Healthcare Improvement Scotland

Scottish Health Council Meeting Agenda V1.0

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

Date: 25/05/2023
Time: 10.00-12:30
Venue: Delta House, Glasgow
Contact: Susan Ferguson
07866 130791
Joining via Teams
Click here to join the meeting

Note: the format of the SHC agenda aligns with the terms of reference for the Board, agreed in June 2019. This in turn aligns with the blueprint for good governance.

Item	Time	Agenda item	Lead Officer	Report
1.	OPENING BUSINESS			
1.1	10.00	Welcome, Introduction and apologies	Chair	Verbal
1.2	10.05	Draft Minutes of Meeting (02/03/2023)	Chair	Paper
1.3	10.10	Review of Action Point Register	Chair	Paper
2.	COMMITTEE GOVERNANCE			
2.1	10.15	Business Planning Schedule 2023/24	Chair	Paper
2.2	10.20	Director's Update	Director	Paper
2.3	10.35	Operational Plan Progress Report	Operations Manager	Paper
	10.50	Comfort Break		
2.4	11.00	Risk Register	Director	Paper
3.	STRATEGIC BUSINESS			
3.1	11.10	Focus on the new Vision -Evidence	Acting Head of Engagement Programmes	Paper
3.2	11.30	Focus on the new Vision	Head of Engagement and Equalities Policy	Paper

NHS SCOTLAND

		-Improvement		
3.3	11.50	Focus on the new Vision- Assurance	Acting Head of Engagement Programmes	Paper
4.	**RESERVED BUSINESS**			
4.1	12.10	Service Change Sub-Committee Minutes of Meetings 20 February 2023 20 March 2023 21 March 2023 11 May 2023 (Draft)	Engagement Programmes Manager	Paper
5.	**ADDITIONAL ITEMS of GOVERNANCE**			
5.1	12.15	Key Points	Chair	
6.	**CLOSING BUSINESS**			
6.1	12.20	AOB	All	
6.2	12.25	Meeting Close		
7.	**DATE OF NEXT MEETING**			
7.1		24 August 202324 Via Teams 10.00-12.30		

Healthcare Improvement Scotland

SHCC MINUTES – v0.1

Meeting of the Scottish Health Council Committee

Date: 02 March 2023
Time: 10:30am-13.00pm
Venue: MS Teams

Present
Suzanne Dawson, Chair (SD)
Nicola Hanssen (Vice Chair) (NH)
Michelle Rogers, HIS Non-Executive Director Member (MR)
Dave Bertin, Member (DB)
Simon Bradstreet, Member (SB)
Emma Cooper, Member (EmC)
Jamie Mallan, Member (JM)

In Attendance
Clare Morrison, Director of Community Engagement (CM)
Tony McGowan, Head of Engagement & Equalities Policy (TM)
Claire Curtis, Acting Head of Engagement Programmes (CC)
Derek Blues, Engagement Programmes Manager (DBl)
Richard Kennedy McCrea, Operations Manager (RKM)
Rosemary Hampson, Public Involvement Co-ordinator (RH) Item 2.6
Rosie Tyler Greig, Equality and Diversity Advisor (RTG) Item 2.5
Robbie Pearson, Chief Executive Healthcare Improvement Scotland (HIS) (RP) Item 3.2
Jane Illingworth, Head of Planning and Governance (JI) Item 3.2
Joy Vamvakaris, Social Research Analyst (Observer)
Helen Gourlay, Area Manager (Observer)
Kevin Ward, Area Manager (Observer)

Apologies
Elizabeth Cuthbertson, Member (EC)

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

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

1.	**OPENING BUSINESS**	ACTION
1.1	**Chair's Welcome, Introductions and Apologies**	
	The Chair (SD) welcomed everyone to the meeting, and introduced Clare Morrison (CM) who joined her first Scottish Health Council Committee (the Committee) meeting as Director of Healthcare Improvement Scotland-Community Engagement.(HIS-CE) A welcome was also extended to those who were observing.	

	Apologies were noted as above.	
1.2	**Draft Minutes of Meeting**	
	The draft minutes of the Scottish Health Council Committee (SHCC) meeting, held on 17 November 2022, were approved as an accurate record of the meeting. A query was raised on page 5/10 of the minute relating to the ask from the November meeting, that the differences volunteers offer the service compared with paid staff (and not just at times of system pressure) be raised at the next Volunteering Advisory Board meeting. **Action** TMG to confirm with Janice Malone, Volunteering Manager, if the point raised had been progressed to the Volunteering Advisory Board meeting and was there an outcome?	**TM**
	Matters arising	
	There were no matters arising.	
1.3	**Review of Action Point Register**	
	The Committee reviewed the Action Point Register and were advised that a conversation had taken place with NHS Education Scotland (NES) around organisational learning and the development and non-executive workshops. A request was made to close Action point 1.6 HIS Strategy Update as progress had been made and this action was no longer relevant. The Committee were content to close this action (1.6) and noted the Action Point Register.	
1.4	**Business Planning Schedule**	
	The Business Planning Schedule for 2022/23 was presented to the Committee for noting. The Committee noted the Business Planning Schedule.	
1.5	**Proposed Business Planning Schedule 2023/24**	
	The Committee were presented with the 2023/24 Proposed Business Planning Schedule for approval. A point was raised on whether the directorate restructure should be included on the Business Planning Schedule 2023/24. After discussion, it was agreed that this would be incorporated into the Director's quarterly report under the heading of Development and Progress to provide the Committee with assurance needed. The Committee approved the Proposed Business Planning Schedule	

1.6	**Director's Update**	
	The Director of HIS-CE (CM) provided a paper to the Committee, highlighting this was her first report and covered work undertaken since joining in January 2023 and included future plans for Quarter one 2023/24. The following points were highlighted for discussion and approval; 1. Priority to set a clear future direction for the directorate's work and structure. 2. Provide better clarity around internal and external engagement and what is expected of the directorate. 3. Provide better stability to the directorate after a long period of uncertainty around interim structure. 4. Planning with People (PWP) guidance, she advised the Committee that two meetings had taken place with the Scottish Government (SG) around the need to clarify the directorate's role in assurance of engagement with the integration authorities. It was highlighted that wording had now been agreed but was still in draft form and not yet published. It was also highlighted there may be a slight delay in the PWP document being published due to the changes in SG at this time. The Committee felt assured with the update provided from CM and looked forward to discussing the HIS-CE vision later in the agenda.	
2.	**SETTING THE DIRECTION**	
2.1	**SHCC Draft Annual Report 2022/23 & Terms of Reference**	
	The Chair (SD) presented the SHCC Draft Annual Report 2022/23 and Terms of Reference (ToR) for the Committee's comment and approval. It was noted that there is a requirement for all HIS governance committees to produce an annual report and review the ToR in order to provide assurance to the HIS Board. It was also noted that the ToR would be reviewed at the SHCC meeting on Thursday 28 August 2023. The Committee were content with both the SHCC Draft Annual Report for 2022/23 and ToR. However, suggested that a relook at some of the grammar used in the report, in particular the length of the sentence under Paragraph C. Commentary, starting with 'The Committee Members will support the implementation of a final structure' Assurance was provided to the Committee, that the use of plain English is something that is being focused on at present throughout HIS. **ACTION** CC to relook at the grammar and amend as appropriate, in particular the sentence under Paragraph C. Commentary, starting with 'The Committee Members will support the implementation of a final structure'	**CC**

2.2	**Remobilisation and Operational Plan Progress Report**	
	The Operations Manager (RKM) presented a paper to the Committee for information, advised that this was a review of the last quarter, and noted it will also lead into agenda item 2.3. The following key points were highlighted from the report; 1. The report provides an update on the impact and difference that has been made in the last quarter based on building capacity, raising awareness and increasing diversity and inclusion. The report is also aligned to the work CM has been working on in respect of the directorate's strategic vision. It was noted that this is an irrative report and will evolve to accommodate any future changes made with the new strategy. 2. Building Capacity-advised some colleagues are reviewing the approach to evaluation and the importance that the Committee are being supplied with the correct level of information that provides assurance in the work the directorate are involved in and demonstrates the positive impact. 3. Raising awareness working with maternity services, have helped publicise the work with the Scottish Perinatal Services. 4. Diversity Inclusion-In November a successful engaging with disabled participants webinar and how being aware of barriers which can affect their involvement took place. It was noted that this is something that will be continued as it highlighted the various options that are available to disabled people to enable them to take part. The Committee thanked RKM for the update and raised the following points; 1. Report works really well with the use of graphics, soft quotes and clear examples provided with inclusion of testimonials. 2. Sought assurance on Page 29/164, Opportunities of location of our work. How far does this location neutral go? 3. Inclusion of relationship working is important and should be included in the report going forward. 4. Email bulletin felt like a good way to share information, it would be useful to see what content people are engaging in. In response to the points raised the following assurance was provided to the Committee; 1. Advised the Committee of the importance of having geographical coverage of staff across the country and noted this was part of HIS CE's strengths. Highlighted the importance of not being defined by the location we live in and noted that going forward, this is something that will be built into the directorate's model as this provides colleagues with a greater opportunity to consider roles that previously out with their geographical area. 2. Noted that colleagues have benefited from having visibility of the quarterly reports that are now shared with the directorate post the Committee meeting and based on the feedback received, gave them insight into the work that they are doing and that of others. 3. Advised that the platform used for the email bulletin allows the	

		team to see the data of what people are looking at and going forward the intention is to be more proactive in sharing information for all HIS. The Committee noted the Quarter four report and were content to continue with this way of reporting.	
2.3	**Engagement Programmes Update**		
	The Acting Head of Engagement programmes (CC) provided the Committee with a verbal update of the plans for future programmes of work and highlighted the following points; 1. Building capacity- Advised that DB, Engagement Programmes Manager (EPM) would provide the update on Quality Framework (QF) later in the agenda and noted this will be a big programme of work in the coming months when PWP is published. 2. Highlighted that the Engagement Practitioners Network (EPN) and Volunteering will move into our learning system work. 3. Raising awareness, advised that for the webinar programme for rest of the year, staff are being encouraged to engage in collating the information and requests for these to align this more with the whole directorate. 4. HIS Website development, work is being carried on the HIS website to improve its content and ease of use. It was advised that RKM could provide more detail around this. 5. Increasing diversity and inclusion, noted that Citizens Panel 12 is out and active at present and was oversubscribed in terms of submissions. 6. Highlighted that Gathering Views has moved at pace and now at capacity with five requests being put forward for this year. It was also highlighted that the importance of choosing those that have the biggest impact for us and for the needs of the system is now being considered. The Committee found the update useful and thanked CC for the verbal update.	
2.4	**Risk Register**		
	CM provided a brief update on both risks listed on Risk Register; Risk 1077- has continued to show as a medium risk, and is subject to re-assessment in accordance with the new risks currently being developed in alignment to the directorate's new strategy and aims. Risk 1163- is currently showing as high following the application of a cautious risk appetite. After discussion, it suggested that risk 1077 is now ready for rewording as the directorate has moved on from the launch in April 2020 and should reflect on the directorate's new strategic vision. The Committee noted the content of the risk register and agreed to the change of wording to risk 1077.	

	Action CM to reword Risk 1077.	**CM**

2.5	**Equality Mainstreaming Report**	

The Equality and Diversity Advisor (RTG) presented a paper on the Equality Mainstreaming Update Report for discussion and awareness and highlighted the following points;

1. Advised that the Equality Mainstreaming Update Report was considered at both Partnership Forum and Executive Team (ET) meetings and was well received at Staff Governance meeting, who provided some helpful feedback for the report.
2. Noted that the report is on track to be published in April 2023 and provided the key points of the report including;
-Good progress has been made towards the equality outcomes that were set back in 2021 which included the work of the staff equality network updates.
-Positive action that's is more focused on mainstreaming, including Gathering Views Community Engagement work, Carers Positive group and the development of the Scottish Bairns Hoose model.
3. Noted that the team are looking at the feedback received to date for their action plan which will help where they will focus their attention on before the main report is published in April 2025.
4. Advised that this report is for all of HIS and would welcome any comments or feedback from the Committee on this draft.

