Finalised questions are sent to Research Resource and the HIS comms team.
Activity phase: Research Resource begin the fieldwork by sending the survey to the panel members. After around 15 weeks a draft report is sent to the research team.
Report and publication development: The Comms team begin developing an infographic from the question set. The draft report is circulated to the Comms team with an estimated publication date. The research team and topic sponsors discuss recommendations, and these are added to the final report which is proofread and send to the Comms team and the CED director for signoff.
Publication and dissemination: The publication date is negotiated between topic sponsors, the research team, and the Comms team. The report is published on the Community Engagement website on this date, and the HIS Comms team and Scottish Government Comms team work together to promote the report. The research team circulate the report internally. An infographic summary of results is fed back to panel members in a newsletter included with the next survey.
Feedback and impact: The administrator sends an impact feedback form to topic sponsors 6, 12, and 18 months after publication. The research team compiles a summary of the impact and this is published on the website as well as distributed to the Scottish Government.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	17 November 2022
Title:	Engaging people in the work of HIS
Agenda item:	2.5
Responsible Executive/Non-Executive:	Lindsey McIntosh, Interim Director of Community Engagement
Report Author:	Tony McGowan, Head of Engagement & Equalities Policy
Purpose of paper:	Awareness

1. Situation

To share with the Committee progress on work-streams within the Engaging People programme. This paper highlights the following specific areas of work:

- Supporting Healthcare Improvement Scotland (HIS) staff on equalities, including impact assessments;
- Building 'Easy Read' capacity and capability;
- Our new People's Experience Volunteers;
- Development of the Quality Assurance Directorate (QAD) Engaging People Sounding Board; and
- Governance for Engagement – Cycle 2.

2. Background

2.1 Supporting HIS staff on equalities including impact assessments

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

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

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

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

The unified assessment template for equality and other impact assessments, which has been implemented with the support of the Equality and Diversity Working Group, has been in operation for almost 12 months. The aim of the new template and related resources has been to increase accessibility and coherence for colleagues and ensure HIS meets its duties as a public body described above.

In September 2022, an internal audit took place of HIS' approach to equality impact assessments, and the report was completed in late October 2022 (appendix 1). The following management actions have been recommended:

- Further consideration of mandatory training for all staff on equality impact assessments;
- Consideration of a corporate objective for all staff on inclusive engagement practice;
- Ensure all redundant equality impact assessment materials are removed from *The Source* (an earlier guide was found by the auditors when searching our intranet site);
- Consideration of amendment to the HIS standard governance committee template to include specific reference to equality impact assessments for each policy / work programme for added assurance;
- Utilise *The Source* for regular communications to promote equality impact assessments, and share information about how teams are applying them to their work; and
- Link with the Planning team to develop effective methods of measurement for reporting.

Management will seek to take these recommendations forward during the remainder of 2022/23.

In this period, we also continued to coordinate the three staff equality networks and a group supporting HIS participation in the Equally Safe at Work NHS pilot. Key outputs have included a draft resource on meeting accessibility from the Disability Network, a range of activities celebrating Black History Month 2022 from the Race and Ethnicity Network, and the completion of gender analysis training for the Equally Safe group.

2.2 Building 'Easy Read' capacity and capability

We completed corporate guidance covering alternative formats for published work and engagement materials. The directorate is now trialling the guidance while seeking a final round of external feedback from key stakeholders. The guidance is due to be evaluated at the end of the year and recommended to the Executive Team as a HIS-wide resource in January 2023.

To complement the guidance and improve the accessibility of our engagement approaches, ten staff from the directorate have successfully completed training in Easy Read – a written format using simple sentences supported by images. An internal group is in place to build this into the directorate's work as appropriate. The group is currently producing an Easy Read role description and diversity monitoring form for the People's Experience Volunteer project.

2.3 Our new People's Experience Volunteers

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

The working group has developed the People's Experience Volunteer role outline and has undertaken volunteer recruitment within the NHS Fife area. Recruited volunteers have been asked to give us their feedback on specific questions we have about work we do. Examples of the questions we are asking include:

- their views on some of our ideas, improvements, work themes and programmes to get an idea of what is important to the general public;
- finding out how the general public read and understand our reports, websites or information for people about using health and care services; and
- if we are thinking about how we could best engage with people on a topic or a change so their input can help us shape and test the questions, test understanding of the topic and help us discover which things are most important to people.

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

2.4 Development of Quality Assurance Directorate (QAD) Engaging People Sounding Board

Following Cycle 1 of the Governance for Engagement process, QAD has collaborated with colleagues from the Community Engagement directorate on a

'Sounding Board' which gains input from Public Partners in relation to issues about engaging people as part of the design and delivery of work programmes.

The intention is that, over time, engaging regularly with a group of Public Partners and colleagues from the Community Engagement directorate will enable QAD to gain a 'critical friend' role from a public perspective and support consideration of inclusive engagement across its work programme development.

Meetings of the Sounding Board are currently underway, and a fuller evaluation will take place post March 2023.

2.5 Governance for Engagement – Cycle 2

The Governance for Engagement 2021/22 (Cycle 1) report was published in May 2022 (appendix 2) and previously shared with the Committee. It provides a series of general organisation-wide recommendations, and others more specific to individual directorates or teams. Anecdotal feedback from Directors about the process has been universally positive, with many highlighting the 'supportive scrutiny' conversation piece which is at the centre of each sub-committee meeting, where successes in engagement practice are celebrated, and more challenging situations are discussed in a spirit of openness and improvement focus.

Please refer to the separate item (3.5) on the Committee's meeting agenda providing an update on Governance for Engagement – Cycle 2.

3. Assessment

Quality/ Care	Embracing, understanding and mainstreaming equality across our organisation is key to achieving our commitment to tackling health inequalities and supporting the highest standards of health and social care in Scotland. All aspects of the Engaging People work-stream outlined in this paper seek to advance this ambition.
Resource Implications	Any financial impact is reported as part of ongoing financial management and reporting arrangements.
	Supporting, growing and valuing a diverse workforce is fundamental to our success. We are committed to bringing about improvements in the diversity of people working at all levels within our organisation, on our governance groups and as volunteers. This includes supporting our workforce

	in its understanding and enthusiasm for diversity, and fully reflecting this in their work.
Risk Management	Strategic and operational risks associated with our work programmes and workforce are recorded and reviewed on a regular basis.
Equality and Diversity, including health inequalities	<p>This work is a part of our commitment to promoting equality and diversity and tackling health inequalities.</p> <p>Equality impact assessments are carried out on specific aspects of our work to ensure an inclusive approach and mitigate against potential adverse impacts for any population group.</p>
Communication, involvement, engagement and consultation	<p>Internal engagement on our new unified equality assessment template was undertaken with colleagues from across the organisation. We also liaised with equality leads in NHS Boards, and in particular colleagues within the Golden Jubilee who have developed expertise in this area. The short-life working group established to develop our volunteering offer through the establishment of People's Experience Volunteers, and expanding our Public Partner opportunities is engaging with colleagues from across the organisation. This is also the case with the QAD Engaging People Sounding Board.</p> <p>The Committee has received update reports previously on the Engaging People work programme. The focus on equality and other impact assessments, and increasing the diversity of people involved in our work through volunteering has come from our Equality Outcomes, and the ability to focus available resources to progress the work post-pandemic.</p>

4. Recommendation

The Committee is asked to:

- Note and discuss the report.

5. Appendix

- 1 Internal audit report – EQIA
- 2 Governance for Engagement 2021/22 (Cycle 1 report)

Healthcare Improvement Scotland

Internal Audit Report 2022/23

Equality Impact Assessments

October 2022

Final Report

Contents

The contacts at Grant Thornton in connection with this report are:

Peter C Clark

Director
T: 0141 223 0785
E: Peter.C.Clark@uk.gt.com

Rachel X King

Assistant Manager
T: 0141 223 0873
E: Rachel.X.King@uk.gt.com

Isabel C Davies

Associate
T: 0131 659 8527
E: Isabel.C.Davies@uk.gt.com

Report distribution:

For action:

- Rosie Tyler Grieg, Equality and Diversity Advisor
- Tony McGowan, Head of Engagement and Equalities Policy

For information:

- Rosemary Hampson, Public Partnership co-ordinator
- Audit Committee

Closing meeting: 21/09/22

Draft report issued: 06/10/22

Final report issued: 27/10/2022

1 Executive Summary

2 Management Action Plan

3 Appendices

This report is confidential and is intended for use by the management and directors of Healthcare Improvement Scotland. It forms part of our continuing dialogue with you. It should not be made available, in whole or in part, to any third party without our prior written consent. We do not accept responsibility for any reliance that third parties may place upon this report. Any third party relying on this report does so entirely at its own risk. We accept no liability to any third party for any loss or damage suffered or costs incurred, arising out of or in connection with the use of this report, however such loss or damage is caused.

It is the responsibility solely of the Board's management and directors to ensure there are adequate arrangements in place in relation to risk management, governance, control and value for money.

Executive Summary

Objective

The objective of our audit was to consider the controls (design and operation) in place at Healthcare Improvement Scotland in relation to Equality Impact Assessments. In particular, we focused on the control measures in place around documentation, completeness and reporting. This review is linked to the Healthcare Improvement Scotland Strategic / Corporate Risk Register.

Background

The Public Sector Equality Duty was created by the Equality Act 2010, and replaces the race, disability and gender equality duties. The Equality and Human Rights Commission have produced guidance, last updated in May 2021, which provides an authoritative, comprehensive and technical guide to the detail of the law in Scotland. As a public sector entity, Healthcare Improvement Scotland (HIS) are required to comply with the Public Sector Equality Duty. The specific duties require HIS, as a Schedule A listed authority to publish an update on progress against equality outcomes every two years. In addition to this, they must publish new or revised equality outcomes and a statement on equal pay every four years. Equality impact assessments are a key mechanism for understanding whether the entity is complying with the Duty and helps to meet the requirement to publish information demonstrating compliance. The objective of the audit was to evaluate the adequacy of internal controls in place around equality impact assessments and we reviewed the design and operating effectiveness of controls to mitigate against the following potential risk areas.

Approach

Our audit approach was as follows:

Obtain understanding of the key areas outlined in scope above, through discussions with key personnel, review of management information and walkthrough test, where appropriate;

- Identify the key risks relevant within equality impact assessment;
- Evaluate the design of the controls in place to address the key risks; and
- Test the operating effectiveness of the controls in place.

The review period covered the period 1 April 2021 to 30 June 2022.

It is Management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit should not be seen as a substitute for Management's responsibilities for the design and operation of these systems.

Scope

We considered the Board's controls to mitigate the following risks:

- There is no documentation of the process for carrying out an equality impact assessment and when this should be completed. These may not be completed in practice where there is no guidance for staff;
- Equality impact assessments have not been completed for all works, as a result, the impact on equality is not visible and cannot be adequately managed; and
- Impact on equality position is not reported on to the Board or committees, resulting in a lack of oversight and ability to take actions where necessary.

Limitations in Scope

Please note that our conclusion is limited by scope. It is limited to the risks outlined within the scope section. Other risks that exist in this process are out with the scope of this review and therefore our conclusion has not considered these risks. Where sample testing has been undertaken, our findings and conclusions are limited to the items selected for testing. This report does not constitute an assurance engagement as set out under ISAE 3000.

Acknowledgements

We wish to thank management for their support during our review.

Summary of Findings

REASONABLE assurance with some improvement required

We have raised two medium rated and one low rated findings and as such we have concluded that the controls in place in respect of Equality Impact Assessments provides a **REASONABLE WITH SOME IMPROVEMENT REQUIRED** level of assurance. The ratings assigned are based on the agreed internal audit rating scale (**Appendix 1**).

The risks reviewed are set out below with the number of recommendations raised. We have reported by exception against the areas where we consider that Management should focus their attention. Detailed findings, recommendations and agreed management actions are found in Section 2 of this report, with a summary provided below.

Risk Area 1 – There is no documentation of the process for carrying out an equality impact assessment and when this should be completed. These may not be completed in practice where there is no guidance for staff.

We raised one low rated and one advisory finding against this risk area:

Low rated: Refresher training for EQIAs is not consistently completed nor is mandated resulting in staff lacking confidence in how to complete an EQIA.

Risk Area 2 – Equality impact assessments have not been completed for all works, as a result, the impact on equality is not visible and cannot be adequately managed.

We raised one medium rated finding against this risk area:

Medium rated: The EQIA Assessment guide outlines that the requirement to complete an EQIA for all policies, however, our testing confirmed that this could not be evidenced for all policies.

Risk Area 3 – Impact on equality position is not reported on to the Board or committees, resulting in a lack of oversight and ability to take actions where necessary.

We raised one medium rated finding against this risk area:

Medium rated: Output from the EQIA process is not reported frequently and a lessons learned action plan has not been created. Public involvement do not create a performance management report outlining the number of EQIAs required to be complete.

Risk Areas	Number of findings			
	H	M	L	Imp
Risk Area 1 - There is no documentation of the process for carrying out an equality impact assessment and when this should be completed. These may not be completed in practice where there is no guidance for staff.	-	-	1	-
Risk Area 2 - Equality impact assessments have not been completed for all works, as a result, the impact on equality is not visible and cannot be adequately managed.	-	1	-	-
Risk Area 3 - Impact on equality position is not reported on to the Board or committees, resulting in a lack of oversight and ability to take actions where necessary.	-	1	-	-
	-	2	1	-

Management Action Plan

Risk Area 1 - There is no documentation of the process for carrying out an equality impact assessment and when this should be completed. These may not be completed in practice where there is no guidance for staff.

Low

Finding 1 - Refresher Training Notifications	Recommendation	Agreed Management Actions
<p>Background:</p> <p>There are three training courses which can be completed relating to EQIA, these are eESS facilitated training, eESS LearnPro Module and Turas Learn Module. This is available to all staff and is made available initially at induction.</p> <p>Control:</p> <p>Opt in training is made available through the TURAS system which is operated by NHS Education for Scotland and informally as arranged between wider teams and the Public involvement team every two to three months.</p> <p>Observation:</p> <p>We confirmed that training is made available on Learn Pro and TURAS systems at induction, however staff are not prompted through the system to refresh training.</p> <p>We noted the number of staff having completed the three training courses to be the following for the period 1st April 2021 to 20th June 2022:</p> <ul style="list-style-type: none"> • eESS facilitated training – 70 members of staff • eESS LearnPro Module – 27 members of staff • Turas Learn Module – 73 members of staff <p>During our discussions with management we found that staff are made aware of EQIA training on the TURAS and Learn Pro only during the induction process and through their line managers on an informal basis. Management confirmed that the prompts for staff members to complete the training are performed frequently but not documented or automated and as such we were unable to evidence these.</p>	<p>Management should derive a plan which ensure EQIA training is rolled out in a digestible way for staff to complete this. Modules should be spaced out and protected time given to staff.</p> <p>Management could also consider creating an EQIA organisational objective around the engagement.</p>	<p>Actions</p> <p>TURAS module on equality & diversity is currently mandatory for all staff. LearnPro module on EQIA is currently recommended. We will recommend to the mandatory training review that it also become mandatory training.</p> <p>We will make a suggestion that a corporate objective is introduced on inclusive engagement practice based on EQIA findings.</p> <p>Evidence required to confirm implementation</p> <p>LearnPro module on EQIA becomes mandatory training.</p> <p>Corporate objective introduced on inclusive engagement practice based on EQIA findings.</p> <p>Responsible Officer</p> <p>Public Partnership Co-ordinator/Head of Engagement and Equalities Policy</p> <p>Due Date</p> <p>30 April 2023</p>

Management Action Plan

Risk Area 2 - Equality impact assessments have not been completed for all works, as a result, the impact on equality is not visible and cannot be adequately managed.

Medium

Finding 2 – EQIA Assessments are not consistently applied in line with guidance.	Recommendation	Agreed Management Actions
<p>Background:</p> <p>The EQIA Assessment guide 1.0 states that the impact of applying a proposed new or revised policy requires an initial screening form to be completed and sent to the Public Involvement Team. If after the review, it is decided that an EQIA may be required, the Equality and Diversity Advisor meets with the person responsible for the policy, to reassess the need for an equality impact assessment. The guide states the impact of proposed new or revised policy must be assessed against the needs of the general equality duty.</p> <p>Control:</p> <p>The EQIA Assessment guide outlines that the requirement to complete an EQIA for all policies is evidenced.</p> <p>Observation:</p> <p>EQIA Assessments are not consistently applied in line with the expectation outlined in Equality Impact Assessment Guide 1.0.</p> <p>We selected 15 policies at random from the policies page on the intranet. We requested the EQIAs from HR relevant to the policies. We found that for a third of those selected (five), an EQIA could not be provided. A summary of issues noted in our testing is as follows:</p> <ul style="list-style-type: none"> • One EQIA was not completed • One EQIA was started but not sufficiently completed. • Three EQIAs were noted to be complete but no evidence was retained. 	<p>A standing agenda item should be added to each agenda item for each committee which states that the EQIA should be reviewed alongside a policy before approval can be made.</p>	<p>Actions</p> <p>Ensure that all EQIA-related materials located on <i>The Source (HIS Intranet)</i> are up-to-date and reflect our recently improved template and supporting documents. In particular, review the earlier EQIA Assessment Guide 1.0 which is still available alongside the newer resources.</p> <p>Explore the possibility of amending the HIS standard governance committee meeting template to include reference to EQIA for each policy and programme of work for added assurance and learning. This should complement existing governance prompts via, for example, the process for commissioning new work.</p> <p><u>Evidence required to confirm implementation</u></p> <p>Updated resources on <i>The Source (HIS Intranet)</i>. Amendment to standard governance template.</p> <p><u>Responsible Officer</u></p> <p>Equality and Diversity Advisor/Head of Engagement and Equalities Policy</p> <p><u>Due Date</u></p> <p>30 April 2023</p>

Management Action Plan

Risk Area 3 - Impact on equality position is not reported on to the Board or committees, resulting in a lack of oversight and ability to take actions where necessary.

Medium

Finding 3 – Monitoring EQIA performance and lessons learned process	Recommendation	Agreed Management Actions
<p>Background:</p> <p>We are aware that HIS are currently looking to collect data and to implement an overhaul of the EQIA process. Elements of the lessons learned going to Foundation Improvement Skills (FIS) concrete needed to action plan to improvement plan of the service.</p> <p>Control:</p> <p>The Public involvement Team do not create a performance management report outlining the number of EQIAs required to be completed and matching the number completed to the number required.</p> <p>Observation:</p> <p>We found that monitoring of the completion of EQIAs and compliance with the policy is not being done. We appreciate the difficulty in collating data for reporting and monitoring EQIAs, however without this formal reporting mechanism management are unable to gain assurance that equality is being considered in all activity carried out by HIS.</p> <p>Lessons learned are not currently carried out. There is no formalised lessons learned process capturing all required improvements from EQIAs including showing how to improve; how staff are monitored in producing EQIAs; and staff training and buy in. We acknowledge that the client is aware of the issue and are communicating with the Governance team currently to rectify the issue.</p>	<p>Management should create a central log of all EQIAs being carried out. Spot checks should be done on policies/projects and other activities where management expect there to be an EQIA carried out to ensure this has been done. Where there is non-compliance this should be reported to senior management and escalated through the appropriate channels to improve compliance in the longer term.</p> <p>A lessons learned review should be carried out whereby management step back and consider the effectiveness of the EQIA process and uptake across the health board. Results should be collated, reported and actions taken forward.</p>	<p><u>Management comments</u></p> <p>Currently resources are not in place within HIS to monitor the completion of EQIAs and compliance with the policy across the organisation, and therefore provide such a level of assurance.</p> <p>Whilst the findings from EQIAs are not currently being collated centrally, the lessons learned from staff experience of conducting them are used to improve the process, support given to staff, and training and resources. The Public Involvement Team continue to encourage colleagues to cross-pollinate work with relevant EQIA findings in their area.</p> <p><u>Actions</u></p> <p>In relation to collating lessons learned from conducting EQIAs, the Public Involvement Team will reflect on what is possible beyond what it is currently doing that would be of benefit within existing resources. This may include using <i>The Source (HIS Intranet)</i> for regular communications to promote EQIA, e.g. teams sharing what their EQIA work has meant for their approach to their particular programme including what they learned.</p> <p>We will link in with the Planning team to determine if logging of EQIAs linked to policies and projects could be possible within existing resources.</p> <p><u>Evidence required to confirm implementation</u></p> <p>Communications via <i>The Source (HIS Intranet)</i> to support EQIA understanding and use.</p> <p>Logging of EQIAs via existing planning tools.</p> <p><u>Responsible Officer</u></p> <p>Equality and Diversity Advisor/Head of Engagement and Equalities Policy</p> <p><u>Due Date</u></p> <p>30 April 2023</p>

Appendices

Appendix 1 - Our IA Report assurance levels

The table below shows the levels of assurance we provide and guidelines for how these are arrived at. We always exercise professional judgement in determining assignment assurance levels, reflective of the circumstances of each individual assignment.

Rating	Description
Reasonable assurance	<p>Overall, we have concluded that, in the areas examined, the risk management activities and controls are suitably designed to achieve the risk management objectives required by management.</p> <p>These activities and controls were operating with sufficient effectiveness to provide significant assurance that the related risk management objectives were achieved during the period under review.</p> <p>Might be indicated by no weaknesses in design or operation of controls, only LOW rated recommendation or only ADVISORY recommendations.</p>
Reasonable assurance with some improvement required	<p>Overall, we have concluded that in the areas examined, there are only minor weaknesses in the risk management activities and controls designed to achieve the risk management objectives required by management.</p> <p>Those activities and controls that we examined were operating with sufficient effectiveness to provide reasonable assurance that the related risk management objectives were achieved during the period under review.</p> <p>Might be indicated by two or more minor weaknesses in design or operation of controls resulting in one MEDIUM rated recommendation and other recommendations being LOW rated</p>
Partial assurance with improvement required	<p>Overall, we have concluded that, in the areas examined, there are some moderate weaknesses in the risk management activities and controls designed to achieve the risk management objectives required by management.</p> <p>Those activities and controls that we examined were operating with sufficient effectiveness to provide partial assurance that the related risk management objectives were achieved during the period under review.</p> <p>Might be indicated by moderate weaknesses in design or operation of controls and more than one MEDIUM or HIGH rated recommendations.</p>
No assurance	<p>Overall, we have concluded that, in the areas examined, the risk management activities and controls are not suitably designed to achieve the risk management objectives required by management.</p> <p>Those activities and controls that we examined were not operating with sufficient effectiveness to provide reasonable assurance that the related risk management objectives were achieved during the period under review</p> <p>Might be indicated by significant weaknesses in design or operation of controls and several HIGH rated recommendations.</p>

The table below describes how we grade our audit recommendations based on risks:

Rating	Description	Possible features
High	Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> ▪ Key activity or control not designed or operating effectively ▪ Potential for fraud identified ▪ Non-compliance with key procedures/ standards ▪ Non-compliance with regulation
Medium	Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> ▪ Important activity or control not designed or operating effectively ▪ Impact is contained within the department and compensating controls would detect errors ▪ Possibility for fraud exists ▪ Control failures identified but not in key controls ▪ Non-compliance with procedures / standards (but not resulting in key control failure)
Low	Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area.	<ul style="list-style-type: none"> ▪ Minor control design or operational weakness ▪ Minor non-compliance with procedures / standards
Improvement	Items requiring no action but which may be of interest to management or which represent best practice advice	<ul style="list-style-type: none"> ▪ Information for management ▪ Control operating but not necessarily in accordance with best practice



Governance for Engagement report

v1.0

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

- 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. Additionally, we would like to see interpretation of the meaning of such data and, where possible, its synthesis with wider forms of evidence for impact.
- 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.

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. There was focused discussion about why engagement was relevant to the team beyond practitioner / NHS Board facing activities.

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 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 is in order to gain more rounded assurance on the distance travelled and level of attainment achieved within work programmes, which can only be based on mixed evidence types.

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

27 May 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.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	17 November 2022
Title:	Remobilisation and Operational Plan 2022-23: Progress Update Q2
Agenda item:	3.1
Responsible Executive/Non-Executive:	Lindsey McIntosh, Interim 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 Plan for 2022-23 and carried out during Quarter 2 of 2022-23. The Committee is asked to discuss the contents of the paper.

2. Background

In the second quarter of 2022-23 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 during the pandemic.

We have continued to contribute to proposals to provide a consistent package of engagement support to Healthcare Improvement Scotland's key delivery areas, for example Children and Young People. The Governance for Engagement approach, piloted in the previous financial year, 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 challenges have eased 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, nevertheless there remain significant pressures on the

health and care system. These are being exacerbated by the increased cost of living and financial uncertainty, conflict and the effects of climate change. The health and wellbeing of our staff continues to be a focus. 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.

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 continue to deliver the work outlined within the organisational Work Programme 2022-23 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.

In 2022-23 we have changed our approach to reporting, in line with our Performance Measurement Framework. Rather than describing activities on a team-by-team basis, as in previous years, we describe in the Q2 Update (Appendix 1) how our work contributes to 10 outcomes, under three main aims:

- building capacity
- raising awareness
- increasing diversity and inclusion

Assessment considerations

<p>Quality/ Care</p>	<p>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.</p> <p>We are embedding improvement methodologies within our own work to ensure we foster a culture of continual improvement moving forward.</p>
<p>Resource Implications</p>	<p>The resource implications for the directorate’s work programmes have been reflected in the 2022-23 budget.</p> <p>Finances continue to be reviewed regularly and proactively, in line with the wider organisational approach, to ensure that the effects of upcoming financial reviews are anticipated and mitigated wherever possible. Planning for the 2023-24 work programme and budget is currently underway.</p>

	<p>Additional funding was secured from Scottish Government to support Citizens' Panels for 3 years from 2022-23, and to replace the current Volunteer Information System.</p> <p>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.</p> <p>We have been testing out new Ways of Working (WoW) for the future, ensuring we understand staff preferences in relation to working location. We have supported staff who have chosen to do so to move to hybrid working in Q1 and Q2 of 2022-23 with the reopening of offices, and are currently negotiating with board partners to ensure that all staff have access to an office location as the WoW testing period concludes.</p>
Risk Management	<p>Strategic and operational risks associated with our work programmes and workforce are recorded and reviewed on a regular basis by our Directorate Management Team.</p> <p>An additional risk has been added to the HIS risk register in relation to the impact of the COVID-19 pandemic.</p>
Equality and Diversity, including health inequalities	<p>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.</p>
Communication, involvement, engagement and consultation	<p>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.</p>

4 Recommendation

The Committee is asked to note and discuss the content of the 2022-23 Quarter 2 Update.