The Committee thanked RTG for the update and raised the following points;

1. A question relating to the four equality outcomes was raised about the wording and connotation behind it and was the intention to ensure both would be equalised. (Equality outcomes 3 and 4)
2. It was suggested that a breakdown of ethnicity for volunteers would be beneficial in the report.
3. A question on whether health inequality would be considered in the report as there isn't much information on this at present.
4. On Equality Impact Assessments (EQIAs), a question was raised on the inclusion of poverty exclusion and rural isolation in the report.
5. On Statistical information, it was asked if statistics on volunteering and the services we are delivering could be incorporated into the report to provide to help identify the progress that has been made.
6. It was a very thorough and clear report. It showed significant activity and importantly described learning from monitoring and evaluation and the application of that learning.

In response to the feedback and points raised the following assurance was provided to the Committee;

1. Framing of equality outcomes, provided the rationale for this on equality outcomes 3 and 4, noted that there is work still to be done on this, and will be taken forward.
2. Advised that talks around inclusive volunteering is taking place with colleagues and the volunteering team to discuss what can

		be done going forward. It was noted that the launch of the People's Experience Volunteers was another attempt to diversify the approach to volunteering.	
		3. Advised that the wording for health inequality would be reviewed.	
		The Committee thanked RTG for the report and looked forward to seeing the finalised version with the additional comments added from today's meeting.	
		It was agreed that if any of the Committee members have further comments, these should be sent by email to RTG before 20th March.	
2.6	**Corporate Parenting and Children's Rights Report 2023**		
		The Public Involvement Co-ordinator (RH) presented a paper to the Committee for discussion and approval and highlighted the following points;	
		1. Advised the combined Corporate Parenting and Children's Rights report has been concluded by the Executive Team. It was noted that contribution to this report had been made by both the Children and Young People Working Group (CYPWG) and the Young People Key Delivery Area Network (CYPKDAN)	
		2. Noted that HIS are required to publish this report every three years, and highlighted this was the first time both reports have been combined.	
		3. Advised that the report is due to be published in April 2023 and currently linking in with colleagues from HIS-CE and Communications team to produce an animation or video to accompany the report making it more accessible for children and young people.	
		4. Noted that good progress had been made in delivering the actions from the 2020/23 report and provided some examples.	
		5. Highlighted that the new plan for 2023/26 links to the United Nations Convention on the Rights of the Child (UNCRC).	
		The Committee thanked RH for providing the overview of the report and raised the following points;	
		1. Noted that following the Quality Performance Committee, there appeared to be a slight lack of understanding around the meaning of Corporate Parenting and highlighted there is a possibility of a development opportunity on this with training on the meaning.	
		2. Applauded the successful combination of the two reports and found this worked very well.	
		3. A question was raised about the morality of paying children to give their thoughts, would this be the right thing to do.	
		4. Thought there was a contrast between this and the other reports discussed at today's meeting and suggested the report could benefit from clearer reporting on what's happening and the impact it's had. Highlighted that this should be look at for future reporting.	
		5. A recommendation was made that the evidence of impact could be highlighted in the animation being produced for the report.	

	The Committee approved the Corporate Parenting and Children's Rights Report 2023	
2.7	**Service Change Sub-Committee Update/ NHS Greater Glasgow & Clyde GP out of hours service**	
	The Engagement Programmes Manager (EPM) (DB) provided the Committee with and an update on the Service Change Quarter four report and highlighted the following key points; 1. Service Change audit took place end of 2022 and is now finalised with agreed management actions. The report was also presented to the Audit and Risk Committee. To provide assurance to the Committee there is also detailed action plan based on the feedback from the finalised Audit. 2. Highlighted that an extraordinary meeting took place on 20 February 2023 with the Service Change sub-committee to agree if Greater Glasgow and Clyde (GG&C) GP out of hours service met the threshold for major service change. No decision was made at the meeting and conversations are still currently taking place with SG. 3. Consultation process for Ayrshire and Arran Chemotherapy has now commenced and will run from February until May 2023. DBI extended thanks to Denise Symington, (DS) Service Change Supervisor, for the level of detail provided in the appendices and informed the Committee that this was the last SHCC meeting she would be attending as her secondment ends. The Committee also echoed DBI's comments and sent best wishes to DS in returning to her substantive post. SD noted that a meeting with our SG sponsor will take place on the 15 March, which the Chief Executive (RP) CM and herself will attend to discuss the GG&C GP out of hours service, and advised the Committee that an updated would be provided. CM added an additional point on the opportunity to add further wording to the draft of PWP as this is still not finalised. The Committee thanked DBI for providing the update.	
2.8	**Governance for Engagement Sub-Committee Update**	
	The Head of Engagement and Equalities Policy (TMG) presented a paper to the Committee for awareness and highlighted the following points; 1. Noted that Cycle 2 was on track with the next meeting taking place on 9 March with a pre meeting arranged on the 6 March. The pre meeting will discuss the two submissions from the Evidence Directorate and the Communications team. 2. Highlighted the indicative timeframe from the paper provided and advised the aim is for the full programme for Cycle 3 will be in alignment with the Quality Framework and the self-assessment statements by end of July 2023, providing PWP is published on time.	

	SD thanked TMG for the feedback sessions he provides each of the directorates. The Committee noted the content of the paper.	
3.0	**SETTING THE DIRECTION**	
3.1	**Quality Framework for Community Engagement and Participation Update**	
	DBI provided an update to the Committee for approval and highlighted the following three points; 1. Internal activity - Completed training sessions with all HIS-CE staff who were available in readiness to support partners in using the Quality Framework (QF) 2. Next steps –Further to discussions with the Care Inspectorate they have confirmed they are happy to continue co-badging the self-evaluation materials. 3. Working closely with Communications team around the use of plain language, making it accessible and user friendly as possible in preparation for publishing. The Committee approved the publication of the Quality Framework in line with the Scottish Government's *Planning With People* guidance. SD thanked the Team for the all the work that had gone into it in readiness for publication and extended thanks to the Boards who took part in the testing process.	
3.2	**HIS Strategy Update to Community Engagement**	

	A welcome was extended to both the HIS Chief Executive (RP) and the Head of Finance, Governance and Planning (JI) who provided the Committee an update on the HIS Strategy which has been in the planning for the last 18 months.
	
	RP invited JI to present the slide deck that provided an overview of the new HIS strategy. It was noted that there was no copy of the HIS Strategy to share as this between drafts at present but will be shared with the Committee at the same time as it goes out to Boards at the end of March.
	
	The following key highlights were shared with the Committee;
	1. Clearer articulation of HIS' unique value and national leadership role.
	   - inclusion of statutory functions and cross-cutting principles e.g. voice of people; evidence
	   -particular emphasis on safety and quality in challenging context.
	2. Greater clarity around our vision for health and care versus HIS' specific contribution.
	   - Clarity around support for the workforce (safe staffing, leadership and creating the conditions for improvement).
	   - Stronger reflection the extent of HIS' collaboration with other organisations in the delivery of our work
	3. Reflective of Community Engagement vision.
	   - Clearer statements of our vision and plans for meaningful	

	engagement. - Across the strategic priorities. Next steps for the draft ; -Final draft to ET on 7 March, which will include case studies. -Further discussions with Partnership Forum and SG. -Communication Team to design and review to ensure accessibility and use of language. -EQIA is being developed with support from HIS-CE. -HIS Board to sign off 29 March 2023, with formal strategy launch April 2023. SD thanked JI for providing the update and asked if there would be an opportunity for the Committee to provide feedback around the draft. It was agreed that the Committee would get sight of the draft a week before it is presented to the Board on the 29 March to allow time for comments and feedback. This will be collated by SF to allow SD, NH and MR to provide comments to the Board on 29 March.	
3.3	**Community Engagement Strategy update and business planning for 2023/24**	

	CM provided presented the draft HIS-CE strategy for discussion and approval and provided the rationale for developing the HIS-CE Strategic Vision, which is to provide a clear, high-level vision of the directorate's future.
	
	To provide assurance to the Committee the following points were highlighted on the development of the strategic vision;
	   1. The strategic vision benefited from taking a co-production approach.
	   2. Initial development – information was gathered from several sources.
	   3. The HIS-CE Strategy was developed to align with the new draft of the HIS Strategy, using the three themes, evidence, improving and assurance of engagement.
	   4. Held a management workshop with Partnership Forum reps in attendance to review and reflect all the information and created the draft vision together.
	   5. The current draft was developed after sharing the initial draft with colleagues, attending several meetings, hearing colleague's views and concerns.
	
	Before the Committee shared their reflections and comments, CM noted that the draft vision had been written in a language for professionals, and assured the Committee that a plain English version would be drafted for the public. It was also noted that a question was raised around the word 'creating' evidence, and advised that this would be changed.
	
	SD, thanked CM for presenting the Strategic Vision for HIS-CE and was pleased that it was aligning to the key elements of the HIS Strategy.
	Appreciated the effort that went into the co-production of the vision and extended her thanks to the Committee members who met up and	

provided helpful feedback.

SD opened up to the Committee for any questions or comments which were;

1. Liked that it ties into the HIS Strategy and the idea of a plan on a page works well, also very readable.
2. Perhaps consider the case studies as per the HIS Strategy?
3. Pleased with the output of the work and the vision feels right
4. Two things that could strengthen further, high quality meaningful engagement that has an impact and how do we promote the benefits of engagement?
5. Welcomed the constructive approach to develop the vision and the clarity around the key areas.
6. Interested in what happens next, how will this be taken forward?
7. Like to see clearer language around how HIS volunteering is going to link in with Volunteering Scotland.

In response to the comment CM provided the following feedback;

1. Assured the Committee that promoting benefits of meaningful engagement is something that will be done going forward. And noted the team will relook at this piece again and ensure that this is highlighted in the plain English version.
2. In response to the 'what happens next' question, it was explained that this should be evident in the delivery of the vision, which includes, the staffing structure, all the processes and measuring outcomes and aligning our reporting to the work the directorate does.
3. Volunteering, wording will be relooked at, as it doesn't appear to come across strongly enough.

SD thanked CM for providing the feedback to the comments and highlighted that the clarity of the HIS-CE Strategic Vision will help in conversations with SG and Boards around what we do and what support we can provide.

RP echoed the points that had been made in particular the link between the HIS strategy and the HIS CE Strategic Vision.

RP recognised CM and the DMT for the remarkable amount of work that has been achieved in a short space of time.

SD echoed RP views and thanked everyone who was involved.