5 Appendices and links to additional information

The following appendix is included with this report:

- Appendix 1 – Community Engagement 2022-23 Quarter 2 Update

Quarter 2 Update: July – September 2022

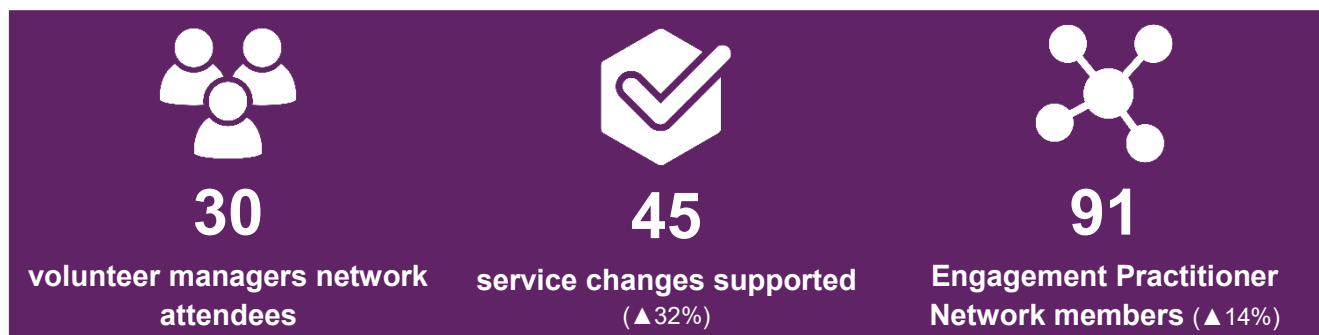
Outlined below is a summary of the work undertaken by the directorate between July and September 2022.

In 2022-23 we have changed our approach to reporting, in line with our Performance Measurement Framework. Rather than describing activities on a team-by-team basis, we describe how our work contributes to 10 outcomes, under three main aims:

- **building capacity** – equipping people with the knowledge, skills and tools they need for meaningful engagement
- **raising awareness** – publicising the positive impact of community engagement (and of Community Engagement)
- **increasing diversity and inclusion** – understanding and overcoming barriers to engagement, making sure all voices are heard

Building capacity

We equip people with the knowledge, skills and tools they need for meaningful engagement. This includes both professionals who have a duty to carry out engagement or to support volunteering, and also community groups and individuals who wish to get involved in health and care.



Professionals have the information, resources and skills they need to effectively engage with communities and deliver volunteering

Staff in our Engagement Offices continue to build relationships with their local NHS boards and partnerships and to provide **tailored advice and support** where this is needed. This is particularly valuable for new staff who may have little prior experience of engagement – such as staff who came into post over the summer in NHS Western Isles and NHS Orkney who have requested fortnightly or monthly meetings with our staff. Strategic meetings with a range of local partners are regaining momentum following the pandemic, for example the Argyll & Bute Liaison Meetings; this in turn opens doors to future support, with a development session for Argyll & Bute IJB planned for October.

Our local staff are often uniquely placed to bring together disparate disciplines and sectors for the purposes of **sharing learning and good practice**. In May 2020 we helped to establish a group in Greater Glasgow and Clyde for NHS and partnership engagement staff; the membership averages 13 to 16 people and members have now taken over organising their own meetings. Recent topics covered included mental health and use of the *mentimeter* electronic voting system for engagement.

The **resources on our website** are regularly reviewed to ensure they remain relevant to staff wishing to engage communities and take account of any changes to Scottish Government guidance. A new animation on [understanding the impact of proposed changes on transport and travel](#) was published in September. Our [Participation Toolkit](#), providing a range of practical ideas for engaging with people and communities, remains the most popular section on our website and accounted for 24% of total website traffic during the quarter.

The Volunteering in NHS Scotland team held a development session for its **volunteer managers' network**, bringing together 30 staff from across Scotland to provide peer support and share local good practice. Funding was secured in 2021-22 from Scottish Government to develop a **volunteer management platform** to replace the current Volunteering Information System (VIS). The Stage 2 scoping for a replacement system will begin in Q3.

The service change team continues to deliver a suite of **online workshops**, covering topics such as duties and principles, option appraisal, *Planning with People* and how to plan effective service change engagement. During Q1 and Q2 they have delivered 15 workshops to external partners with 109 delegates and an additional 6 workshops internally with 40 participants. The team is planning an in-depth evaluation in Q3 to discover the longer-term impact of the workshops.

Health and care services can demonstrate compliance with policy and legislation

The testing of the draft **Quality Framework for Engagement** materials and process by pilot sites continues and is proving to be very helpful; 6 staff in East Renfrewshire and 12 across Ayrshire & Arran have given feedback on the approach so far and helped provide a better understanding about how the Quality framework can contribute to improved practice. The internal delivery group will deliver sessions to directorate staff in Q3 to build knowledge, confidence and understanding. The final publication of the Framework will be aligned with the publication of *Planning with People* in spring 2023. A corporate response into the review of *Planning with People* was submitted to Scottish Government at the end of September.

Our **service change** team continues to monitor and provide advice and support to NHS boards and partnerships undertaking service change. During Q2, the team monitored and supported 45 service changes across all board areas, 6 of them significant (see separate [report](#) for more detail). In September, the SHC Committee approved the Service Change Sub-Committee's recommendation that NHS Highland's service redesign in Lochaber does *not* meet the threshold for *major* service change.

During Q2, the Public Involvement Team delivered **equality and diversity awareness** sessions, one for public partner volunteers (7 attendees) and one for Healthcare Improvement Scotland staff (16 attendees). The Children and Young People's Working Group met in September and agreed a process and timeline for developing the **Children's Rights Report** and the **Corporate Parenting Action Plan**. Both will be updated and published by March 2023.

Health and care services can evidence a robust approach to community engagement and volunteering which seeks to continually improve

During Q2, regular **strategic meetings** continued between Engagement Programme Managers and strategic engagement leads in boards and partnerships. These help to rebuild relationships and explore potential areas of collaboration in the future, and the initial reconnections are scheduled for completion by the end of October. Next steps will be agreed once the data from all meetings has been collated.

Several years ago, the ihub launched toolkits for the evaluation of Non-Steroidal Anti-inflammatory Drugs (NSAIDs). During Q2 we provided **advice** to ihub colleagues for a patient survey which will form part of the evaluation and help to understand people's experiences of prescription NSAIDs and the advice they are given. Our advice was well received and improved the readability and quality of the final survey.

Other examples of **support** we have given to external organisations includes providing feedback on, and helping to shape, the final written draft of NHS Highland's Framework for Community Engagement; and supporting NHS Shetland's intermediate care team to develop and pilot a draft questionnaire which will be used to gather feedback from clients.

Our staff build an evidence base of good practice in community engagement and volunteering and support a learning network for engagement

Our staff are using skills gained in previous training, particularly the **discovery conversations** approach which is part of the Care Experience Improvement Model (CEIM), in order to gather actionable feedback from participants following our work with them. We followed up with 2 members of the public in Dumfries & Galloway who took part in the chronic pain gathering views exercise to understand how they got involved, what worked well and what could have been improved. This learning has already fed into the planning process for the next gathering views. A similar approach has been followed to identify improvements to how we support health and care staff across the Westregion.

The second development session of the **Engagement Practitioners' Network** was held in early September with presentations from Robert White (Golden Jubilee National Hospital) discussing co-production and practical use of the Scottish Approach to Service Design, and Emma Murphy (NHS Dumfries & Galloway) and Gary McGrow (HIS Community Engagement) on the value and impact of engagement. The session was attended by 40 people; there are now 91 members in the network (a 13.8% increase on last quarter).

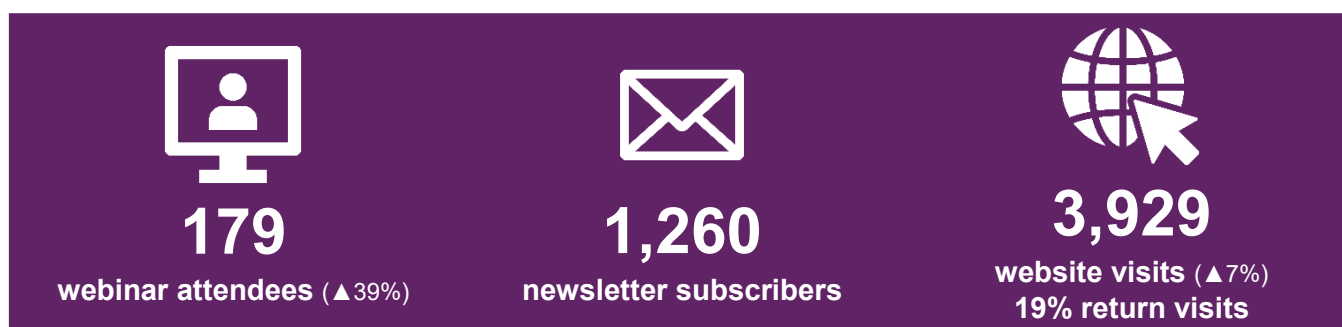
People and communities are empowered to participate in health and care

The **People's Experience volunteers** programme continues to be tested and developed in Fife with initial development work undertaken in Grampian. Staff across all of our Engagement Offices are being supported to roll out awareness and recruitment of volunteers in their local areas. Information and resources are being developed for colleagues, to support their engagement with People's Experience volunteers to inform our work.

The Public Involvement Team is supporting and co-chairing an **Engaging People Sounding Board Group** to support colleagues in the Quality Assurance directorate to involve people in the design and delivery of its work programmes. The group has met once so far and includes 8 public partners in the membership.

Raising awareness

We publicise the positive benefits of high-quality and meaningful community engagement, share examples of how volunteers contribute to the NHS and help stakeholders to understand our role.



Stakeholders have an increased awareness of good engagement and volunteering practice

In June we co-delivered 3 online workshops to 23 members of the **NHS Lothian Pharmacy Practices Committee** (PCC), with the PPC lead and one of the lay reps. Feedback from the lead and members (consisting of lay reps, non-exec board members, and pharmacists) was extremely positive and NHS Lothian has asked us to deliver future workshops as part of a training programme for new committee members, in particular lay reps. The workshop allowed us to raise awareness of *Planning with People*, something participants (including non-exec board members in attendance) told us they were previously unaware of but now recognise its importance. It was also an opportunity to test the newly developed Voices Digital workshop materials and we shared our learning with the Voices Digital Working Group. This work has helped strengthen relationships with NHS Lothian and led to a valuable partnership with the pharmacy team. The PPC lead has recommended us to other pharmacy leads on the national pharmacy leads group, which the Scottish Government sits on, and NHS Forth Valley has asked to discuss workshops for their own PPC.

We held 1 **webinar** during Quarter 2: in July NHS Greater Glasgow and Clyde shared its learning on engaging innovatively on social media. This was very well attended (179 participants) and attracted significant discussion and questions during the Q&A. Feedback from participants was very positive, with 92% of respondents rating the webinar very good or good. Several people commented that the webinar had prompted them to seek out further information or development for their team:

- “I felt the webinar was really good – highlighted for me the need for further support for people in developing their skills in the use of social media as an interactive tool.”
- “I have limited control over our social media input however what the webinar covered has given me the knowledge I need to ask for those who do have that control to do more. I don’t believe we make best use of it in our area.”

Stakeholders have an increased awareness and understanding of our role, work and impact

After a hiatus during the pandemic, we restarted our national quarterly **email bulletin**, *e-Connect*, in July. The bulletin went out to 1,093 subscribers, including health and care staff, third sector organisations, policy makers, academics and members of the public. It covered updates on activities we had recently been

involved in as well as highlighting upcoming events and opportunities to get involved. The open rate¹ was 27.5% and click rate² was 6.1% (compared to average industry standards of 35.6% and 9.2% respectively). The most popular content was blog posts on the importance of sharing personal pronouns and on our role to support effective community engagement.

As well as the national email bulletin, some of our Engagement Offices send out **local newsletters** tailored to their populations. One example is Shetland's *It's Good to Share* which is circulated to 171 people each month. Engagement work by our local staff, such as gathering views, is an opportunity to build the numbers of subscribers to these newsletters.

Increasing diversity and inclusion

We provide more opportunities for people to get involved in health and care, identify and overcome the barriers that prevent effective engagement, make sure all voices are heard and track the influence which people's views and experiences have had on policy and practice.



People have increased opportunity to share their views and experiences

During August and September we conducted 92 individual interviews in order to gather the views and experiences of people living with **chronic pain**. This was to support development by Scottish Government of a draft Framework for Pain Management Service Delivery. Participants commented that sharing their experiences of care would help to provide an understanding and awareness of what it is like to live with chronic pain, with one person stating: "Taking part in this type of discussion feels good that my experience might help with things getting better." The report is expected to be published in Q3.

Fieldwork for the tenth **Citizens' Panel** survey was carried out between June and August. A total of 573 people (61% response rate) answered questions by post, email or by telephone relating to community eye care and the NHS Scotland brand identity. The report is expected to be published in Q3.

The Scottish Government has asked us to gather public views on **community audiology** so that they can better understand access issues and preferences experienced by patients and families using audiology treatment, follow up services and accessing ear wax management services. Fieldwork is expected to be carried out in Q4.

¹ how many successfully delivered campaigns were opened by subscribers

² how many successfully delivered campaigns registered at least one click

Engagement and volunteering activity carried out by health and care services is accessible and includes a wide diversity of voices

We continue to champion the collection of **equalities monitoring** data whenever we engage with members of the public. This enables us to identify communities which are under-represented by our engagement, and to understand which voices are not being heard. Our most recent gathering views interviews also included additional demographic questions designed to help policy makers understand the impact which deprivation and living in rural and remote areas can have on those living with chronic pain. All participants answered the interview questions and 63% of participants provided additional information on the anonymous equality monitoring survey.

We continue to identify improvements to make our **website more accessible**. Transcripts have been added to all our videos and animations, and subtitles are also included as standard.

Through our links with local communities, we help to build a better understanding of how services can be adapted to **overcome barriers**. We supported the lead nurse consultant for learning disabilities in NHS Shetland to develop an information leaflet aimed at parents and worked with 27 members of an ESOL (English for Speakers of Other Languages) group in Glasgow to understand the process of translation services and discuss better website navigation. A working group comprising 9 professionals and 6 members of the public – including Gypsy/Travellers – is working to improve access to services, reduce inequality and address cultural discrimination faced by Gypsies, Roma and Travellers.

The views and experiences of users of health and care services in Scotland and members of the public influence the design and delivery of healthcare services

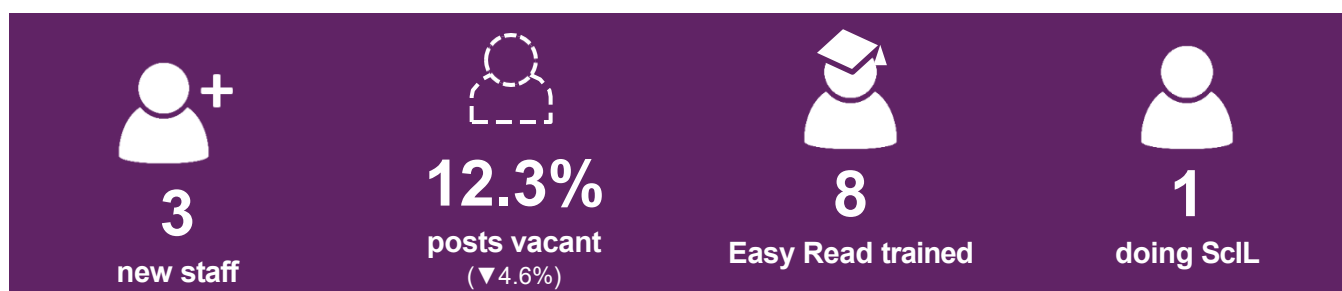
We continue to map the impact on policy and practice of the views and experiences of people which we have gathered. A separate paper outlines the impact of previous Citizens' Panel survey [reports](#).

The Scottish Parliament introduced the **Patient Safety Commissioner for Scotland Bill** on 6 October. The accompanying [policy memorandum](#) references public opinions on the scope of the Commissioner's remit (initially safety of medicines and medical devices, but to be extended) which were gathered by the eighth Citizens' Panel in November 2021 (report published in March 2022). In a [press release](#), Cabinet Secretary Humza Yousaf said:

“The Commissioner... [will bring] together patient feedback and safety data shared by NHS boards and Healthcare Improvement Scotland, to identify concerns and recommend actions. The Patient Safety Commissioner will be an independent champion for everyone receiving healthcare, working alongside healthcare providers and organisations involved in patient safety and complaints. They will hold healthcare providers to account in their responsibility to listen to patients and support them to make improvements.”

The Scottish Government is revising its policy on **waiting times** and is keen to get input from the public before final publication of the new guidelines in summer 2023. We are currently in discussion with Scottish Government about whether and when a gathering views exercise in support of this can be accommodated.

Staffing



The Executive Team agreed in August to extend the **interim directorate structure**, which had been due to conclude at the end of September, to the end of March 2023. Most – but not all – fixed-term posts were extended to the end of March.

During Q2, 3 **new staff** joined the directorate:

- 1 x Administrator
- 2 x Engagement Officers

We also had a number of **staff leavers**:

- 1 x Engagement Officer retired
- 4 x fixed-term posts came to an end: two members of staff returned to their substantive posts within the directorate, one returned to their substantive post in another organisation and one gained alternative employment within Healthcare Improvement Scotland.
- Ruth Jays returned to Scottish Government in mid-September and Lindsey McNeil took up the post of Interim Director
- We were also very sorry to record the passing of Jane Davies at the end of August. Jane was well known to the Committee and the large number of tributes received demonstrates the huge impact and high regard she had within the health and care system in Scotland.

At the end of September, there were 8 posts vacant across the directorate, and a further member of staff on a career break. The 8 **vacancies** equate to 12.3% of posts.

8 members of staff recently completed training on producing **Easy Read** materials and is currently translating a small suite of documents to make them more accessible to people with learning difficulties and other communication needs. Another 2 members of staff have started the **Foundation Improvement Skills** (FIS) course (Cohort 5). One member of staff is currently undertaking the **Scottish Improvement Leader** (ScIL) programme, looking at improving confidence and capacity within the directorate to conduct qualitative analysis.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	17 November 2022
Title:	Risk Register
Agenda item:	3.2
Responsible Executive/Non-Executive:	Lindsey McIntosh, Interim Director of Community Engagement
Report Author:	Lindsey McIntosh, Interim Director of Community Engagement
Purpose of paper:	Awareness

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. Background

The Community Engagement (HIS-CE) Directorate's risk register is detailed in Appendix 1. This is extracted from the Healthcare Improvement Scotland (HIS) corporate risk management system 'Compass'. The full strategic Risk Register is scrutinised at the HIS Audit & Risk Committee.

Risk 1163 is currently showing as high following the application of a cautious risk appetite, although the scoring has reduced from 16 to 12 based on work undertaken corporately in assessing overall levels of risk and applying a consistent lens across all risks.

Risk 1077 has continued to show as a medium risk, and will be subject to re-assessment following the planned DMT session where a stock check of all current and potential new/emerging risks can be considered in a holistic manner.

3. Assessment

There is a corporate monthly management update requested from each directorate in relation to risk management. Going forwards, the Directorate Management Team (DMT) are going to request a workshop session with the new HIS Risk Manager, to make sure we are keeping our treatment of risk up to date, and within the proportion and perspective of the wider HIS risk management strategy.

The recently introduced Risk Management Strategy gives pragmatic guidance on what scoring mechanisms should be applied to risk based on best practice, so DMT will seek to

adopt this approach in time for reporting to the next Committee meeting on 02 March 2023, along with taking the opportunity to review all risks in light of business planning activities for 2023/24.

In relation to Risk 1163, it may be that the likelihood rating for this risk may be higher than the impact rating as the economic position tightens and capital projects are potentially scaled back.

Assessment considerations

Quality/ Care	N/A
Resource Implications	Relevant resource implications for risks have been identified.
	Relevant workforce implications for risks have been identified.
Risk Management	Risk Register attached in Appendix 1.
Equality and Diversity, including health inequalities	HIS-CE directorate has a specific role in supporting equality and diversity within Healthcare Improvement Scotland which is reflected in the directorate's risks.
Communication, involvement, engagement and consultation	The directorate's risks have been informed by our ongoing engagement with a range of stakeholders, and in discussion with HIS Risk Manager.

4 Recommendation


The Committee is asked to discuss the Community Engagement Directorate's strategic risk register and agree plans for re-assessment.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1, Risk Register Extract

Active Risks - Committee Report

	Category	Risk No	Risk Director	Risk Description	Risk Appetite	Last Updated	Inherent Risk	Current Controls	Current Mitigation	Current Update	Current
Operational	Community Engagement directorate wide risk	1077	Ruth Jays	There is an operational risk to HIS – Community Engagement as a result of the limited launch of the directorate undertaken in April 2020 necessitated by the on-going pandemic, resulting in a lack of widespread stakeholder recognition and understanding of our new branding, and the full range of expertise, support and services offered.	Open	16/09/2022	Medium - 8	<ul style="list-style-type: none"> 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. 	<p>The directorate has operated as HIS – Community Engagement since April 2020, and has a core narrative and well-developed website to support its branding and communication efforts. 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.</p> <p>These are supported by a communications operational group comprised of colleagues from all levels within the directorate.</p> <p>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.</p> <p>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).</p>	<p>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.</p> <p>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 summer 2022. A review of our accommodation requirements was completed in February 2022 and discussions with host NHS Boards are anticipated for completion on new Service Level Agreements during summer 2022.</p> <p>The communications operational group is progressing the reconnection work during 2022 with regular reporting as set out within the Controls section.</p> <p>Opportunities to participate in external stakeholder events to speak about our directorate's role and remit, and how we can add value to their work continue to be maximised.</p>	Medium - 8 Impact - 4 Likelihood - 2
Reputational / Credibility	Service Change	1163	Lindsey McNeill	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.	Cautious	28/10/2022	High - 16	<p>"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.</p> <p>Review of Planning with People Currently taking place in Q2 and Q3 of 2022.</p>	<p>The Scottish Health Council Committee Service Change Sub-Committee continues to provide governance over the issue. The most recent meeting took place on 20 October 2022 with this matter on the agenda. The issue was also highlighted during an SHC committee development day in June 2022.</p> <p>An action plan has been developed in the light of these discussions and this includes a meeting with the 3 Regional Planning Directors. Ongoing discussions with boards and partnerships to emphasise need for engagement and support available via HIS-CED.</p> <p>This will be picked up by Engagement Programme Managers during the process of reconnecting with Boards and Partnerships in September, October and November 2022. Involvement in regional and national planning structures is helping to highlight the importance of engagement in national and regional planning.</p> <p>HIS wide input to the review of Planning With People to reinforce the need for effective and appropriate engagement in national and regional planning is underway (submission sent 30/9/22).</p>	<p>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.</p>	High - 12 Impact - 3 Likelihood - 4

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	17 November 2022
Title:	Corporate Parenting Action Plan
Agenda item:	3.3
Responsible Executive/Non-Executive:	Lindsey McIntosh, Interim Director of Community Engagement
Report Author:	Chris Third, Public Involvement Advisor
Purpose of paper:	Awareness

1. Situation

This paper is being brought to the committee to update on progress made against our Corporate Parenting Action Plan. As named Corporate Parents, Healthcare Improvement Scotland (HIS) has a duty to create and maintain a three year action plan and report on the current action plan as soon as possible after March 2023.

2. Background

Under our Corporate Parenting duties we must create and maintain an action plan. The current action plan covers the period from April 2020 to March 2023. HIS must publish a report on progress “as soon as possible” after March 2023. The Corporate Parenting report can be combined with other reports, such as the Children’s Rights report which should also be published at the same time.

The Corporate Parenting Action Plan is discussed at the quarterly meetings of the Children and Young People Working Group (CYPWG). At the last meeting of that group in September a draft timeline was presented setting out the key steps required in creation of the HIS report. It was also agreed that the Corporate Parenting and Children’s Rights report could be combined into one report.

Significant progress has been made in the action plan on sections 1 and 3. Some progress has been made under section 2 although this has been hindered to a greater extent by the event of the COVID 19 pandemic which started around the same time as the current action plan.

In addition to reporting on progress a new Corporate Parenting action plan will have to be drafted to cover the 2023 – 2026 period.

3. Assessment

Quality / Care	It is a legislative requirement that sets HIS as Corporate Parents and as a public body we also have a duty to adhere to Children’s Rights. The Corporate Parenting action plan has a positive impact on the quality of service we deliver, it helps to ensure that we give greater consideration to the impact that our work has on care experienced children and young people. In doing so HIS helps to tackle the health inequalities that care experienced people face.
Resource Implications	Updating and reporting on the Corporate Parenting action plan is one of the duties of the Public Involvement advisor and so it does have an impact on capacity, particularly as we near reporting date. The Public Involvement advisor is supported by the Public Involvement Team and also by other HIS staff who provide examples to include in our report.
Risk Management	If time and consideration is not given to the Corporate Parenting action plan and subsequent report then HIS risks not meeting one of its legal duties. An early draft of the Corporate Parenting and Children’s Rights Report is currently in development, examples to be included are being sought from colleagues in HIS.
Equality and Diversity, including health inequalities	HIS produces reports and action plans that demonstrate progress made in meeting our duties under the Children and Young People (Scotland) Act 2014. The Act names HIS as a corporate parent meaning that we must perform actions necessary to uphold the rights and safeguard the wellbeing of looked after children or care leavers, through which physical, emotional, spiritual, social and education development is promoted.
Communication, involvement, engagement and consultation	The Public Involvement Advisor is in early stages of seeking the views of care experienced people in developing the report. This will particularly focus on the format of the report and making the report more accessible to a wider range of people, particularly care experienced children and young people. This could perhaps be achieved by an accompanying video for example.