The Committee approved the HIS-CE Strategic Vision

3.4	**Engaging People in the work of HIS-Update**	
	TMG provided an update to the Committee and advised that following the EQIA internal audit, the next focus for the team would be looking at ways of improving the EQIA process to ensure the whole of HIS in baking in EQIA into all its work programmes. It was also noted that the team are looking at better ways to articulate the training offer potentially using Equality Champions to give a further reach across the organisation. The Committee thanked TMG for the update with no further	

	comments.	
4.0	**RESERVED BUSINESS**	
4.1	**Service Change Sub-Committee meeting minutes**	
	DBI presented the Service Change Sub-Committee meeting minute from the meeting held on 26 January 2023 for information. The Committee noted the Service Change sub-committee meeting minute.	
5.0	**ADDITIONAL ITEMS of GOVERNANCE**	
5.1	**Key Points**	

	After discussion, the Committee agreed the following three key points to be reported to the Board:
	    1. Vision/Relation to HIS Strategy.
	    2. Service Change Sub-Committee update
	    3. Reporting /Impact measurement	

6.0	**CLOSING BUSINESS**	
6.1	**AOB**	
	No other business was discussed	
7.0	**DATE of NEXT MEETING**	
7.1	The next Scottish Health Council Committee meeting will be held on 25 May 10am-12.30pm venue Delta House Glasgow.	
	Name of person presiding: Signature of person presiding: Date:	

ACTION POINT REGISTER

Meeting: **Scottish Health Council**
Date: **02/03/2023**

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	02/03/2023	DBI	Ongoing – this will now form part of the actions following the meeting with SG on 10/05/23 to create a plan to raise awareness about the importance of engagement including the new processes in development
Committee meeting 17/11/2023 2.5	Engaging People in the work of HIS	TMG to ascertain Non Executive training opportunities, in light of skills / knowledge required to inform committee decision making.	02/03/2023	TMG	On-going – TMG to link in with OD&L colleagues to discuss further. Delayed due to unplanned absence. Will report back at next Council meeting.
Committee meeting 17/11/2023 3.3	Corporate Parenting	CT / TMG to ascertain Non Executive training opportunities, in light of skills / knowledge required to inform committee decision making. (linked to action above)	02/03/2023	CT/TMG	On-going – linked to 2.5
Committee meeting	Corporate Parenting	CT / TMG to identify what further action can be taken in respect of Corporate Parenting and bring back a	02/03/2023	CT/TMG	On-going – linked to 2.5

Date: 03/04/2023

17/11/2023 **3.3**		further paper to the Committee at a later date.			
Committee meeting **02/03/2023** **1.2**	Draft Meeting Minutes	A query was raised on page 5/10 of the minute relating to the ask from the November meeting, that the differences volunteers offer the service compared with paid staff (and not just at times of system pressure) be raised at the next Volunteering Advisory Board meeting. **TMG** to confirm with Janice Malone, Volunteering Manager,(JM) if the point raised had been progressed to the Volunteering Advisory Board meeting and was there an outcome?	25/05/2023	TMG	Complete
Committee meeting **02/03/2023** **2.1**	**SHCC Draft Annual Report 2022/23 & Terms of Reference**	CC to relook at the grammar and amend as appropriate, in particular the sentence under Paragraph C. Commentary, starting with 'The Committee Members will support the implementation of a final structure'	25/05/2023	CC	Complete
Committee meeting **02/03/2023** **2.4**	**Risk Register**	CM to reword Risk 1077	25/05/2023	CM	Complete – see paper 2.4

Scottish Health Council Business Planning Schedule

Committee Business	Lead Officer	25/05/23	24/08/23	30/11/23	29/02/24	Notes
STRATEGIC BUSINESS						
Evidence Programme (*subject to agreement on strategic vision*)	Head of Equalities and Policy	■	■	■	■	
Improvement Programme (*subject to agreement on strategic vision*)	Acting Head of Engagemgent Programmes	■	■	■	■	
Assurance Programme (*subject to agreement on strategic vision*)	Acting Head of Engagemgent Programmes	■	■	■	■	
Volunteering in NHS Scotland	Programme Manager Volunteering		■			
Engaging People in the work of HIS	Head of Equalities and Policy	■	■	■	■	
COMMITTEE GOVERNANCE						
Director's Update	Director	■	■	■	■	
Business Planning Schedule 2023/24	Chair	■	■	■	■	
Business Planning Schedule 2024/25	Chair				■	
Risk Register	Director	■	■	■	■	
Operational Plan Progress Report	Operations Manager	■	■	■	■	
Corporate Parenting Action Plan /Report	Pubic Involvement Advisor			■		
Equality Mainstreaming Report Update	Equalitiy and Diversity Advisor				■	
ADDITIONAL ITEMS OF GOVERNANCE						
Governance for Engagement Sub-Committee meeting notes	Head of Equalities and Policy	■	■	■	■	
Service Change Sub-Committee meeting notes	Engagement Programmes Manager	■	■	■	■	
CLOSING BUSINESS						
3 Key Points	Chair	■	■	■	■	
AOB		■				

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**25 May 2023**
Title:	**Director's Update**
Agenda item:	**2.2**
Responsible Executive/Non-Executive:	**Clare Morrison**
	Director of Community Engagement
Report Author:	**Clare Morrison**
	Director of Community Engagement
Purpose of paper:	**Discussion and approval**

1. Situation

This paper provides an update to the Scottish Health Council (SHC) about the work undertaken by the Director and the Directorate Leadership Team in the past quarter, and on future plans.

2. Background

A strategic vision for the future work of the directorate and a proposal for a new directorate structure was approved by the SHC and by the HIS Board in March 2023.

In 2022, the SHC asked for this regular Director's report to focus on the following four priority areas. The aim was to ensure it maintains oversight and assures the work of the HIS-Community Engagement (HIS-CE) directorate:

    a) Committee focus

    b) Assurance that NHS boards and integration authorities are meeting their statutory requirement for public engagement

    c) Public approach to engagement since the onset of the pandemic

    d) Impact of the current financial climate on the system and directorate.

3. Assessment

3.1 Directorate vision and structure

The directorate began a 12-week organisational change consultation on a proposed new directorate structure in April 2023, in line with the HIS organisational change process. The

process began with an all-directorate staff presentation, followed by two further follow-up sessions and the distribution of a written consultation document. Feedback and discussion has been invited via: individual conversations with line managers and the Director; a specific Teams channel for organisational change; and an MS Form for written feedback.

The first part of the consultation has focused on the proposed structure, the second part (starting in w/c 15 May) will focus on individual roles. This will involve the publication of draft job descriptions and 1:1 discussion between individuals, line managers, HR advisors and, if applicable, trade union representatives. Meetings will also take place between the Director and trade unions. The 12-week consultation will conclude in July. Depending on the outcome of the consultation, it is anticipated that a final structure will be confirmed and the process of matching people into roles will begin in July with the aim of completing this by September.

SHC priorities: Focus, Assurance and Finance
The new structure will ensure the directorate is operating effectively and efficiently, delivers the strategic aims of HIS, and maximises our impact within the allocated financial envelope.

3.2 Service change

Service change has been a particular focus in the past quarter. This has arisen from factors including the NHS transformation agenda, service sustainability concerns (particularly workforce pressures) and increased political scrutiny. Guidance was sought from Scottish Government on key issues relating to the current Ministerial threshold for "major" service change, how HIS-CE meets its statutory obligations during this time of significant service redesign, and the need for an assurance process for service change which does not meet the "major" threshold but still has a significant impact on individuals.

Agreement has been reached that the directorate can proceed with developing this new assurance process; that our template for decision making on major service change should be revised to become less subjective; and to develop a plan to promote the need for engagement on service change more widely. This work is being taken forward as a priority. Alongside this, the directorate will be reviewing service change activity across the country to ensure we have an accurate picture of the current status.

SHC priority: Assurance
This activity delivers the SHC's priority on assurance that boards are meeting their statutory duties for engagement and will provide a clearer process for the future.

3.3 Processes and governance

Once a new directorate structure is in place, the working processes of the directorate will need to be updated.This will include work planning, decision making, meetings, outcomes tracking, risk management and governance reporting.

It is anticipated that a key role for the SHC going forward will be to continually review the progress with implementing the 5-year directorate vision and all the processes required to achieve this, including the directorate structure. As a first step, the endorsement of the directorate's vision has enabled the papers for this SHC meeting to be structured around the three themes of the vision: evidence for engagement, improvement of engagement and assurance of engagement. These papers are an initial test and comments are sought from SHC Members on whether the format is useful. It is acknowledged that the papers are currently incomplete since outcomes measures have yet to be identified: this will happen once the final structure is in place.

Alongside this, there is an opportunity to reflect on the focus set by the SHC in 2022 (above). It is proposed that for the remainder of 2023, the first of the four priorities is revised to: "Delivery of the directorate's strategic vision including a new structure."

Assessment considerations

Quality/ Care	Delivery of the new strategic vision will enable the directorate to maximise its impact to support and assure the health and care system to engage meaningfully with people in the development and delivery of services. Further work is required to introduce a new directorate structure, following which a delivery plan with defined outcome measures will support future governance oversight of progress with delivering the vision. Greater clarity over service change processes will improve assurance that both HIS-CE and NHS boards are delivering their statutory duties on engagement.
Resource Implications	The proposed directorate structure is within the budget allocation for 2023/24. Achieving a break even position in 2023/24 remains a key priority for the directorate.
	The organisational change process is challenging for some staff. Support has been offered including individual discussions, team discussions, HR advice, support from Partnership Forum representatives, and support via the new Employee Assistance Programme. There are more WTE posts in the proposed structure than the current number of staff and the proposed structure also provides some opportunities for promotion.
Risk Management	There are people and workforce risks in the development of the new directorate structure. This is reflected in the risk register. The risk register has been updated with an increased level of risk around service change to reflect the current concerns.
Equality and Diversity, including health inequalities	The proposed directorate structure takes equality, diversity and inclusion into account, with a strengthened role in supporting equality and diversity within HIS.

Communication, involvement, engagement and consultation	There was extensive engagement on the development of the vision and to seek consent for the organisational change process to start, including consideration by the HIS Board. The organisational change consultation is following the HIS policy and involves discussion with all directorate staff, Partnership Forum and trade union representatives. It has also involved collaboration with the Quality Assurance Directorate (QAD) and HR colleagues to ensure alignment with the organisational change process also ongoing within QAD.

4   Recommendation

The SHC is asked to:

- Provide feedback on the activities undertaken and proposed next steps.
- Discuss the revised paper/agenda structure around the vision.
- Consider the proposed change to the committee priorities.
- Gain assurance around the directorate's work.

5   Appendices and links to additional information

Appendix 1 Community Engagement directorate vision

Appendix 2 Community Engagement directorate consultation on proposed organisational change

Healthcare Improvement Scotland | **Community Engagement**

Our strategic vision for 2023-2028

Our aim:

We will enable inclusive engagement of people and communities in health and care services through evidence, improvement and assurance.

Meaningful engagement matters. It leads to high quality, safe services that are person-centred. It improves the health and wellbeing of communities.

We will achieve our aim by:

1. Building and sharing evidence around engagement
2. Using knowledge and expertise to improve engagement
3. Providing assurance that people are involved in shaping services

Improvement

Evidence — Citizens and communities at the heart of change — Assurance

working in partnership with health and care staff

1. Evidence: we will build and share evidence around engagement

- We will be the go-to place for evidence we build *from* engagement, and *about* how to engage effectively.
- We will play a crucial role in transforming national health and care services, and developing policy by creating relevant, timely evidence.
- We will support people, communities and the public to have their say in health and care.
- We will gather local, national and international engagement evidence.
- We will have a joined-up, proactive plan for creating evidence which prioritises national needs.

How we'll do this: gather public views, run Citizens' Panels, carry out research, write case studies, service change reports, guidance and toolkits, hold workshops and events

2. Improvement: we will use knowledge and expertise to improve engagement

- We will create a learning system that supports internal and external stakeholders to learn, develop, improve and share best practice in engagement. This includes applying learning from our work and testing new things.
- We will have excellent partnership working and communication that underpins sharing knowledge.
- We will be forward-thinking and ambitious, continually improving and developing our expertise.

How we'll do this: use our Quality Framework, lead networks for professionals in similar roles, celebrate success, provide training, have a culture that values and supports people, and reduce unnecessary variation. We will share our expertise on equality, diversity and human rights, person centred care and What Matters to You. We will drive forward volunteering and public involvement.

3. Assurance: we will provide assurance that people are involved in shaping services

- We will fulfill our statutory role to support, ensure and monitor NHS boards' duty to involve the public.
- We will provide strategic support and governance on engagement to our partners across health and care.
- We will plan and prioritise our work and resources in a clear and consistent way. We will assure the approach Healthcare Improvement Scotland takes to engagement, equality and diversity.

How we'll do this: support services to develop and review their engagement strategies, provide advice on service change, support use of the Quality Framework and equality impact assessments, and have a clear strategic vision and operational plan with outcome measures.

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Healthcare Improvement Scotland | Community Engagement

17 April 2023

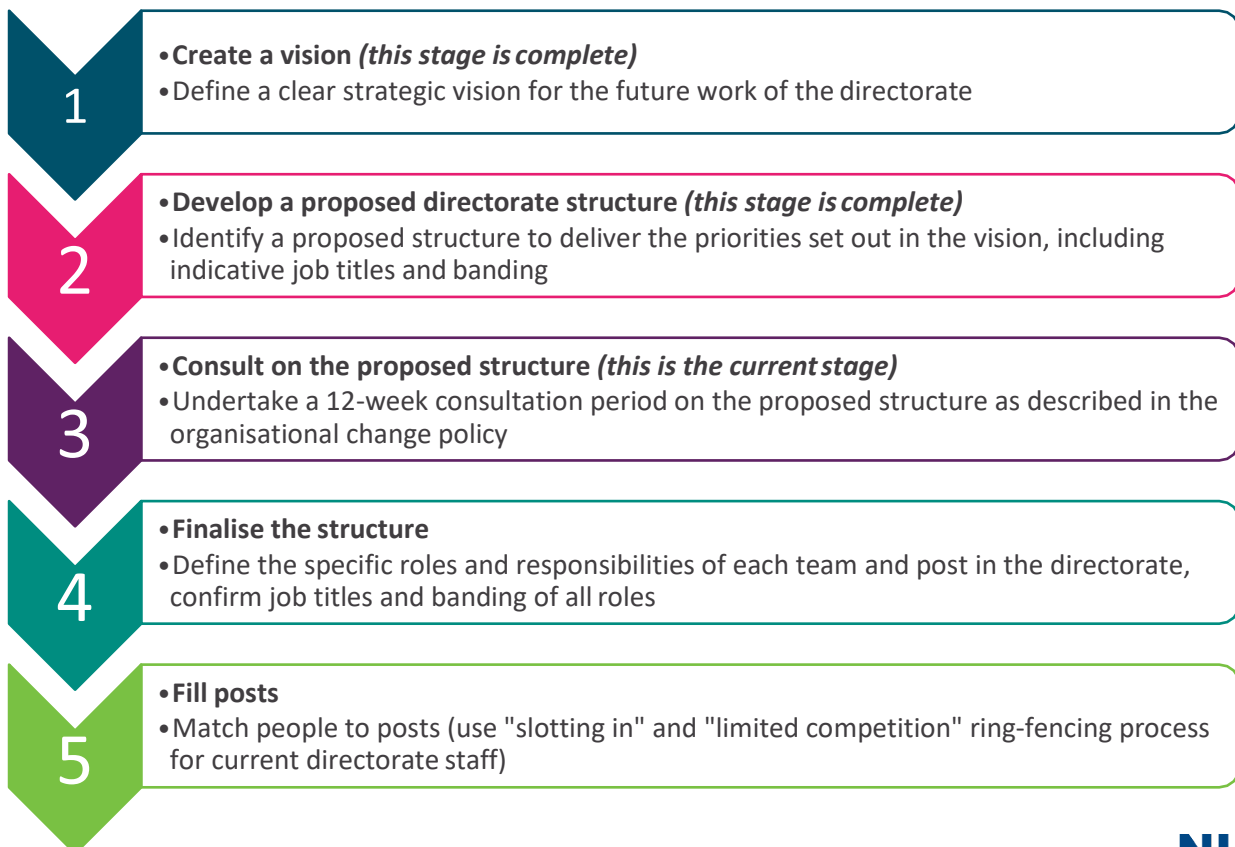# Forming a new directorate structure

Introduction

This paper is part of a consultation with all staff in the Community Engagement directorate about a proposed new directorate structure. It explains how this structure was developed, how it will work and the process for consulting with staff about the proposals.

Rationale

The Community Engagement directorate has been through a period of uncertainty and change, including operating with an interim structure since August 2021. The interim structure has been extended until September 2023 at the latest. It is a priority to determine a permanent structure and bring certainty and stability to the directorate as soon as possible.

Process

The process being followed for developing the structure is in line with the HIS organisational change policy and includes the following steps:

1
- **Create a vision** *(this stage is complete)*
- Define a clear strategic vision for the future work of the directorate

2
- **Develop a proposed directorate structure** *(this stage is complete)*
- Identify a proposed structure to deliver the priorities set out in the vision, including indicative job titles and banding

3
- **Consult on the proposed structure** *(this is the current stage)*
- Undertake a 12-week consultation period on the proposed structure as described in the organisational change policy

4
- **Finalise the structure**
- Define the specific roles and responsibilities of each team and post in the directorate, confirm job titles and banding of all roles

5
- **Fill posts**
- Match people to posts (use "slotting in" and "limited competition" ring-fencing process for current directorate staff)

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Vision

A clear, high-level vision of the future of the directorate's work was co-produced with staff.

Information was gathered from a number of sources:

- all staff had the opportunity to complete a must/should/could/stop quadrant document

- the work of the different teams was summarised, and documents that were part of the previous organisational change were considered

- the recent internal audit report for service change was considered, and

- scoping conversations took place with a variety of contacts in NHS boards, Scottish Government and HIS.

The Directorate Management Team and Partnership Forum representatives used this information to create a draft vision. This was shared with all directorate staff, Public Partners and the Scottish Health Council Committee for feedback. Overall, feedback was very positive, particularly about the clarity of the vision with comments such as "I feel enthused by it", "It's very clear on our approach" and "It is bold and ambitious". Around 20% of comments suggested improvements or requested clarification on the delivery of the vision. A number of improvements were made as a result of the feedback and an updated draft was shared with staff.

The vision has been endorsed by the Scottish Health Council Committee, One Team Programme Board and Partnership Forum. It was subsequently approved by the Healthcare Improvement Scotland Board on 29 March.

Importantly, the vision describes how the Community Engagement directorate delivers its part of the overall HIS strategy. The vision sets out three themes: evidence for engagement, improving engagement and assurance of engagement (see Appendix 1).

Developing a proposed structure

The proposed structure was developed by the Directorate Management Team and the Partnership Forum representatives. They reviewed the current interim structure and previous structures, and identified some core principles that the future structure should deliver. These were:

- must deliver the new vision

- must achieve a better blend between national teams and regional teams

- should simplify the current structure

- must include strategic level engagement with boards

- must build in flexibility and agility to work differently if required (One Team objective)

- should retain the Operations team to standardise processes across the directorate

- should embed Service Change Advisors in regions

- must provide clarity on all roles, especially Engagement Officers

- must provide clarity on internal HIS engagement, and

- must be financially viable.

The Directorate Management Team and Partnership Forum representatives generated a number of different ways of structuring the directorate which were assessed against the core principles. The

Employee Director was consulted at this time. Only one potential structure met all the requirements in the principles so was chosen as the proposed structure. A paper was submitted to the One Team Programme Board on 7 March to seek authorisation to start a formal organisational change process. Further papers were taken to the Partnership Forum meeting on 9 March and Healthcare Improvement Scotland Board on 29 March.

Proposed structure

The Directorate Management Team's preferred outline structure is shown in Appendix 2. It is very important to note that this uses notional job titles and indicative Agenda for Change banding only since work is still required to develop job descriptions and submit posts for banding.

Some key changes in the proposed new structure are:

- the three priority areas in the vision form three new engagement programmes, with each programme cutting across the directorate and the whole country
- a new regional structure reflects the three existing NHS regional planning areas. Engagement with boards and regional planning groups takes place at a strategic level through regional Strategic Engagement Leads, supported by an Engagement Advisor who ensures the directorate has good links with local communities and helps maintain our local presence, and
- current Engagement Officers become Project Officers working within a programme rather than being aligned to an NHS board or region. Their focus will still be on engagement but specialising in a specific area of engagement as part of a directorate-wide programme of work. This provides an opportunity to further develop skills and also helps to clarify roles. There remains an absolute commitment to recruit to Project Officer posts from across the country.

Examples of how the new structure would work

A key aim of the new structure is to join up the work of the directorate. The two examples below describe how the future directorate would work:

Gathering Views

- The regional Strategic Engagement Leads identify service and policy challenges facing NHS boards where having a better understanding of peoples' views through meaningful engagement would bring value and insight into boards' decision making. They feed this into the Directorate Leadership Team
- The Head of the Evidence for Engagement Programme discusses these priorities with Scottish Government, along with Scottish Government's own policy priorities. A Gathering Views piece of work is agreed
- The Head of the Evidence Programme works with the Social Research team to develop the Gathering Views specification
- The Programme Manager for the Evidence Programme plans the work required to support the Gathering Views activity, working with the Operations Manager and the Regional Strategic Engagement Leads
- Project Officers from the Evidence Programme work with communities across the country to gather views. The Engagement Advisors – Community in the regions have a key role in maintaining ongoing relationships with community groups in regions, so make links between Project Officers and community groups

- The Social Research team leads the analysis of the evidence and works with the Evidence Programme Manager who writes the Gathering Views report

- The Evidence and Improvement Programme Managers work together, co-ordinating with the Operations team, to share and communicate the findings through a learning system approach, events and media work

- The Programme Manager – Evidence and Social Research team identify lessons learned about the engagement itself and produce appropriate outputs

- This evidence is fed into the directorate's learning system. The Improvement Programme team uses these findings to support teams to make improvements in their engagement activity, both internally within the directorate and HIS, and with external partners.

Assuring and improving engagement

- The regional Strategic Engagement Leads regularly meet NHS boards to identify potential service change at an early stage and develop a deep understanding of boards' engagement activity. They feed this into the Directorate Leadership Team

- The Head of the Assurance for Engagement Programme has a country-wide view of potential service change and engagement activity at a local, regional and national level

- The Head of Assurance Programme identifies areas where greater scrutiny and assurance is needed, an assessment that is underpinned by the Quality Framework

- The Programme Manager for the Assurance Programme plans the work required to provide the advice and assurance needed through a team of Project Officers and, where a service change is under consideration, through the Engagement Advisor – Service Change embedded in the respective regions

- Where areas for improvement are identified by the Assurance Programme, the Head of the Improvement Programme is informed

- The Head of the Improvement Programme leads the directorate's learning system to support people to learn, develop, improve and spread best practice in engagement. They identify and plan improvement activities at a country-wide level

- The Programme Manager for the Improvement Programme plans the work required to support the improvement activities required, working with the Operations Manager and the regional Strategic Engagement Leads

- Project Officers from the Improvement Programme work across the country to provide training and spread best practice

- The Operations team works with the Improvement Programme to communicate best practice, share case studies and contribute to the learning system.

Job roles and impact

The Community Engagement directorate currently has 47.91 whole time equivalent staff plus a number of vacant posts. The proposed structure has 53 whole time equivalent staff. Therefore it is anticipated that all existing directorate staff will have a place within the new structure.

The HIS organisational change policy will be followed at all times, including the process of matching current staff to new roles via a "slotting in" and limited competition process. Posts in the directorate

will be ring-fenced during the matching process so that any remaining vacancies will only be advertised after directorate staff have been considered for posts.

In some cases, individuals may need learning and development support to take on new roles: this is being planned for and funding has been identified to support this. The directorate is committed to providing learning and development opportunities for all staff as part of this change process.

The section below provides an overview of the roles within the new structure and anticipated Agenda for Change banding: note this is indicative at this stage.