4 Recommendation

This paper has been submitted for awareness only and no decision is needed at this time. The draft Corporate Parenting and Children's Rights Report will be made available to committee members in due course.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1: 20220901 Corporate Parenting and Children's Rights Report Timeline
- Appendix 2: 20220309 Corporate Parenting Action Plan Update 0.4

**Corporate Parenting
Action Plan**

Actions
Review current Action Plan

Begin drafting report

Research key priorities for 2023 - 2026

Plan Engagement care experienced people including children and young people

Actions
Begin engagement with care experienced people including children and young people

Actions
Draft action plan to ET

Draft action plan and report to SHC Committee

Continue engagement with care experienced people including children and young people

Actions
Draft action plan and report to CYPWG

Continue engagement with care experienced people including children and young people

Actions
Redraft action plan with feedback received

Actions
Draft action plan to Staff Governance

Prepare action plan and report for publication

Actions
Final action plan and report to SHC Committee

Final action plan and report to CYPWG

Actions
Publish action plan and report

September 2022

October 2022

November 2022

December 2022

January 2023

February 2023

March 2023

April 2023

Children's Rights Report

Actions
Discuss timeline and actions with CYPWG

Begin drafting report

Identify relevant case studies

Identify key 'clusters' to focus on

Plan engagement with Children and Young People

Actions
Incorporate case studies into draft report

Begin engagement with children and young people

Actions
Draft report to ET

Draft report to SHC Committee

Continue engagement with Children and Young People

Actions
Draft report to CYPWG

Continue engagement with Children and Young People

Actions
Redraft report with feedback received

Actions
Draft report run through PerfectIt

Draft report to Staff Governance

Prepare report for publication

Actions
Final report to SHC Committee

Final report to CYPWG

Actions
Publish Report

How to use the template?

1. Double click to insert text at appropriate positions. The boxes will expand in case the text overflows the boundary
2. If you wish to change the number of blocks in the timeline, simply right-click on the timeline anywhere and select the number of blocks needed
3. Customized the title colours as per requirement
4. These templates are highly efficient and visually appealing for powerpoint presentation. For adding to your PPT:

Select the timeline > Right-click > Download as Image > Add to your PPT



Corporate Parenting Action Plan 2020-2023

Update: March 2022



Corporate Parenting Plan 2020-23

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

The following articles from the UNCRC relate to our Corporate Parenting Plan:

- Article 2 (non-discrimination)
- Article 3 (best interests of the child)
- Article 6 (life, survival and development)
- Article 12 (respect for the views of the child)
- Article 13 (Freedom of expression)
- Article 28 (right to education)

More detail on these can be found in Appendix 1

The following Fundamentals from the Promise relate to our Corporate Parenting Plan:

- What matters to children and families
- Listening

The following Priorities from the Promise relate to our Corporate Parenting Plan:

- A good Childhood
- Supporting the Workforce
- Building Capacity

More detail on these can be found in Appendix 2

Number	Theme	Action	Outcome	Indicative Timeline	Owner	Update
1	We understand the issues that care experienced people face and assess their needs	a) 'Care experience' to be included in Equality Impact Assessments and treated as a protected characteristic	We explicitly consider the impact of our work on care experienced people and take action to minimise or remove any negative impacts Relates to: Article 3 (best interests of the child) from UNCRC	December 2021	E&D Advisor	Care experience has been built into the new EQIA templates and guidance which are currently being tested.
		b) Explore the sharing of current relevant learning/literature with staff through flash reports and intranet pages	We are aware of issues affecting care experienced people Relates to: Article 2 (non-discrimination) from UNCRC Fundamental 'Listening' from the Promise	Ongoing	Children and Young People Working Group (CYPWG)	Updates from CYPWG will be shared via staff huddles and articles on the SOURCE for Care Day and Care Experienced Week. Update: Twitter and Source activity carried out for CareDay22 on 18 February 2022.
		c) Raise awareness of corporate parenting responsibilities by launching corporate parenting e-learning module for all staff, and exploring other methods, e.g. face-to-face training	We understand our corporate parenting duties and how it applies to our work Relates to: Priority 'Supporting the Workforce' from the Promise	February 2021	Organisational Development and Learning Corporate parenting lead Public Protection and Children's Health Service Lead	Corporate parenting e-learning module was shared with staff in October 2020 during Care Experienced Week. Update: Content currently being updated and moved to new platform. Old platform no longer supported. Update: Need to draft some information about who should

						undertake module (similar to public protection email)
		<p>d) Promote opportunities for staff, particularly programme leads and managers, to reflect on where they can have a positive impact in respect of our corporate parenting duties, identify actions and take them forward</p>	<p>We understand the opportunities that exist in our organisation to promote the wellbeing of care experienced people</p> <p>Relates to: Article 13 (Freedom of expression) from UNCRC</p> <p>Priority 'Building Capacity' from the Promise</p>	March 2023	<p>Public Involvement Advisor</p> <p>Programme leads</p>	<p>CYPWG will consider and provide opportunities for staff to reflect.</p> <p>Update: 2 June session allowed opportunity to consider contribution to Scotland fulfilling The Promise.</p> <p>Update: a Children and Young People Key Delivery Area Network was launched in November 2021 for colleagues to share practice and learn from experts and each other.</p> <p>Update: Rapid Review into the Health and Wellbeing of Care Experienced Children and Young People was carried out in January 2022. It was discussed at the January meeting of the CYP KDA Network in 2022.</p>
		<p>e) Seek views and experiences of care experienced people with a view to exploring scope for 'care-proofing' recruitment/staff policies</p>	<p>We understand the issues care experienced people face when accessing employment opportunities</p> <p>Relates to: Article 2 (non-discrimination) from UNCRC</p>	July 2021	People and Workplace Team	<p>Action: Discuss further with People and Workplace colleagues and re-evaluate timescale. Be mindful of Once for Scotland approach.</p>

			Fundamental 'Listening' from the Promise			
		f) Share learning from the Independent Care Review with our staff, including non-executive members	We understand the health issues that care experienced people face Relates to: Article 12 (respect for the views of the child) from UNCRC Fundamental 'Listening' from the Promise	April 2020	Community Engagement Director/Public Involvement Advisor	A scheduled session was postponed due to COVID-19. Another date has not yet been organised. Update: Suggestion raise staff awareness about the Promise work through sharing video and resources.
		g) Maintain corporate parenting awareness among non-executive members by offering ongoing learning opportunities	Our board members are committed to corporate parenting and encourage our staff to demonstrate this Relates to: Priority 'Supporting the Workforce' from the Promise	Ongoing	Public Involvement Advisor	e-learning module was made available at end of October 2020. Update: see 1 c) above. Same e-learning module to be used.
Number	Theme	Activity			Who should be involved?	
2	We promote the interests of care experienced people and provide them with opportunities	a) Develop relationships between our local engagement offices and regional Champions Boards to support them to have their voice heard in shaping health and care	Champions Boards are equipped to have their voice heard in health and care Champions Boards have opportunities to become engaged in our work	October 2022	Community Engagement local offices	Delayed due to pandemic. Update: GM and RH met with Life Changes Trust about their National Leadership Network. They would be keen to work with us to promote opportunities to this network,

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

Number	Theme	Activity			Who should be involved?	
			Priority 'supporting the workforce' from the Promise			
		d) Explore the introduction of NHS work experience tasters for care experienced and disadvantaged people	<p>Care experienced young people have opportunities to gain work experience in the NHS</p> <p>Relates to: Article 28 (right to education) from UNCRC</p> <p>Priority 'A good childhood' from the Promise</p>	October 2020	<p>Corporate parenting lead</p> <p>Organisational Development and Learning Team</p> <p>Other NHS health boards</p>	<p>Delayed due to physical distancing measures/ homeworking.</p> <p>Update: Met again with MCR Pathways in December who would be keen to support NHS work experience tasters. Shared information with OD&L.</p> <p>Action: follow-up with OD&L and revise timeline.</p> <p>Update: Discussions ongoing about targeting work experience tasters.</p>
		e) Explore opportunities to promote Modern Apprenticeships to care experienced people	<p>Care experienced people have opportunities to gain employment in the NHS and develop their skills</p> <p>Relates to: Article 28 (right to education) from UNCRC</p>	July 2022	People and Workplace Team	<p>Delayed due to physical distancing measures/ homeworking.</p> <p>Action: Follow up with People and Workplace Team</p>

3	We collaborate with other corporate parents and improve the way we work with care experienced people	a) Be active participants in corporate parenting collaboration groups, e.g. the national Corporate Parents Collaboration Group	<p>We are aware of how others corporate parents are meeting their duties and we apply relevant learning to improve how we are meeting our duties</p> <p>We share our learning with other corporate parents to inform the practice of other corporate parents</p> <p>We identify opportunities for collaboration where it will add value and avoid duplication of effort</p> <p>Relates to: Priority 'Building Capacity' from the Promise</p>	July 2020	Corporate parenting lead CYPWG	Joined the Corporate Parents Collaboration Group earlier in the year. Participating in online meetings and exploring potential collaboration.
		b) Explore HIS having a convening and co-ordinating role in establishing good practice in health relating to our corporate parenting duties	<p>We collaborate with NHSScotland colleagues to meet shared aims, while maximising what we can achieve within our own gift</p> <p>Relates to: Priority 'Building Capacity' from the Promise</p>	March 2021	Corporate parenting lead	Delayed due to the pandemic. Action: Explore links through existing networks to strengthen collaboration and sharing within NHSScotland. Revise timeline.
		c) Share learning from joint inspections of children's services with other corporate parents	Our learning of what is working well for children in need of care and protection is used to	Ongoing	Clinical Expert, Quality Assurance Directorate	Seek input from Clinical Expert in Joint Inspection's for Children's Services at CYPWG meetings and explore

			<p>inform work of other corporate parents</p> <p>Relates to: Priority 'Building Capacity' from the Promise</p>			options for sharing more widely.
		<p>d) Learn from corporate parents across sectors who are involving care experienced people in what they do, e.g. explore how the Care Inspectorate support their young inspectors</p>	<p>We apply learning from other corporate parents to improve how we involve care experienced people in our work</p> <p>Relates to: Priority 'Building Capacity' from the Promise</p>	Ongoing	Public Partnership Co-ordinator	<p>Actively seeking learning regarding the involvement of care experience people during the pandemic.</p> <p>Update: We are in talks with Youth Just Us about an Engaging Differently case study, and we are also working on a case study for the Lockdown Lowdown study initiated by YouthLink Scotland and partners, which involved care experienced young people.</p>

Monitoring and Reporting

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

Appendix 1

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

A summary of the related articles available below:

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

A summary of all articles can be found [here](#).

Appendix 2

The Promise

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

Fundamentals:

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

Priorities:

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

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

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	17 November 2022
Title:	Service Change Sub Committee – Update
Agenda item:	3.4
Responsible Executive/Non-Executive:	Lindsey McIntosh, Interim Director of Community Engagement
Report Author:	Denise Symington, Principal Service Change Advisor
Purpose of paper:	Awareness

1. Situation

To provide the Scottish Health Council Committee with an update and overview of the activities that the Service Change Team have been involved in on behalf of Healthcare Improvement Scotland – Community Engagement (HIS-CE).

2. Background

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

3. Assessment

National Guidance

The Planning with People guidance is currently under review by Scottish Government and COSLA. Healthcare Improvement Scotland submitted a response to Scottish Government on 30 September 2022, with an agreement that there would be ongoing dialogue as this work progresses.

As requested by Scottish Government, information has been shared by HIS-CE to the Engagement Practitioners Network. Louise White - Senior Policy Manager, Person Centred and Participation, attended the development session of the Network on the 8 September 2022 at which the service provider questionnaire was shared again as the deadline for submissions approached.

Engagement Practitioner Network

The second development session of the Engagement Practitioners Network was held on Thursday 8 September with presentations from Robert White (Golden Jubilee National Hospital) discussing co-production and practical use of the Scottish Approach to Service Design and Emma Murphy (NHS Dumfries and Galloway)/Gary McGrow HIS-CE on the value and impact of engagement.

The session was attended by 40 people and there are now 91 members in the network held on Microsoft Teams. We have developed a plan for the further promotion and growth of the Engagement Practitioner Network externally.

At the development session attendees expressed an interest in attending smaller sessions on specific topics and we are exploring holding a session with Emma Murphy (NHS Dumfries and Galloway) on conflict resolution. We aim to hold this before the next development session in December 2022.

Current Activity

The table attached at Appendix 1 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 2.

Developing Practice

Online workshops	<p>The team has continued to deliver online workshops with partners in NHS Boards and Health and Social Care Partnerships (HSCPs) over recent months, topics include:</p> <ul style="list-style-type: none">• Duties and Principles• Option Appraisal• Planning with People, and• How to plan effective service change engagement <p>NHS Ayrshire & Arran requested the four workshops (three of which have been delivered, with the fourth scheduled for 13 October), in addition Grampian Public Health Team wish to have HIS-CE workshop input to development sessions. Information on the workshops has been added to the HIS-CE website.</p> <p>In Quarter three (Q3) of the financial year 2022/23 it is intended that there will be further evaluation of the impact of workshops, including learning from feedback to ensure there is a focus on continuous improvement and development of the product provided.</p>
-------------------------	---

	The Service Change Team has drafted a presentation (overview of the three workshops and the Planning with People guidance) for executive and non-executive members of NHS Boards and Integration Authorities. It was agreed at SHC Sub-Committee August 22 that this would be tested out by non-executive members of HIS-CE prior to being delivered to NHS Boards. It is anticipated that this will be piloted in Q3, delivered by Engagement Programme Managers, and supported by the Service Change Team.
Animation	The animation on transport and access has been published to HIS-CE website with planned communications linking it with previous suite of animations. The team is considering new formats and topics to support engagement in service change/redesign for discussion with our Public Partners.
Resources	The team has updated the flowchart to demonstrate how the engagement process for service change, Equality Impact Assessment and Fairer Scotland Duty Assessment link together. Indicative date of publication to be confirmed.
Regional and national changes	The action plan for regional and national service change/redesign was discussed at the last Service Change Sub-Committee meeting where it was agreed that it be shared with the SHC Committee for consideration. The Service Change Team developed three case studies of different approaches taken to regional planning and prepared a discussion paper which was shared to SMT/DMT.
Capital Investment Group	HIS-CE attends as a member of the Capital Investment Group, to share intelligence relating to community engagement on planned capital projects. In addition the Service Change Team has monthly meetings with Paul Mortimer (Head of NHS Strategic Capital Investment, Scottish Government) to discuss engagement in the development of capital investment projects. We are developing a flowchart of how the two processes (business case and service change engagement) may link together.