Roles within the three Programmes

Associate Director (anticipated banding – *Agenda for Change* 8c)

The Associate Director is the designated deputy of the Director of Community Engagement and provides national leadership, innovation and strategic direction on the development and delivery of the Community Engagement directorate's aims and priorities, working in partnership with a range of stakeholders to deliver meaningful engagement that is focused on improving health and wellbeing outcomes.

The Associate Director also has a functional set of responsibilities like the Heads of Programme including responsibility for the delivery of the day-to-day business of the directorate, managing budgets and staffing, development and implementation of policy, and decisions regarding commissioning of work.

The Associate Director conducts strategic relationships with colleagues from within Scottish Government and other key stakeholders.

Heads of Programme (anticipated banding – *Agenda for Change* 8b)

The Heads of Programme work with the Director and the Associate Director as part of a new Directorate Leadership Team, replacing the current Directorate Management Team. The purpose of the Directorate Leadership Team is to set the strategic direction for the directorate and provide leadership for respective teams, ensuring the successful delivery of the directorate's functions.

Key to this is the responsibility for the delivery of the day-to-day business of the directorate including managing budgets and staffing, development and implementation of policy, and decisions regarding commissioning of work. In addition, they have responsibility for communications, maintaining and managing the risk register and development of the Operational Plan and budget.

The Heads of Programme also have lead management responsibility for governance-related aspects of directorate work including service change, governance for engagement within HIS, sharing intelligence, clinical and care governance, and supporting the successful operation of the Scottish Health Council Committee.

The Heads of Programme conduct strategic relationships with colleagues within Scottish Government, where senior-level contacts are initiated, cultivated and developed to ensure meaningful engagement, statutory requirements, and good equalities practice are baked into strategic planning approaches from the outset and throughout their lifetimes.

Programme Manager (banding – *Agenda for Change* 7)

Programme Managers have lead operational management responsibilities within their designated functional areas. They manage the delivery of national programmes of work, working to specified timeframes and other parameters, managing multidisciplinary groups and stakeholders to ensure the successful delivery of projects and overall programme(s).

Programme Managers are responsible for the delivery of core functional engagement programmes across Scotland, and in coordination with their peer group, contribute to the Community Engagement directorate meeting its overall aims and priorities as set out with the Operational Plan.

Programme Managers support senior management with budget and workforce resource planning, and work with regionally-based Strategic Engagement Leads on horizon scanning, sharing intelligence, and determining operational priorities.

Senior Project Officer (banding – *Agenda for Change* 6)

The Senior Project Officer contributes to the planning, management and implementation of the directorate's designated programmes through the management of a portfolio of function-specific related projects. The Senior Project Officer provides additional subject matter expertise and project supervision.

Project Officer (banding – *Agenda for Change* 5)

The Project Officer contributes to the operational planning, management and delivery of the directorate's functional work programme by facilitating the development and delivery of national engagement-related projects and events. The Project Officer works flexibly, on a planned basis with their line manager, across the directorate to derive maximum impact.

Administrative Officer (banding – *Agenda for Change* 4)

The Administrative Officer is responsible for providing a full range of professional administrative services within the directorate, taking a lead administrative role working within a designated function or team, but with the ability to operate flexibly and provide support elsewhere within the directorate as and when required.

Personal Assistant (banding – *Agenda for Change* 4)

The Personal Assistant is responsible for a full range of professional administrative functions for the Director and the Chair of the Scottish Health Council. This includes being a first point of contact, managing calendars, organising meetings, managing emails, preparing meeting agendas and reports, and providing administrative support over multiple systems.

Specialist roles within the Programmes

Social Researcher (banding – *Agenda for Change* 7)

The Social Researcher takes a subject matter expert role within the directorate, and provides critical social research and evaluation expertise, plus leadership in relation to public participation and person-centeredness across all of the directorate's activities.

The Social Researcher manages a portfolio of research work including individual, collaborative, and commissioned work, using the outputs to influence internal and external policy and practice.

Social Research Analyst (banding – *Agenda for Change* 6)

The Social Research Analyst assists with systematic, robust research and evaluation projects through working with senior colleagues, peers and project and administrative colleagues to define research questions, undertake literature reviews, collect and collate quantitative and qualitative data, synthesise and write-up the findings of research.

Programme Manager – Equality, Diversity and Human Rights (anticipated banding – *Agenda for Change* 7)

The Programme Manager takes a subject matter expert role within the directorate and wider organisation in equality, diversity and human rights best practice, and advocating for same across all work programmes. This involves the Programme Manager spreading understanding and enthusiasm across the organisation of the importance of equality and other impact assessments at project initiation and regular stages afterwards, and for continuously developing resources that enable colleagues to undertake the organisation's equality-related legal duties successfully.

The Programme Manager also has responsibility for the organisation's volunteers, ensuring with the team that development needs are met, and that new and interesting volunteer roles are made available across the organisation to help meet the engagement needs of work programmes.

Public Involvement Advisor (banding – *Agenda for Change* 6)

The Public Involvement Advisor supports the development and leads the implementation of aspects of the organisation's approach to meaningful engagement matters, including delivery of measurable impact measures in embedding the involvement of people across the organisation's work, and ensuring equality and other impact assessments are used by colleagues across all directorates to directly inform their work programmes.

Programme Manager – Volunteering in NHS Scotland (banding – *Agenda for Change* 7)

The Programme Manager works at the national level to provide leadership, guidance and support to NHS boards in delivering sustainable volunteer programmes including the design and delivery of an information management system for health and care volunteer programmes, conducting research, providing a forum for Volunteering Managers to share practice, and develop the National Advisory Group for Volunteering in NHS Scotland.

Operations Manager (banding – *Agenda for Change* 7)

The Operations Manager provides senior management support and operational delivery of the Community Engagement directorate's Operational Plan in order to realise the directorate's strategic vision and aims.

The Operations Manager provides advice, guidance, leadership and quality assurance to the Directorate Leadership Team on the development and implementation of key delivery priorities, including the planning and management of programme and project management resource requests and allocations for the whole directorate.

Roles within the Regions

Strategic Engagement Lead (anticipated banding – *Agenda for Change* 8a)

The Strategic Engagement Leads establish and develop collaboration with senior-level colleagues within NHS boards, integration authorities, NHS regional planning groups, leaders of third sector interfaces and other significant stakeholders across Scotland on strategic areas of mutual interest that advance meaningful engagement and equalities best practice. The use of the Quality Framework also supports the Strategic Engagement Lead in the identification of potential targeted interventions.

The Strategic Engagement Lead provides advice, guidance and leadership within their designated region of Scotland on the development of the directorate's vision and aims, ensuring advice provided to NHS boards, integration authorities and NHS regional planning groups aligns with these.

Engagement Advisor – Community (anticipated banding – *Agenda for Change* 6)

Engagement Advisors – Community play an essential role in maintaining links with communities across the region. They directly support the work of the Strategic Engagement Leads in undertaking follow-up work in establishing, developing and maintaining successful relationships and collaboration between the Community Engagement directorate and stakeholders.

The Engagement Advisor, along with the Strategic Engagement Lead, is a visible subject matter expert within their designated area of Scotland on meaningful engagement and equalities best practice. They support the Strategic Engagement Lead in providing readily accessible advice and guidance to NHS boards and integration authorities on the use of the Quality Framework, and in particular the use of the self-assessment statements.

Engagement Advisor – Service Change (banding – *Agenda for Change* 6)

Engagement Advisors – Service Change undertake advisory work in relation to NHS service change activities within health and care statutory bodies in designated areas of Scotland. They are visible subject matter experts within their designated area of Scotland to provide consistent knowledge and expertise that promotes best practice in involving patients and the public in service change.

Engagement Advisors – Service Change support the designated Strategic Engagement Lead, Head of Assurance Programme, and the Director of Community Engagement to ensure that local intelligence relating to service change developments is gathered in an appropriate and timely manner, and that decision-making by the Service Change Sub-Committee is properly aided.

Administrative Officer (banding – *Agenda for Change* 4)

The Administrative Officer is responsible for providing a full range of professional administrative services within the directorate, taking a lead administrative role working within a designated function or regional team, but with the ability to operate flexibly and provide support elsewhere within the directorate as and when required.

Timeline

The timeline for organisational change is as follows.

Date	Process
7/9 March	Endorsed by One Team Programme Board and Partnership Forum
29 March	Endorsed by HIS Board
29 March	Notification of initial consultation meeting to directorate
17 April	Initial consultation meeting held with whole directorate (recorded)
17 April	This Consultation document provided for all employees
24 April	Follow up consultation meeting held with whole directorate (recorded)
17 April - 7 July	Consultation period: Individual employee interviews with line manager, HR representative and trade union representative (if applicable) – to identify the employee's views on the proposed structure, to understand the employee's future aspirations, to discuss potential matched posts or aspirations for posts with ring-fenced limited competition, and to identify any training needs Consideration of feedback by Director and Directorate Leadership Team
w/c 10 July	Consideration of feedback by Director and Directorate Leadership Team, and final structure agreed
11 July	End of consultation meeting held with whole directorate to confirm final structure
w/c 11 July	Matching of DLT posts (limited competition)
w/c 17 July	Matching of band 7 posts (slotting in and limited competition)
w/c 24 July	Matching of band 6 posts (slotting in and limited competition)
w/c 31 July	Matching of band 5 posts (slotting in and limited competition)
w/c 7 Aug	Matching of band 4 posts (slotting in and limited competition)
w/c 14 Aug	Remaining posts opened to redeployment applications

Appendix 1: Community Engagement Directorate strategic vision

Appendix 2: Community Engagement Directorate proposed new structure

Appendix 1

Healthcare Improvement Scotland | Community Engagement

Our strategic vision for 2023-2028

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1. Building and sharing evidence around engagement
2. Using knowledge and expertise to improve engagement
3. Providing assurance that people are involved in shaping services

Improvement / Evidence / Assurance — Citizens and communities at the heart of change — working in partnership with health and care staff

1. Evidence: we will build and share evidence around engagement

- We will be the go-to place for evidence we build *from* engagement, and *about* how to engage effectively.
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- We will gather local, national and international engagement evidence.
- We will have a joined-up, proactive plan for creating evidence which prioritises national needs.

How we'll do this: gather public views, run Citizens' Panels, carry out research, write case studies, service change reports, guidance and toolkits, hold workshops and events

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- We will create a learning system that supports internal and external stakeholders to learn, develop, improve and share best practice in engagement. This includes applying learning from our work and testing new things.
- We will have excellent partnership working and communication that underpins sharing knowledge.
- We will be forward-thinking and ambitious, continually improving and developing our expertise.

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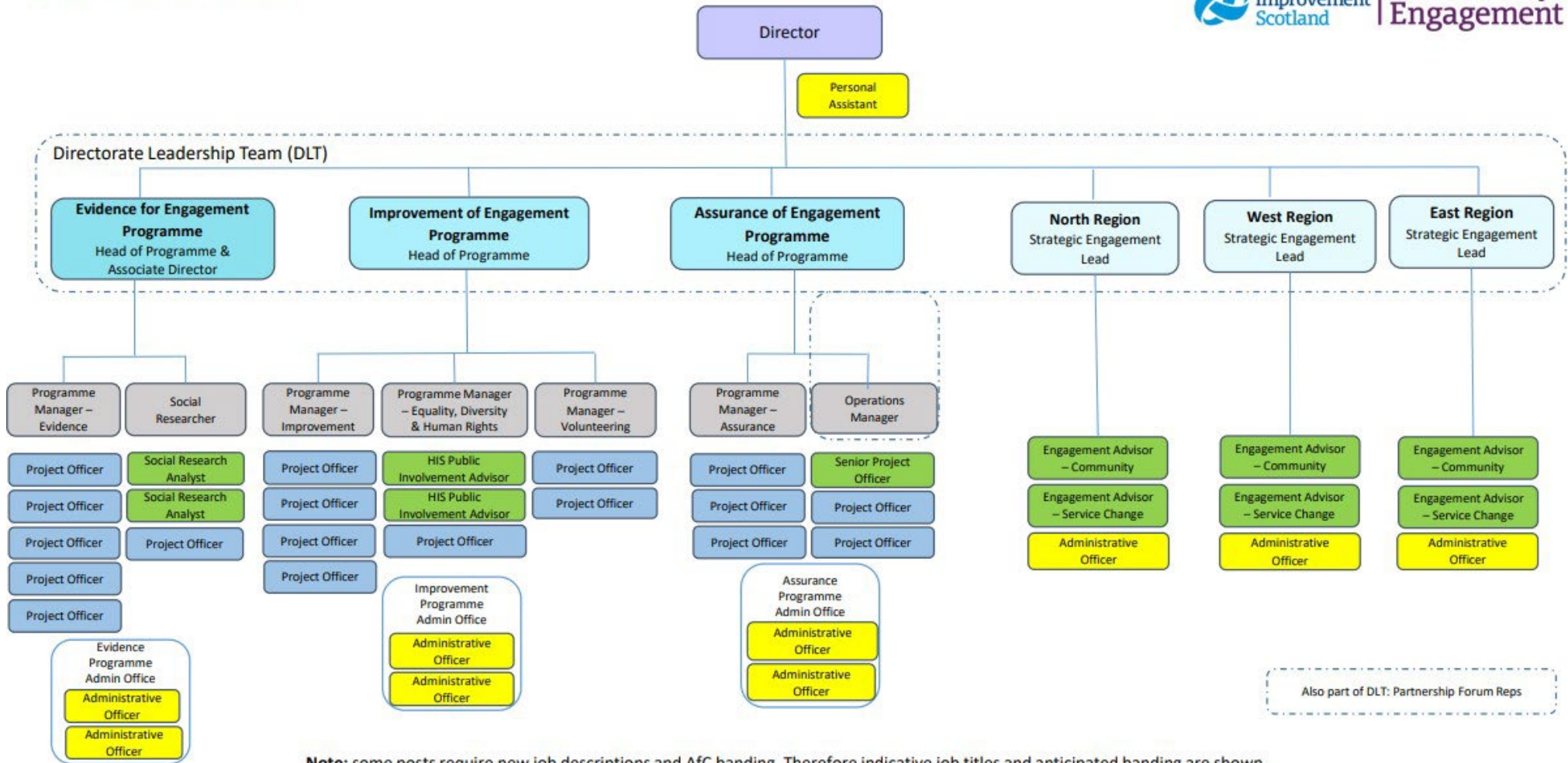
3. Assurance: we will provide assurance that people are involved in shaping services

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- We will provide strategic support and governance on engagement to our partners across health and care.
- We will plan and prioritise our work and resources in a clear and consistent way. We will assure the approach Healthcare Improvement Scotland takes to engagement, equality and diversity.

How we'll do this: support services to develop and review their engagement strategies, provide advice on service change, support use of the Quality Framework and equality impact assessments, and have a clear strategic vision and operational plan with outcome measures.

Community Engagement: meaningful engagement matters

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Appendix 2

Proposed structure

Healthcare Improvement Scotland | Community Engagement

- **Director**
  - Personal Assistant

Directorate Leadership Team (DLT)

- **Evidence for Engagement Programme** — Head of Programme & Associate Director
- **Improvement of Engagement Programme** — Head of Programme
- **Assurance of Engagement Programme** — Head of Programme
- **North Region** — Strategic Engagement Lead
- **West Region** — Strategic Engagement Lead
- **East Region** — Strategic Engagement Lead

Evidence for Engagement Programme
- Programme Manager – Evidence
  - Project Officer
  - Project Officer
  - Project Officer
  - Project Officer
  - Project Officer
- Social Researcher
  - Social Research Analyst
  - Social Research Analyst
  - Project Officer

Evidence Programme Admin Office
- Administrative Officer
- Administrative Officer

Improvement of Engagement Programme
- Programme Manager – Improvement
  - Project Officer
  - Project Officer
  - Project Officer
  - Project Officer
- Programme Manager – Equality, Diversity & Human Rights
  - HIS Public Involvement Advisor
  - HIS Public Involvement Advisor
  - Project Officer
- Programme Manager – Volunteering
  - Project Officer
  - Project Officer

Improvement Programme Admin Office
- Administrative Officer
- Administrative Officer

Assurance of Engagement Programme
- Programme Manager – Assurance
  - Project Officer
  - Project Officer
  - Project Officer
- Operations Manager
  - Senior Project Officer
  - Project Officer
  - Project Officer

Assurance Programme Admin Office
- Administrative Officer
- Administrative Officer

North Region
- Engagement Advisor – Community
- Engagement Advisor – Service Change
- Administrative Officer

West Region
- Engagement Advisor – Community
- Engagement Advisor – Service Change
- Administrative Officer

East Region
- Engagement Advisor – Community
- Engagement Advisor – Service Change
- Administrative Officer

Also part of DLT: Partnership Forum Reps

Note: some posts require new job descriptions and AfC banding. Therefore indicative job titles and anticipated banding are shown. The diagram shows whole time equivalent posts (53wte) rather than the total number of people. Key to banding:
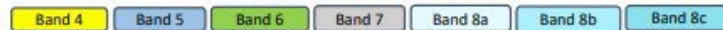
| Band 4 | Band 5 | Band 6 | Band 7 | Band 8a | Band 8b | Band 8c |

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**25 May 2023**
Title:	**Operational Plan 2022-23: Progress Update Q4**
Agenda item:	**2.3**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Community Engagement**
Report author:	**Richard Kennedy-McCrea, Operations Manager**
Purpose of paper:	**Discussion**

1.   Situation

This paper provides the Scottish Health Council (SHC) with an update on the Directorate's progress with our work outlined in the Operational Plan for 2022-23 and carried out during Quarter 4 of 2022-23. The SHC is asked to discuss the contents of the paper.

2.   Background

In the fourth 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, particularly its new 2023-28 Strategy. The Governance for Engagement approach, piloted in the previous financial year, has shown significant areas of improved engagement and equalities practice across the wider 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 Q4 Update (Appendix 1) how our work contributes to 10 outcomes, under three main aims:

- building capacity
- raising awareness
- increasing diversity and inclusion

Assessment considerations

Quality/ Care	All of our work will enable health and social care services to improve the quality of care they provide to the people of Scotland with a particular focus on ensuring that the voices and lived experience of people and communities are at the heart of decisions in relation to their own care and development and delivery of services.
	We are embedding improvement methodologies within our own work to ensure we foster a culture of continual improvement moving forward.
Resource Implications	The resource implications for the directorate's work programmes have been reflected in the budget for 2023-24.
	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.
	Additional funding was secured from Scottish Government to support Citizens' Panels for 3 years from 2022-23, to replace the current Volunteer Information System, and to support promotion of What Matters to You?

	We continue to follow the most up-to-date policies and guidance to ensure the health, safety and wellbeing of our staff. We have tested out new ways of working for the future, ensuring we understand staff preferences in relation to working location, and making best use of technology to connect teams.
Risk Management	Strategic and operational risks associated with our work programmes and workforce are recorded and reviewed on a regular basis by our Directorate Management Team.
Equality and Diversity, including health inequalities	The directorate has a specific role in supporting equality, diversity and inclusion within HIS. We maintain a central register of completed equality impact assessments relating to the work of the whole organisation, and completion of EQIAs is reported in quarterly Key Performance Indicators (KPIs). We are building in a requirement that external organisations that commission us to gather public views will have undertaken an EQIA beforehand so that we understand which communities will be most impacted by the work.
Communication, involvement, engagement and consultation	We continue to consult and engage with a range of stakeholders in relation to the range of our work. This has included patients, carers, families, community groups, third sector organisations, NHS boards, integration authorities and Scottish Government. This has enabled us to deliver on a number of projects and see direct impacts for individuals, communities and staff.

4   Recommendation

The SHC is asked to note and discuss the content of the 2022-23 Quarter 4 Update.

5   Appendices and links to additional information

The following appendix is included with this report:

- Appendix 1 – Community Engagement 2022-23 Quarter 4 Update
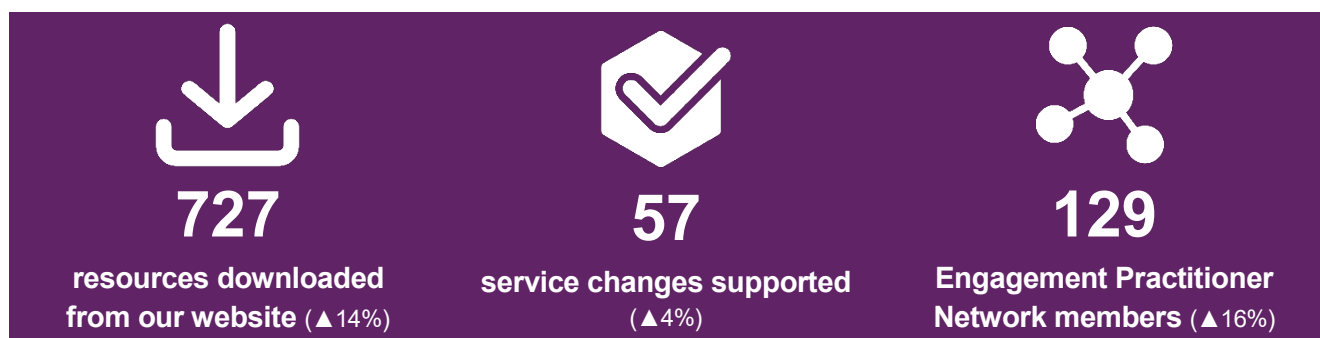
Quarter 4 Update: January – March 2023

Outlined below is a summary of the work undertaken by the directorate between January and March 2023.

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.

727 resources downloaded from our website (▲14%)

57 service changes supported (▲4%)

129 Engagement Practitioner Network members (▲16%)

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. Recent examples include helping NHS Shetland's Intermediate Care Team to develop a feedback questionnaire and supporting the Patient Participation Group of Laurencekirk general practice (Grampian) to revitalise its role and membership.

Resources were downloaded from our **website** a total of 727 times during Q4 (an increase from 636 times the previous quarter). The most-downloaded resources were a template for creating Community Engagement Plans, our gathering views on chronic pain report and our ethical checklist when designing engagement activity.

Our service change team has been carrying out **tailored workshops** (6 workshops, with a total of 36 attendees) to support NHS boards with aspects of service change. This included a session in Highland on planning effective engagement and two in Tayside on duties and principles.

Health and care services can demonstrate compliance with policy and legislation

Our **service change** team continues to monitor and provide advice and support to NHS boards and partnerships undertaking service change. During Q4, the team monitored and supported 57 service changes across all board areas (see separate report for more detail). This includes quality assurance of NHS Ayrshire & Arran's proposals for Systemic Anti-Cancer Treatment (SACT) which has been designated as a major service change.

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

Community Engagement staff in Ayrshire & Arran worked with colleagues in the Quality Assurance directorate to pilot use of the HIS Quality Assurance Framework within the context of the General Standards for Neurological Care and Support. Feedback from NHS Ayrshire & Arran helped to shape the final format of the framework and the support provided by our staff was very positively received.

We provided a range of support to NHS Shetland around its Initial Agreement of the possible refurbishment and/or replacement of the Gilbert Bain Hospital, reviewing draft leaflets and press releases and contributing to the development of impact assessments.

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

To coincide with the end of pilot testing of the draft Quality Framework for Community Engagement and Participation – and ahead of its launch in April – awareness sessions were held for all Community Engagement staff during January. Feedback from staff indicated that they found the sessions informative and helpful.