Assessment considerations

Quality/ Care	Advice on Service Change is a legislative requirement
Resource Implications	There are no financial implications for HIS-CE in the Reporting of Service Change Team activity.
	There are no negative implications for HIS-CE in the

	Reporting of Service Change Team activity relating to resources, capacity and capability.
Risk Management	7.4 are included within the HIS corporate risk register, No1163).
Equality and Diversity, including health inequalities	Community representation (people with lived experience) on project groups will assist organisations in meeting the Public Sector Equality Duty, the Fairer Scotland Duty and Board's Equalities Outcomes.
Communication, involvement, engagement and consultation	Information on the topics included within the report have been presented to the following: <ul style="list-style-type: none"> • Engagement Practitioner Network, 8 September 2022. • Presented to SHC Sub Committee, 20 October 2022.

4 Recommendation

The Committee is asked to:

- Note the contents of this report.

5 Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1: Active, significant service change, September 2022
- Appendix 2: Wider overview of ongoing service change, September 2022

Appendix 1 – Active Significant Service Change (September 2022)

'Status' Legend:	Red = indicates that a change is deviating from the advice we have provided and requires escalation	Amber = active public and political interest, concerns raised re proposal, a watchful brief	Green = work is progressing in line with guidance, not aware of public concern	Blue = contentious proposal, high public/ political interest, may be 'major' change
-------------------------	--	--	---	--

Organisation	Summary of Planned Service Changes	Update	Action Taken	Escalation Required?	Status
TERRITORIAL BOARDS					
NHS Ayrshire & 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, Ayr Hospital	<p>Decision Making Following a decision at Scottish Health Council Committee on 17 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</p> <p>Key Dates Forthcoming Period The West EPM/Head of Service was advised that due to operational pressures, NHS A&A's strategic lead for this project is being changed to Derek Lynsey, Finance Director.</p> <p>Update 06/10/22 Meeting held on 30 September between NHS A&A and the Head of Engagement Programmes/Engagement Programme Manager (HoEP and EPM) to discuss next steps. The consultation process has an indicative date for October 2022 – 31 January 2023.</p> <p>Specific Consideration if Major Service Change HIS-CE to provide advice on engagement/ consultation and assess activity to confirm whether this meets national guidance.</p>	<p>Key Successes As part of a package to build relationships and support internal engagement, the Service Change Advisor and NHS A&A Engagement Manager met on 15 July 2022 and agreed to scheduling four workshops for the NHS A&A and three associated HSCPs. These will be co-delivered by the SCAs and Engagement Officers.</p> <p>Update 06/10/22 Ongoing honest discussions are being held with the heads of service from both organisations to understand the pressures on NHS A&A and all parties understand that the risk sits with NHS A&A</p> <p>Key Challenges Update 06/10/22 As detailed above, discussions continue to identify the timeframe for NHS A&A to progress with understanding that HIS-CE will need to be involved as early as possible to support and quality assure their process.</p> <p>Evaluation of Engagement to Date HIS-CE's letter of 12 May 2020 recognises engagement undertaken by NHS A&A and makes recommendations for next steps re consultation. NHS A&A captured patient feedback on the interim model (2020-21), which generally appears very positive, with HIS-CE restating its recommendations for consultation (24 February 2022).</p>	No	
NHS Borders	<i>No significant service changes known about at present</i>				
NHS Dumfries & Galloway	<i>No significant service changes known about at present</i>				
NHS Fife	<i>No significant service changes known about at present</i>				
NHS Forth Valley	Primary Care Premises review: review of GP services to reflect the new General Medical Services (GMS) contract and 'right person, first time' ethos. 50 GP practices in 6 localities with the potential for many practices to be impacted by change	<p>Decision Making Initial Agreement to be submitted to SG.</p> <p>Key Dates Forthcoming Period Update 06/10/22 Next meeting date 29 September 2022</p>	<p>Key Successes A meeting was held July 2022 with regular meetings agreed thereafter. Meeting held on 12 July with NHSFV Engagement lead to discuss further engagement</p> <p>Key Challenges Each locality will be reviewed as a separate project – this may overlap but project could run for some years before completed</p> <p>Evaluation of Engagement to Date May 22 HIS-CE submitted an email with a view on engagement to date and a view on next stages.</p>	No	

NHS Grampian	Review of Maternity services model at Dr Gray's (DGH), Elgin: Service has been downgraded due to staffing issues and patient safety. It has been agreed the Consultant led service will be reinstated.	<p>Decision Making</p> <p>The plan for Model 4 was sent to the Scottish Government on 1st July 2022. The Moray Maternity Voices partnership, Keep Mum, local MPs and MSPs were briefed on its contents</p> <p>NHS Grampian have had direction from the Scottish Government. A timescale of Summer 22 has been set by Scottish Government for moving to model 4 (Community Maternity Unit linked mainly to Raigmore-Moray Networked Model)</p> <p>A timescale for moving to Model 6 (Consultant-led Maternity Unit) was due to be announced summer 22.</p> <p>Key Dates</p> <p>The board carried out engagement over July and August with service users and communities to inform their wider work at Dr Gray's and the impact assessment of the interim model.</p>	<p>Key Successes</p> <p>Attending the Grampian Maternity Communication & Engagement group to give advice on the need for ongoing engagement in the move to model 4 (interim) and model 6.</p> <p>Key Challenges</p> <p>There is ongoing community concern about the safety of the interim model and timescales for the reinstatement of the service.</p> <p>Evaluation of Engagement to Date</p> <p>No evaluation has been carried out by HIS-CE as this is an interim model.</p> <p>The Board is carrying out engagement and getting feedback on their approach via the Grampian Maternity Communication & Engagement group.</p>	No	
NHS Greater Glasgow & Clyde	Institute of Neurological Sciences (INS): Redesign of patient pathways and refurbishment /rebuild facilities. The five shortlisted options propose that INS remains on the QEUH site.	<p>Decision Making</p> <p>NHS GGC approved a draft Initial Agreement (April 2022) that was considered by the Capital Investment Group (CIG) in June 2022.</p>	<p>Key Successes</p> <p>Update 06/10/22</p> <p>HIS-CE SCA met with NHS GGC colleagues on 28 September 2022 to discuss further engagement (as outlined in our January 2022 letter). They advised communications and engagement will be taken forward once they receive feedback on the Initial Agreement from the CIG. We agreed to schedule regular meetings.</p> <p>Key Challenges</p> <p>New ways of working between NHS GGC and HIS-CE to be established. This means we do not currently have a further update on engagement plans for INS.</p> <p>Evaluation of Engagement to Date</p> <p>HIS-CE have confirmed that engagement to date was within guidance</p>	No	
NHS Highland	Lochaber Hospital: Replacement of the current facility with a new build within Fort William.	<p>Decision Making</p> <p>Initial Agreement approved by Capital Investment Group in May 2022. Major Service Template (MSC) completed by NHSH and submitted to HIS-CE on 9 May 2022 re view on the status of the proposal.</p>	<p>Key Successes</p> <p>Update 06/10/22</p> <p>SHC Committee approved Service Change Sub Committee recommendation that the Lochaber service redesign does not meet the threshold for Major Service Change.</p> <p>NHS Highland informed formally by letter from Director of HIS-CE. Stakeholder meetings continue to be held monthly.</p> <p>Key Challenges</p> <p>Submission of MSC Template out with SHC meeting cycle.</p> <p>Evaluation of Engagement to Date</p> <p>HIS-CE recognised NHS Highland had met engagement expectation for the Initial Agreement process.</p>	No	
NHS Lanarkshire	<i>No significant service changes known about at present</i>				
NHS Lothian	<i>No significant service changes known about at present</i>				
NHS Orkney	<i>No significant service changes known about at present</i>				
NHS Shetland	<i>No significant service changes known about at present</i>				
NHS Tayside	<i>No significant service changes known about at present</i>				

NHS Western Isles	Neurological Service Review of delivery of service to patients. Proposed Neurology team lead by a band 7 Neurological Nurse and Specialist nurse covering all neurological conditions	Decision Making Lead for Neurology has proposed a new service delivery model as a result of the loss of two members of the specialist nurse team Key Dates Forthcoming Period Update 06/10/22 Neurological MCN 13/10/22 HIS Review meeting 20/10/22 Meeting with Parkinsons Group 18/11/22	Key Successes Established regular 2 weekly meetings with HIS-CE Fairness Assessment and Communication and Engagement Plan drafted was shared with HIS-CE and comments provided on the content. Key Challenges Local press have carried a number of articles about the proposed change Evaluation of Engagement to Date Update 06/10/22 Engagement across the Western Isles, ongoing meetings with Neuro Hebrides and Neurological Managed Clinical Network (MCN).	Not at present	
-------------------	---	--	--	----------------	--

NATIONAL / SPECIAL BOARDS					
Public Health Scotland	<i>No significant service changes known about at present</i>				
Healthcare Improvement Scotland	<i>No significant service changes known about at present</i>				
NHS Education for Scotland	<i>No significant service changes known about at present</i>				
NHS Golden Jubilee	<i>No significant service changes known about at present</i>				
NHS 24	<i>No significant service changes known about at present</i>				
Scottish Ambulance Service	<i>No significant service changes known about at present</i>				
State Hospitals Board for Scotland	<i>No significant service changes known about at present</i>				
NHS National Services Scotland	<i>No significant service changes known about at present</i>				

Appendix 2 – Scotland-Wide Service Change Activity (September 2022)

Organisation	Service Change Overview	Status
TERRITORIAL BOARDS / LINKED INTEGRATION AUTHORITY		
NHS Ayrshire & Arran	Caring for Ayrshire – a transformational change programme for health and care services across Ayrshire and Arran over the next 10 years.	<p>Update 18/08/22 ‘Caring for Ayrshire’ – Service Change Advisor provided feedback on draft approach and engagement plan. This was collated with HIS-CE comments and submitted 28 July 2022.</p> <p>Update 06/10/22 ‘Caring for Ayrshire’ programme recommencing November 2022 with three launch events across the region.</p>
	Vascular Services	<p>Update 18/08/22 NHS A&A issued media statement on 19 July 2022 informing people that complex inpatient vascular procedures will be delivered from Hairmyres Hospital (move from Ayr Hospital) from 1 August 2022. Following engagement with four people in the support group ‘Finding your Feet’ in summer 2021, HIS-CE made recommendations for wider engagement and consideration of the EQIA (August 2021).</p> <p>Update 06/10/22 Discussion with NHS A&A by the Head of Engagement Programmes (HoEP) and Engagement Programmes Manager (EPM) discussed on 30 September 2022. This work is delayed due to system pressures.</p>
	Trauma and Orthopaedics	<p>Update 18/08/22 All trauma Orthopaedic inpatient activity is now provided at UH Crosshouse (as part of Major Trauma Network) – autumn 2021.</p> <p>Plans under development - for all elective orthopaedic activity at UH Ayr. HIS-CE made recommendations for engagement and EQIA August 2021 –awaiting further detailed information.</p> <p>In April 2022 the Scottish Government and NHS A&A confirmed the purchase of Carrick Glen Hospital (private) as a National Treatment Centre, to be used initially for elective orthopaedics.</p> <p>Update 06/10/22 NHS A&A, and HIS-CE’s HoEP and EPM discussed on 30 September 2022 meeting. The EPM will link with the CIG lead to understand the messaging from SG.</p>
HSCP: North Ayrshire	Arran Integrated Island Services	<p>Update 30/08/22 NHS A&A submitted its draft Initial Agreement to the Capital Investment Group (CIG) in August 2020 after extensive public engagement. We understand an updated draft Initial Agreement will go to the CIG mid-2023.</p>
HSCP: South Ayrshire		
HSCP: East Ayrshire		
NHS Borders	Podiatry Service	<p>Update 30/08/22 Option Appraisal on Podiatry services undertaken to consider how to meet identified need utilising partnership agencies.</p>
	Cancer Care Services	<p>Update 30/08/22 Establishing patient groups for Borders patients who have not been engaged with to date in relation to development of Lothian Cancer Services, now included within internal governance and reporting.</p> <p>Update 06/10/22 NHSB reporting that patient groups now re-established with local conversations on cancer services</p>
	Chirnside Branch Surgery	<p>Update 06/10/22 GP Practice advised that experiencing issues with staffing of Chirnside Branch Surgery, and considering the future of the practice. NHS Borders sought advice from Principal Service Change Advisor on patient representation. They now have a group of 16 people for regular engagement alongside members of a Short Life Working Group as they develop an FAQ based upon their EQIA considering options and mitigations.</p>
HSCP: Scottish Borders		
NHS Dumfries & Galloway		
HSCP: Dumfries & Galloway	Strategic Review	<p>Update 30/08/22 Ongoing Time to Talk exercise undertaken over Summer 2022, Community Development Approach to reach wider demographic HIS-CE feedback on Participation and Engagement Strategy given at meeting 15 August 2022</p> <p>Update 06/10/22 Outcome of the exercise is due to be published and will be developed into workstreams and form further engagement on identified areas of quality improvement work Meeting due 17 October</p>
	Carers Strategy Implementation	<p>Update 30/08/22 Twelve week engagement on local implementation delivery plan of national carers strategy is being planned, themes are consistent with consultation on local carers strategy</p> <p>Update 06/10/22 Meeting due 17 October 2022</p>
	Community Model Programme	<p>Update 06/10/22 Information provided and further updates will be received at meeting 17 October 2022.</p>
	West Region Maternity Services	<p>Update 30/08/22 Issues around staffing of planned perinatal service, developing engagement strategy</p> <p>Update 06/10/22 Meeting due 17 October</p>
NHS Fife		
HSCP: Fife	Review of Inpatient Mental Health Services - Review of number of inpatient beds sites across Fife due to staffing and the wards no longer being fit for purpose.	<p>Update 06/10/22 The final workshop for the service model has taken place and HIS-CE met 6 September 2022 with the project leads to discuss engagement about the locations of service before wider consultation.</p>

Organisation	Service Change Overview	Status
TERRITORIAL BOARDS / LINKED INTEGRATION AUTHORITY		
NHS Forth Valley		
HSCP: Falkirk	Review of Community Hospital and GP service	<p>Update 30/08/22 Falkirk Community Hospital Masterplan – HIS-CE attended meetings with NHS FV and HSCP. Some engagement has taken place via on-line workshops and discussions including members of the public (Led by Buchan Associates).</p> <p>Update 06/10/22 Project Group meets monthly. An email asking for clarity on an option appraisal engagement was sent by HIS-CE to the Masterplan Project Group after the August 2022 project meeting.</p>
HSCP: Stirling & Clackmannanshire		
NHS Grampian	National Treatment Centre - Development of a centre in Aberdeen in line with national development of network to provide additional capacity.	<p>Update 06/10/22 Option Appraisal was undertaken on the 7 September 2022 to identify another location as previous sites are no longer suitable. Presented to NHSG Board 6 October 2022, HIS-CE advised that further impact assessment on the preferred option is required prior to further engagement.</p>
HSCP: Aberdeen City	Northfield and Mastrick clinics - The Newburn practice who cover the locality are looking to withdraw the Advanced Nurse Practitioner clinic due to staffing issues and no longer wish to move forward with a new practice in the locality.	<p>Update 06/10/22 Met with HSCP staff to advise on involving affected patients in the impact assessment and Fairer Scotland Duty Assessment of the withdrawal of the clinic. Patients currently go the main practice and will continue to do so. Discussed if people could register at other practices that cover the locality and to explain the decision about the new build.</p>
HSCP: Aberdeenshire	Insch Strategic Needs Assessment - Aberdeenshire Health and Social Care Partnership strategic review of service needs of Insch and the surrounding areas to develop options for future health and social care services delivery models.	<p>Update 06/10/22 After the Integrated Joint Board decision to move forward with a business case in June 2022 to set up a 'wellbeing hub' and clinical space at the Insch War Memorial Hospital, there has been some concern expressed by the Friends of Insch. We understand that the HSCP are involving them in the short term and longer term solutions business case process.</p>
	Deeside Strategic Needs Assessment - Aberdeenshire Health and Social Care Partnership carried out a survey and focus group to inform a strategic review of service needs for residents of Deeside to develop options for fit for the future health and social care services delivery models.	<p>Update 06/10/22 Focus groups have been undertaken and the feedback indicated the focus of plans will be transport, communication and community led health projects. The planned option appraisal has been cancelled but we have advised that if there are plans to review inpatient beds community representation will be required in the option appraisal.</p>
HSCP: Moray	Keith Health Centre and Turner Hospital - Review of the GP premises and linked Cottage Hospital to ensure they are fit for the future.	<p>Update 06/10/22 The engagement process has restarted May 2022 with workshops to inform the options with community representation, further workshops planned for October 2022.</p>
	Burghead and Hopeman - Branch Surgery Review - The branch surgeries were closed during the pandemic as they did not meet requirements. There are ongoing issues with the age of the buildings and main surgery's ability to staff it due to ongoing staffing issues.	<p>Update 06/10/22 Consultation has started on the proposal in August 2022 to close the branch surgery and should report to the IJB for decision in October 2022.</p>
NHS Greater Glasgow & Clyde	GP Out of Hours services (GPOOHs)	<p>Update 06/10/22 Changes were made to GPOOHs services during the Covid pandemic. NHSGGC is seeking to make some of these changes permanent. It is also considering the number of Primary Care Emergency Centres it can sustain to meet overnight demand. A recent email from NHSGGC has been received to consider the support required from the HIS-CE team.</p>
HSCP: Glasgow City		
HSCP: East Dunbartonshire		
HSCP: West Dunbartonshire		
HSCP: East Renfrewshire		
HSCP: Renfrewshire		
HSCP: Inverclyde		
NHS Highland	Primary Care provision in Inverness	<p>Update 06/10/22 Service Change Advisor to progress with NHSH for further update on progress with plans Q3.</p>
HSCP: Highland		
HSCP: Argyll & Bute		
NHS Lanarkshire	General Surgery -(interim arrangement)	<p>Update 18/08/22 Board approval for continuity arrangement in place from August 2022 with plans to take forward option appraisal as part of service development (2023-24).</p> <p>Update 06/10/22 HIS-CE gave feedback on the draft EQIA on 2 August 2022.</p>
	Our Health Together	<p>Update 18/08/22 NHS Lanarkshire is commissioning research to identify priority areas for redesign and improvement. Work streams are being progressed, with each being asked to include engagement. NHS Lanarkshire aims to have a discussion document by Autumn 2022.</p> <p>Update 06/10/22 HIS-CE next scheduled meeting with NHS Lanarkshire is on 5 October 2022.</p>
HSCP: North Lanarkshire	Hospital Based Complex Clinical Care (HBCCC) – Proposal to transfer HBCCC beds from Cumbernauld Care Home to Hatton Lea, Bellshill. This will result in closure of Cumbernauld Care Home.	<p>Update 06/10/22 Awaiting further information following discussions in July. To be discussed at meeting with NHS Lanarkshire on 5 October 2022.</p>
HSCP: South Lanarkshire		
NHS Lothian	Edinburgh Cancer Centre replacement	<p>Update 06/10/22 Meeting with NHS Lothian and HIS-CE 10/10/22 in advance of paper being presented to CIG on 26/10/22. Provided with updated information on recent patient involvement in patient voice within submission to CIG and dependent upon outcome of CIG meeting will update and share with HIS-CE the communication and engagement plan.</p>

Organisation	Service Change Overview	Status
TERRITORIAL BOARDS / LINKED INTEGRATION AUTHORITY		
	Ward 20 replacement- Western General Hospital	Update 30/08/22 Due to service pressures - awaiting further information meeting tbc for Autumn 2022, contact made requesting meeting, awaiting response.
HSCP: Edinburgh City HSCP: East Lothian	East Lothian Inpatient Bed review	Update 30/08/22 Due to Service Pressures - awaiting further information meeting tbc for Autumn 22 Update 06/10/22 Meeting requested.
HSCP: Midlothian HSCP: West Lothian	St Michaels Hospital	Update 30/08/22 St Michaels Hospital was closed during the pandemic and staffing resources reallocated to support staffing pressures. The Board are undertaking an exercise looking at the number of staff required to support a small number of beds and have advised that there are ongoing staffing pressures so are looking to undertake community engagement on the future of the cottage hospital. Advice provided July 2022 re Community Engagement EQIA and Fairer Scotland Update 06/10/22 Update requested from Engagement Lead 6 October 2022.
NHS Orkney		
HSCP: Orkney		
NHS Shetland	Gilbert Bain Hospital - Replacement of the existing hospital and services in line with NHS Shetland's Clinical Strategy.	Update 06/10/22 Process at pre-Initial Agreement phase. HIS-CE met with the project lead in August 2022 to discuss community engagement in the development and appraisal of options and will have regular meetings moving forward to provide advice.
HSCP: Shetland		
NHS Tayside	National Treatment Centre - Development of a centre in Perth in line with national development of network to provide additional capacity.	Update 30/08/22 Working towards the Outline Business Case (OBC) stage with communication and engagement with the community regarding the building works at Perth Royal Infirmary. Identification of further engagement, about the impact assessment and design of the building as the OBC is submitted. Update 06/10/22 Meeting of 11 October 2022 has been postponed NHST undertaking to update the impact assessment.
	Mental Health Services Strategy implementation	Update 30/08/22 An external Oversight and Assurance Group for Mental Health Services in Tayside, providing quarterly reports to the Minister for Mental Health, including the implementation of a previous decision about inpatient provision. The Engagement Officer sits on the Strategy Communication & Engagement Group and HIS-CE is contributing to a HIS-wide discussion about Mental Health service in Tayside. Update 06/10/22 The external oversight group have reported to SG September 2022. HIS-CE have been advised that the Strategy Communication & Engagement Group are no longer meeting.
HSCP: Angus	Review of Specialist Dementia discharge pathway - Review of the discharge pathway from inpatient services	Update 30/08/22 An Option Appraisal to develop pathways was put on hold due to staffing availability but is expected to move forward later this year. Surveys have been used to gather feedback from families and carers to inform the process. Update 06/10/22 Have contacted the HSCP for an update, advised that the project should be restarting shortly however awaiting a timeline for this development.
	Care of the Elderly inpatient beds - Review of bed structure put in place due to the pandemic. The Integrated Joint Board has asked the HSCP to undertake engagement regarding making the interim model permanent (Moving all beds to Whitehills Forfar and closing beds at Stracathro) due to the ward at Stracathro no longer meeting standards.	Update 30/08/22 We gave advice to the HSCP on engagement and they have held two engagement events and are using the feedback received to inform an impact assessment and Fairer Scotland Duty Assessment. Update 06/10/22 The findings will be presented to the October IJB meeting for a decision.
HSCP: Dundee City HSCP: Perth & Kinross		
NHS Western Isles	Mental Health Strategy - development of a Mental Health Strategy for the Western Isles	Update 30/08/22 Workshops were held in December 2021 for staff/3 rd sector and other stakeholders. Offer of further support was given by HIS-CE after the lifting of emergency footing – offer has been accepted but no date agreed
	St Brendan's Hospital/Hub - proposed Development of an integrated health and community hub	Update 30/08/22 NHSWI carried out engagement historically but no update in recent months – In partnership with Local Authority engagement is being conducted by Hub North on proposals with a focus on non-health elements of the hub project
HSCP: Western Isles		

NATIONAL / SPECIAL BOARDS		
Public Health Scotland		
Healthcare Improvement Scotland		
NHS Education for Scotland		
NHS Golden Jubilee (National Waiting Times Centre)	Scottish Adult Congenital Cardiology Service	Update 18/08/22 Patient feedback being collated and 1-2-1 interviews with patients.
NHS 24		
Scottish Ambulance Service	Strategy Development Framework 2021-2030	Update 30/08/22 Advice and support provided through meetings on 8 December 2021 and 4 May 2022 and email regarding the communication and engagement around the SAS Strategy for 2030
	Glasgow South Station Hub Development	Update 06/10/22 Initial agreement going to CIG on 28 September 2022. View on engagement to date submitted to CIG 19 September 2022.
	Air Ambulance Re procurement	Update 30/08/22 Advice and support provided via meetings on 21 December 2021 and 20 September 2022 and via email regarding engagement for the air ambulance re-procurement service change
State Hospitals Board for Scotland		
NHS National Services Scotland		

Healthcare Improvement Scotland

Meeting:	Scottish Health Council Committee
Meeting date:	17 November 2022
Title:	Governance for Engagement Sub-committee
Agenda item:	3.4
Responsible Executive/Non-Executive:	Lindsey McIntosh, Interim Director of Community Engagement
Report Author:	Tony McGowan, Head of Engagement and Equalities Policy
Purpose of paper:	Awareness

1. Situation

To provide the Committee with an update on progress with Cycle 2 of the Governance for Engagement sub-committee and associated process, include the adoption of revisions and learning from Cycle 1.

2. Background

The Governance for Engagement sub-committee process seeks to identify and improve upon good engagement practice through practical examples from Healthcare Improvement Scotland (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;
- Evaluation activities that provide meaningful feedback to stakeholders, and readily demonstrate the outcomes and impact of the specific engagement undertaken; and
- 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.