In January, Community Engagement staff took part in a workshop to share experiences and learning from facilitating potentially tricky situations, especially online. Discussing real-life scenarios and considering whether or not anything could have been done differently provided a valuable safe space for building confidence and identifying top tips. 100% of respondents found the workshop useful or very useful and future workshops on other topics are being planned.

Our staff attend externally organised events, which provide useful learning that can be shared internally. They also make valuable contacts that lead to future opportunities for collaboration. An example of this was an Engagement Officer from Greater Glasgow & Clyde who attended seminar on equalities in Scotland run by Public Health Scotland and met an attendee who subsequently presented at our webinar on engaging with asylum seekers and refugees.

People and communities are empowered to participate in health and care

Our **Voices workshops** continue to be promoted across Scotland as a way for community groups to gain a better understanding of how the health and care system works in Scotland and the opportunities they have to get involved. Staff in our Forth Valley office recently delivered 2 sessions to third sector organisations to a total of 24 participants.

Our own **Public Partners** within Healthcare Improvement Scotland receive ongoing development and support so they can contribute effectively to the work of teams and directorates across the organisation. An annual event was held in March to showcase the difference which volunteers have made.

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.

210 webinar attendees (▼1%)	**1,286** subscribers (▲12%)	**3,752** website visits (▼8%) 16% return visits
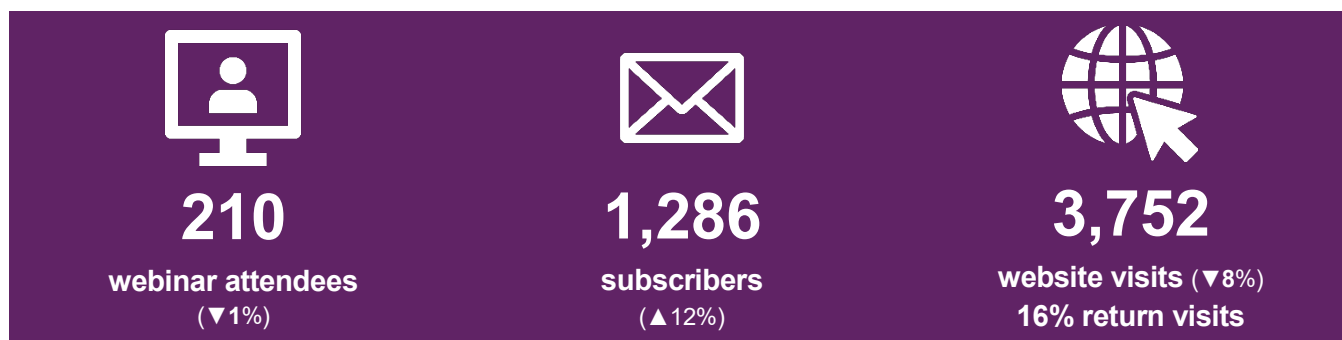
Stakeholders have an increased awareness of good engagement and volunteering practice

We held 2 **webinars** during Quarter 4: in February we heard from speakers on engaging with asylum and refugee communities (111 attendees) and in March we explored engaging on a large scale (108 attendees). Feedback was positive: 90% of respondents rated the webinar 'excellent' or 'very good' and 71% agreed or strongly that they had increased their knowledge on the topic. Specific comments included:

- *Reinforced why it is important to engage with new Scots*
- *Great and informative, would have liked to hear more about the risks that come with engaging… [and] any learning on successful projects for young people*
- *Over too quickly and not structured enough*
- *Packed full with great examples. Thanks*
- *Confirmed we are all in the same boat and some of the ideas have been used in my partnership*
- *Very informative and encouraging. Thanks!*

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

Staff across our teams and offices regularly meet with frontline staff, managers and strategic leads to discuss their local needs in relation to support for engagement. This can involve **rebuilding relationships**

with individuals and teams that had existed before the pandemic, and also making new connections with staff recently in post.

In Q4 our staff met with health leads from across Perth & Kinross HSCP. This has led to renewed interest in our training and awareness workshops which are being planned. The Engagement Officer in Lanarkshire attended a local Recovery Café meeting and identified 5 new contacts; as a result 3 Voices training sessions are being scheduled for the coming months. A visit to the Orkney Men's Shed group has helped to promote our role and highlight what we can offer in terms of training and support to engage. Staff have also delivered presentations about our work to third sector organisations and health promotion teams in Dumfries & Galloway and Forth Valley.

In order to publicise our work we make use of local media as well as external partners' social media and networks. Information about our People's Experience Volunteers was shared by Volunteer Centre Western Isles to their registered members, and an article appeared in *Am Paipear*, the local newspaper in North Uist. As a result 3 individuals came forward with an interest in joining our volunteer pool.

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.

18	**3**	**1,184**
new Citizens' Panel members	documents translated into Easy Read format	public views gathered

People have increased opportunity to share their views and experiences

Fieldwork for the eleventh **Citizens' Panel**, covering the Tobacco Action Plan, vaccination motivations and digital health and social care, was carried out between December and February. The survey received 667 responses (66% response rate), notably the highest response rate to any Citizens' Panel survey. The work done in autumn 2022 to refresh the Panel membership helped ensure members remain engaged and the Panel is robust and representative. The survey report will be published in Q1.

During March, we gathered public views on a set of principles for **accessing primary care services**. A total of 30 people from patient and community groups shared their views during individual interviews and group discussions. The questions were also shared with Citizens' Panel members in the form of an online survey, which yielded a further 449 responses (48% response rate). People's views will be summarised into a report for Scottish Government, expected to be published in Q1.

At the end of Q1, we interviewed 38 members of the public to gather their opinions on proposed policy changes being suggested as part of the review of the Planned Care **Waiting Times** guidance. Interviews were held in Grampian, Shetland, Tayside, Lothian, Forth Valley and Lanarkshire. The report and recommendations are expected to be published in Q2.

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

A refresh of the **Citizens' Panel** membership took place in spring 2023. This specifically targeted communities which were underrepresented in the overall Panel membership – including those under 44 years; from Black, Asian and minority ethnic communities; living in rented accommodation; and based in Edinburgh, Glasgow, Inverclyde and Fife. Regular housekeeping ensures the Panel continues to be diverse and broadly representative of Scotland's population, encourages higher response rates and ensures future survey results are statistically robust.

A number of our staff attended training last autumn on translating documents into Easy Read format. The group has since been drafting a range of documents into **accessible formats**, including an equalities monitoring form, a role descriptor for People's Experience Volunteers and a consent form for participants in discussion groups. These will be a useful library of adaptable resources available to the whole organisation. The group plans to share their learning in a workshop at the end of Q1.

Regional teams across Scotland carry out **stakeholder mapping** to identify potential partners for upcoming work. Recently, the South & East team has made links with 10 minority ethnic services and organisations to raise awareness of our role but also to build a better understanding of the communities and the challenges that they face.

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

Our gathering views on chronic pain report was published in February. It made 6 recommendations for the Scottish Government to consider when further developing its draft Framework for Pain Management Service Delivery.

Staffing

2 staff started	**4** staff leavers	**55%** mandatory training completion (▼13%)
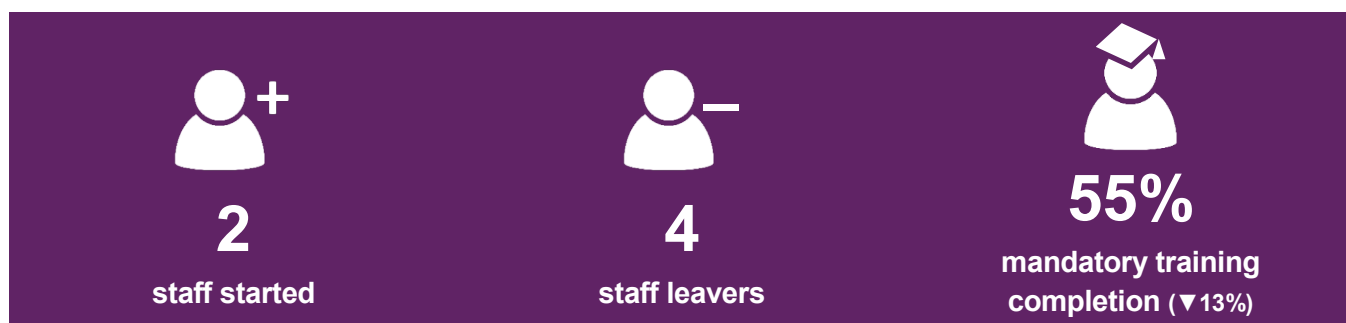
During Q4, we welcomed **Clare Morrison** as the new Director of Community Engagement, and saw one Engagement Officer return from a career break. We had 4 **staff leavers**:

- 1 x Principal Service Change Advisor
- 1 x Engagement Officer, plus another on maternity leave
- 1 x Administrator

Our staff have mandatory **training** modules to complete on several learning platforms. At the end of Q4, our directorate completion rate for the 15 mandatory modules (including information security, risk management and fire safety awareness) was 55%. This was a 13% decrease from the end of the previous

quarter. It should be noted that the main two training systems (LearnPro and Turas) have now been linked so that the completion statistics reflect 15 (rather than 8) mandatory modules. A number of modules have annual expiry dates and need to be re-taken. Managers will encourage staff to complete all necessary training as part of the annual Performance Development and Wellbeing Reviews in Q1.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**25 May 2023**
Title:	**Risk Register**
Agenda item:	**2.4**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Community Engagement**
Report Author:	**Clare Morrison, Director of Community Engagement**
Purpose of paper:	**Awareness**

1.   Situation

At each meeting the Scottish Health Council is provided with a copy of the operational risks relating to the SHC'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 relates to service change and has been updated.

Risk 1077 was identified as being out of date at the last SHC meeting so has been replaced with a new risk 1239.

3.   Assessment

Risk 1163 (service change) has been increased to a rating of 16 from 12 in the last report. This reflects concerns that there are gaps in the engagement activity undertaken by boards on service change due to system pressures in the health and care system, and that we are not fully informed of all ongoing service change. Work is being undertaken to mitigate this, and the recent meeting with Scottish Government outlined in the Director's report being particularly significant.

Risk 1077 (workforce and strategy) has been replaced with risk 1239. This new risk more accurately describes the current risks with the lack of stakeholder awareness of our role

and the directorate's staffing structure being out of date. It captures the ongoing work around organisational change for the directorate. The risk rating is 12.

Assessment considerations

Quality / Care	N/A
Resource Implications	Resource implications for the new directorate structure in risk 1239 were fully considered with the finance team.
	Workforce implications are a key element of risk 1239. Actions to mitigate these risks have been taken with further mitigations planned.
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 vision, structure and 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 the HIS Risk Manager.

4   Recommendation

The Committee is asked to note the update on the two existing risks, in alignment with the directorate's new vision.