3. Assessment

3.1 The 2021/22 (Cycle 1) report set out a number of areas for process improvement determined by the sub-committee:

- Proforma submissions in Cycle 2 require updating only, with presentations focusing on progress from last year along with any new developments;
- Encouragement of sharing readily available data and metrics on engagement activities to support the evidence and examples provided to gain more rounded assurance on distance travelled and levels of attainment;
- Desire to see the process work equally well for corporate directorates, with encouragement to focus on gaining public views to inform organisational strategies, corporate plans and communication approaches, and non-executive director applicant feedback to shape potential improvements in process and messaging;
- Ensuring clarity between the respective governance roles of the Scottish Health Council Committee and the Staff Governance Committee with respect to this process, which is about scrutiny of the design and methodology used in engagement activities that assist in fulfilling the organisation's legal duties; and
- Need for continued understanding when scrutinising HIS' engagement activities that the organisation remains positioned a step away from patients and communities (i.e. in the vast majority of cases it does not deliver services direct to them).

3.2 At the time of writing (November 2022), Cycle 2 is currently underway. The focus on directorates and teams providing progress updates from Cycle 1 is working well, with positive feedback gained from Directors and other participants including sub-committee members. Evaluation feedback is being sought immediately after sub-committee meetings to ensure timely consideration of any amendments or other observations about the process.

3.3 Process alignment to the Quality Framework for Community Engagement is the intention for Cycle 3. This will be dependent on progress with the Scottish Government's *Planning With People* guidance – the next iteration of which is due in spring 2023. Sub-committee members will be guided on the exact timing of process alignment by the Director of Community Engagement and the Head of Engagement and Equalities Policy.

At the point when two cycles of Governance for Engagement have been completed, it is anticipated that HIS will be able to engage successfully with the Quality Framework process.

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 has a direct positive impact in supporting HIS to ensure its delivery areas and work programmes are successful.
Resource Implications	None out-with existing core funding.
	There is an expected positive impact on staff wellbeing 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 sub-committee's governance role with respect to this is set out within its Terms of Reference.
Communication, involvement, engagement and consultation	The arrangements to support Governance for Engagement have been considered during the Scottish Health Council review process, and over the past two years by the Committee the HIS Executive Team. Their feedback has informed the process throughout its development.

4 Recommendation

The Committee is invited to note the progress with the Governance for Engagement process, including the adoption in Cycle 2 of recommendations from the first cycle. No recommendations for consideration are made in this paper.

5 Appendices and links to additional information

No appendices.

DRAFT MEETING MINUTES – V 0.4 Service Change Sub-Committee

Meeting of the Scottish Health Council Service Change Sub-Committee

Date: 20 October 2022

Time: 10.00 - 12.00

Venue: MS Teams

Present

Suzanne Dawson, Chair (SD)

Lindsey McNeill, Interim Director, Community Engagement (LM)

Dave Bertin, Committee Member (DB)

Nicola Hansen, Committee Member (NH)

Tony McGowan, Head of Engagement and Equalities Policy (TMG)

Derek Blues, Engagement Programmes Manager- Service Change (DBI)

In Attendance

Denise Symington, Principal Service Change Advisor (DS)

Louise Wheeler, Service Change Advisor (LW)

Emma Ashman, Service Change Advisor (EA)

Carmen Morrison, Service Change Advisor (CM)

Service Change Sub-Committee support

Stuart Waugh, Service Change Administrator (SW)

Apologies

Alison Cox, Member (AC)

Elizabeth Cuthbertson, Member (EC)

Claire Curtis, Acting Head of Engagement Programmes (CC)

1.	Welcome and Apologies for absence	<u>ACTION</u>
1.1	Welcome, Introduction and Apologies	
	The Chair (SD) welcomed everyone to the meeting via MS Teams. Apologies were noted from Alison Cox. Elizabeth Cuthbertson and Claire Curtis.	
1.2	Draft minutes of meeting (18/8/22) Review action points and matters arising	
	The draft minutes of the Service Change Sub-Committee Meeting, held on 18 August 2022, were approved as an accurate record of the meeting.	
1.2.1	Action Points	
	Update on Actions	

	<p>Action 1 – DBI updated that comments had been fed back to The Scottish Government review of Planning with People. The publication of this guidance is now expected in Spring 2023.</p> <p>Action 2 – This action remains paused due to the personal circumstances of John Glennie. DBI reiterated that the Sub-Committee’s thoughts were with John at this time. SD shared she hoped to meet with John before Christmas and will feed back to the Sub-Committee on the status of this action.</p> <p>Action 3 – This action will be discussed by Healthcare Improvement Scotland Community Engagement (HIS-CE) Directorate Management Team (DMT). This will link to DMT’s work on delegated decision making and the timeline for this.</p> <p>Action 4 – Proposed to close action. Agreed by Sub-Committee.</p> <p>Action 5 – Action will remain on the log, most recent update still current.</p> <p>Action 6 – Action will remain on the log, work is just starting.</p> <p>Action 7 & 8 – Proposed to close both actions. Agreed by Sub-Committee.</p> <p>Actions 9 & 10 – Both actions on agenda for today’s meeting.</p>	
2.	Strategic Business	
2.1	Institute of Neuro Science	
	<p>DS informed the Sub-Committee that she had recently attended the Capital Investment Group (CIG). Whilst there the group heard a presentation from NHS Greater Glasgow and Clyde (NHS GG&C) Planning Team on their engagement work. DS agreed to share this presentation with the Sub-Committee.</p> <p>LW updated the Sub-Committee on her work with NHS GG&C and the Institute of Neurological Sciences. LW gave a briefing of the current service, proposed development and meeting with NHS GG&C Planning team. SD noted that it would have been helpful to have had sight of a paper in advance of this agenda item and LW agreed to share a briefing note with the Sub-Committee.</p> <p>Following this meeting with the Planning Team, LW has also had discussion with the Patient Experience and Public Involvement team and will have a follow up meeting in early November.</p> <p>The question arose as to whether this work could be considered service change or if it would be service development. LW informed that whether service change or service development, HIS-CE would be involved under the SCIM (Scottish Capital Investment Manual) process.</p>	<p>DS to share NHS Greater Glasgow & Clyde presentation with the Sub-Committee</p> <p>LW to share briefing note from meeting with NHS Greater Glasgow & Clyde planning team</p>

	<p>There was discussion around whether this would qualify as Major Service Change particularly given the amount of spend. LW advised that it wouldn't be considered Major Service Change at this stage as a view could not be given until initial engagement work with the wider public is carried out. The process for establishing whether or not Major Service Change may be followed to determine this.</p> <p>DS informed the Sub-Committee that Paul Mortimer from the Capital Investment Group (CIG) was giving a presentation to all boards about CIG. This will include presenting to the Service Change team who will feed back at a future meeting.</p>	
2.2	General update on service change activity	
	<p>DS advised the Sub-Committee that comments provided by Service Change team on the update to Planning with People guidance were used as part of the wider response by HIS. It was noted that the comments from the Service Change team made up a large part of this response and will be involved in this update going forward.</p> <p>DS updated on the Engagement Practitioner's Network (EPN). Louise White (Senior Policy Manager, Person Centred and Participation, Scottish Government) attended EPN (September 22) and made good contact with many Engagement Practitioners and noted this would inform Scottish Government work going forward.</p> <p>There was a question regarding whether engagement practitioners out with statutory services, i.e. third sector organisations, could attend the EPN. EA advised that a practitioner from Scottish Recovery Network attended the last meeting and there was valuable discussion. The wider link to third sector and other services could be explored. It was noted that EPN was initially developed for Health and Social Care engagement and planning colleagues, and that The Alliance runs an existing network for the third sector. The link between these groups and other networks could look to be developed and joint events between networks may be considered. There was support for this from the Sub-Committee.</p> <p>The Sub-Committee was informed that engagement work had started in NHS Western Isles on neurological services following contact between CM and Alana Martin, Engagement Officer in the HIS-CE Western Isles office.</p> <p>NHS Lothian have been in touch with the Service Change team to discuss engagement work and meetings for this are in the diary.</p> <p>It was requested that the demonstrating engagement process for service change flowchart mentioned in the update paper under 6.3 be shared with the Sub-Committee. DS agreed to share.</p>	<p>DS to share flowchart demonstrating how the engagement process for</p>

	<p>There was a question on why the Mental Health Services Group in NHS Tayside had come to an end. EA informed that a replacement group, or perhaps a panel similar to the Citizens' Panel, with greater focus on engagement was being considered. The Service Change team, along with CE Tayside office colleagues, are still involved in individual pieces of work to do with mental health services in NHS Tayside until the group or panel is formed.</p>	<p>service change with the Sub-Committee</p>
2.3	National Treatment Centres	
	<p>EA & LW updated on supporting engagement on the topic of National Treatment Centres. A paper is being developed on expectations for engagement particularly around a person-centred care approach.</p> <p>The Guidance Note paper was circulated prior to the meeting and has been brought to the Sub-Committee for comment and approval.</p> <p>DB raised a point as to whether the sentence "Community representation (people with lived experience) on project groups planning the communication and engagement process." needed the words "people with lived experience" as the group would require representation from the wider public and not just those with lived experience. The Sub-Committee agreed on a new wording of: "(including people with lived experience)".</p> <p>There was a suggestion to list the contact emails of each Engagement Office rather than link to the page with them on the HIS-CE website. This was agreed to be considered alongside Communications guidance and HIS house style.</p> <p>NH asked if there will be some frequently asked questions guidance when engaging as some issues, such as transport, will be consistent in all engagement work. EA advised the EQIA guidance should cover frequent issues but can clarify the wording in the guidance around this.</p> <p>DBI responded to a question on how this work fits with the wider re-connection work ongoing. DBI advised that all HIS-CE work will be on the table in the reconnection work and the guidance for National Treatment Centres will be included in that</p>	<p>EA & LW to change wording of Guidance Note from "(people with lived experience)" to "(including people with lived experience)"</p>
2.4	Update on Quality Framework for Engagement	
	<p>DBI shared that the Draft Quality Framework for Engagement was moving forward and discussion is ongoing with pilot sites testing the framework. There is a need to align with Planning with People development. Mindful that this has been delayed until Spring 2023 and so concern over potential contradictions between the two. There are discussions with the Care</p>	

	<p>Inspectorate regarding the continuation of co-badging the self-evaluation statements as part of the Quality Framework.</p> <p>There are internal discussions with HIS-CE DMT on the best approach to expand confidence, knowledge and understanding of the Quality Framework across the directorate. TMG advised that HIS will be using the self-evaluation tool within the Quality Framework as part of our internal governance for engagement work.</p> <p>There has been some discussion on asking test sites to create a video detailing their experience of the Quality Framework and the benefits of it. The Sub-Committee was supportive of this.</p> <p>In response to a question, EA advised that the Quality Framework is principally aimed at NHS Boards. However when discussing impact with East Renfrewshire Health & Social Care Partnership, there was reflection on Community Planning impact.</p>	
2.5	Update on the planned evaluation of the Internal and External workshops	
	<p>CM advised that an SBAR or Terms of Reference for the Evaluation of workshops short life working group would be developed. The purpose of this group is to look at the effectiveness of workshops both in terms of uptake and impact. It is believed that the content and uptake of the workshop was good but measuring impact and the effect this is having on engagement is key, the Sub-Committee agreed with this. CM currently pulling together background information to share with SLWG members with a meeting scheduled for 31 October.</p> <p>SD noted that a pilot non-executive workshop is being planned for HIS Board members, initially as part of induction programme for current cohort of new members with invitations to be shared with wider Board membership.</p>	
2.6	Internal Audit of HIS-CE Service change function	
	<p>DBI updated the Sub-Committee that CED Senior Management Team have been working closely with our external auditors to finalise their Audit Planning Brief (APB) and provided them with suggested changes last week.</p> <p>The APB sets out 2 key risks along with a number of controls for each and they will undertake activity to assess the controls against the risks. This activity will include a review of the materials, reports and templates used in service change along with discussions with a number of individuals including Engagement Programme Managers and Service Change Advisors. They plan to commence that activity over 8 days in the week commencing 31 October to then produce a draft report for comment before finalising a report for the audit and risk committee.</p>	

2.7	SHC- Service Change Sub-Committee Terms of Reference	
	<p>SD reiterated that the purpose of the Sub-Committee was as an advisory function to the chair and director as well as providing recommendations to the full Scottish Health Council Committee. The Sub-Committee was first formed to allow for wider discussion on Service Change items that wasn't possible at the full committee meetings. This is reflected in the current terms of reference for the Sub-Committee although recognition that there may be a need to update some of the content.</p> <p>The changes to the Planning with People guidance and current internal audit may impact the role of the Sub-Committee and the Terms of Reference and it may be advisable to delay rewriting them until publication of this guidance in Spring 2023 and completion of the audit. SD asked Sub-Committee if they were content with the current Terms of Reference until then and Sub-Committee agreed. SD and LM will review the current Terms of Reference to ensure nothing needs to change between now and Spring 2023. Development of Terms of Reference to be on Action Log until full revision alongside Planning with People guidance and internal audit.</p>	<p>SD and LM to to review current Terms of Reference and ensure nothing needs changed before full revision in Spring 2023</p> <p>Revision of Terms of Reference to be added to Action Log until full revision takes place alongside PwP and Internal Audit.</p>
3.	CLOSING BUSINESS	
3.1	AOB	
	<p>DBI advised that Director of Nursing for Fife has been in contact with interest in the Quality Framework. The Chair of NHS Dumfries & Galloway has also been in touch around engagement work.</p> <p>LM informed Sub-Committee that DMT have begun planning for 2023/24 and what work to take forward and what can be paused. This will involve discussions with Scottish Health Council Committee and HIS Board.</p>	