5   Appendices and links to additional information

The following appendices are included with this report:
- Appendix 1, Risk Register Extract

Active Risks - Standard Report

APPENDIX 1

Category	Project/Strategy	Risk No	Risk Status	Risk Manager	Risk Owner	Risk Director	Risk Description	Inherent Risk Level	Current Controls	Current Mitigation	Current Update	Last Updated	Last Updated Risk Score	May - 2023
Reputational / Credibility	Service Change	1163	Active	Derek Blues	Clare Morrison	Clare Morrison	There is a risk that system pressures together with regional/national planning and COVID remobilisation and recovery reduces the priority given to meaningful public involvement and engagement in service change resulting in failure of Boards to meet their statutory responsibilities with the subsequent operational and reputational risk to HIS.	High - 16	"Planning with People", Scottish Government and COSLA Community Engagement Guidance', Identifying options for delivery of core functions; and raising awareness through governance structures, via engagement with NHS boards, partnerships and Scottish Government. Development of Quality Framework for Engagement to support implementation of national guidance. Revised Planning with People published on 21 April 2023. Significant HIS-CE involvement in shaping the content of this publication.	The Scottish Health Council Committee Service Change Sub-Committee continues to provide governance over the issue. The most recent meeting took place on 2 March 2023 with this matter on the agenda. The issue was also highlighted during an SHC committee development day in June 2022. An action plan has been developed in the light of these discussions and this has led to quarterly meetings the 3 Regional Planning Directors. Ongoing discussions with boards and partnerships to emphasise need for engagement and support available via HIS-CED. This has been picked up by Engagement Programme Managers during the process of reconnecting with Boards and Partnerships in Q4 of 2022 and Q1 of 2023. Involvement in regional and national planning structures is helping to highlight the importance of engagement in national and regional planning. HIS wide input to the review of Planning With People to reinforce the need for effective and appropriate engagement in national and regional planning was undertaken prior to the publication of PWP on 21 April 2023.	The current 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 36 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.	10/05/2023	Very High - 16	Very High - 16 Impact - 4 Likelihood - 4
Operational	Workforce Strategy	1239	Active	Claire Curtis	Claire Curtis	Clare Morrison	There is an operational risk to HIS-Community Engagement of a lack of widespread stakeholder recognition and understanding of our role functions, and the full range of expertise, support and services offered. Linked with this is an operational risk that the directorate's current staffing structure and working processes reflect out of date ways of working.	Medium - 12	CED Comms strategy. HIS Organisational change	Plans to refresh Comms strategy in April 2023. HIS Organisational change process planned for 12 weeks from Spring 2023 .	A strategic vision for HIS-Community Engagement was approved in March 2023. A meeting was held with the HIS Communications team to discuss a communications strategy focused on improving understanding of our role, expertise and services offered. This plan is in development. A proposed new directorate structure to deliver the vision has been developed and the 12-week organisational change consultation process began on 17 April 2023. The impact of this change process on staff wellbeing is a concern throughout this period. Multiple options for feedback have been established and staff have been reminded about the Employee Assistance Programme. A final directorate structure is expected to be implemented by September, followed by external communication with all our partners. Until then, the risks associated with an out of date structure and a lack of understanding of our role remain.	14/05/2023	Medium - 12	Medium - 12 Impact - 4 Likelihood - 3

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**25 May 2023**
Title:	**Focus on the new Vision – Evidence for Engagement**
Agenda item:	**3.1**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Community Engagement**
Report Author:	**Claire Goodheir Curtis, Acting Head of Engagement Programmes, Wendy McDougall, Acting Engagement Programmes Manager (West)**
Purpose of paper:	**Awareness/Discussion**

1.   Situation

In line with the directorate's new vision, this paper will provide a brief overview of the current status of the Evidence for Engagement programme and highlight a concise narrative from the vision going forward for awareness and discussion.

2.   Background

The Evidence for Engagement programme aims to build and share evidence around engagement to support our directorate's vision statement which is aligned to the overall HIS Vision:

> *"Meaningful engagement matters. It leads to high quality, safe services that are person-centred. It improves the health and wellbeing of communities."*

- We will be the go-to place for evidence we build from engagement, and about how to engage effectively.
- We will play a crucial role in transforming national health and care services, and developing policy by creating relevant, timely evidence.
- We will support people, communities and the public to have their say in health and care.
- We will gather local, national and international engagement evidence.
- We will have a joined-up, proactive plan for creating evidence which prioritises national needs.

How we'll do this: gather public views, run Citizens' Panels, carry out research, write case studies, service change reports, guidance and toolkits, hold workshops and events

3.   Assessment

Reporting for the Community Engagement Directorate's activity will be developed in line with the three engagement programmes over the next financial year as the final structure is agreed and implemented. The current activity within the Evidence for Engagement programme is detailed below.

Gathering Views

Our approach to Gathering Views aims to gather lived experience views on specific subject areas to inform the development of policy and services. This engagement is intended to supplement work undertaken by Scottish Government or other commissioners, consider new or different ideas and make recommendations based on the findings. We are actively working on several Gathering Views reports with initial discussions on future priorities to follow in Quarter 2. Current work is as follows:

GP Access Principles

The Scottish Government set up a General Practice Access working group to develop a set of principles about access to primary care services. HIS CE supported Scottish Government in gathering feedback from communities across Scotland. A two-pronged approach was taken in collecting views, ie, a targeted gathering views activity as well as a Citizens' Panel pulse survey. The report developed by HIS CE will form part of the Scottish Government report. The release date is set for June 2023.

Medical implanted devices

The Scottish Government is working to improve patient safety in the context of medical device use by improving the availability of medical device information and system-wide data. Over June/July 2023, HIS CE will garner views from individuals living with a medical implanted device, exploring pre- and post-operative stages and request views on the value of having an improved traceability system. Our report is scheduled for publication in November.

Waiting times

Scottish Government has undertaken a review of the current NHS Waiting Times Guidance, which was last updated in 2012. The aim is to deliver Waiting Times guidance that helps to make sure patients are managed fairly and consistently across all of Scotland. A number of one to one interviews have been carried out around the country

and 38 members of the public have contributed their opinions. Analysis of the responses is being carried out, and a draft report will be available by the end of June. Final publication of the report is expected in mid-August.

Citizens' Panel

Citizen's Panel (CP) 11 is due to be published the week of 22 May 2023 reporting on feedback on questions relating to: the Scottish Government's Tobacco Action Plan; Vaccine Motivation; and Digital Health and Care.
Preparation is underway for Citizen's Panel 12. Topics will include awareness of Organ & Tissue Donation legislation, and awareness of scrutiny of independent healthcare. Citizens' Panel 12 will go out to panel members in June and the report is due to be published in November 2023.

Case studies

The case studies on our website are a rich library of examples of good practice and an inspiration for practitioners across Scotland, as recognised by their inclusion within the updated *Planning with People* guidance. We will continue to source and publicise case studies relating to meaningful engagement and the positive contribution of volunteering, sharing them in a variety of formats including written content, videos and animations, and webinar presentation.

Assessment considerations

Quality/Care	A clear direction on the evidence for engagement will enable the directorate to maximise its impact on evidence to support and assure the health and care system to meaningfully engage with people in the development and delivery of services.
Resource Implications	All costs for the work of the Evidence for Engagement programme will be aligned within the current allocation for 2023/24. This will be detailed further as the work progresses.
	As the implementation of the directorate vision requires a period of organisational change, this will be considered extensively in planning the detail of how the overall vision can be delivered as well as its impact of staff.
Risk Management	The overall HIS CE vision is aligned to Risk 1239: There is an operational risk to HIS-Community Engagement of a lack of widespread stakeholder recognition and understanding of our role functions, and the full range of expertise, support and services offered. Linked with this is an operational risk that the directorate's current staffing structure and working processes reflect out of date ways of working. A full communications

	programme will be undertaken later in the year with partners once our consultation process is completed
Equality and Diversity, including health inequalities	The overall vision acknowledges the directorate's specific role in supporting equality, diversity and inclusion. The vision is about meaningful engagement: such engagement can help inform ways to address health inequalities. Equality, diversity and inclusion will also be considered in the planning of how the vision can be delivered for all three programmes.
Communication, involvement, engagement and consultation	There has been extensive engagement with staff in the development of the vision and this will continue, along with Scottish Health Council (SHC) members, HIS and wider stakeholders. Specific work on the Evidence for Engagement programme will continue in the finalised structure and be shared with partners as soon as possible.

4   Recommendation

The work of the Evidence for Engagement programme will develop over the coming months as the directorate structure is finalised. The SHC is asked to consider the current activity and future reporting for awareness and discussion.

5   Appendices and links to additional information

N/A

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**25 May 2023**
Title:	**Focus on the new Vision – Improvement of Engagement**
Agenda item:	**3.2**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Community Engagement**
Report Author:	**Tony McGowan – Head of Engagement & Equalities Policy, Sharon Bleakley – Engagement Programmes Manager (South & East), HIS Public Involvement team**
Purpose of paper:	**Awareness / Discussion**

1. Situation

In line with the directorate's new vision, this paper provides a brief overview of the current status of the Improvement of Engagement programme and highlight a concise narrative from the vision going forward for awareness and discussion.

2. Background

The Improvement of Engagement programme aims to use knowledge and expertise to improve engagement in support of our directorate's vision statement which is aligned to the overall Healthcare Improvement Scotland (HIS) vision:

> *"Meaningful engagement matters. It leads to high quality, safe services that are person-centred. It improves the health and wellbeing of communities."*

The Improvement of Engagement function will:

- Create a learning system that supports internal and external stakeholders to learn, develop, improve and share best practice in engagement. This includes applying learning from our work and testing new ideas and approaches;
- Have excellent partnership working and communication that underpins sharing knowledge; and
- Be forward-thinking and ambitious, continually improving and developing our expertise.

The Improvement of Engagement function will do this by:

- Spreading internal and external stakeholder understanding and use of the Quality Framework for Community Engagement & Participation;
- Leading networks for professionals in similar roles:
- Identifying, celebrating and sharing widely successful community engagement practice;
- Providing training and other learning opportunities on the full range of good practice community engagement and equalities & inclusion approaches;
- Supporting the establishment of a culture that values and supports people;
- Reducing unnecessary variation in community engagement and equalities & inclusion approaches;
- Sharing our expertise with internal and external stakeholders on equality, diversity, inclusion & human rights, person-centred care, and *What Matters to You?*; and
- Driving forward volunteering and public involvement across health & care in Scotland.

3. Assessment

Reporting for directorate activity will be developed in line with the three engagement programmes over the next financial year as the final directorate structure is agreed and implemented. Main areas of current activity for the Improvement of Engagement programme are detailed below.

Volunteering in NHSScotland

Work has continued on developing a comprehensive best practice guide for NHSScotland volunteering for colleagues working in volunteer management roles. Scoping is underway to understand the potential of national education and training for both volunteers and staff working in volunteer management roles. Work is also progressing on our 'Once for Scotland' approach to education, training and resources development. The aim of this work is to develop a consistent approach, where appropriate, to volunteering practice across NHSScotland whilst still retaining ability to be flexible to local needs; to free up capacity of volunteering teams; and to support the ethos of continuous learning and development for NHSScotland volunteering.

For some time it has been acknowledged that the existing Volunteering Information System (VIS), used by the majority of NHS board volunteer managers, is out of date and no longer fit for purpose. At the end of March 2023, after extensive discussions, the Scottish Government confirmed that they will fund a new Volunteer Management System (VMS). Work is commencing on the development of an Outline Business Case. It is the intention that the new VMS will enable NHS boards to improve their internal planning and management of volunteers, and make it easier for members of the public to apply for volunteering opportunities.

People's Experience Volunteers

We currently have eight People's Experience Volunteers across four areas. The volunteers have already contributed to many areas of work within the Community Engagement directorate, and we are now receiving requests from other parts of HIS. Early work for the initial cohort has included helping to develop a role description alongside materials to recruit more volunteers to the role. Our volunteers have recently been involved in testing out questions for a Gathering Views exercise, and the Citizens Panel. They also provided valuable feedback on the Inclusive Volunteering video which the directorate will be publishing in due course. We anticipate the number of requests for

People's Experience Volunteers input increasing, so further recruitment in other areas will continue as planned.

Children & Young People-related work within HIS

The Public Involvement team supports both the Children and Young People Working Group and the Children and Young People Key Delivery Area Network. Members, including the Public Involvement Advisor, recently presented a HIS board masterclass with a focus on Care Experienced Children and Young People and our Corporate Parenting duties.

A full and detailed Children's Rights and Corporate Parenting report was published in April 2023 with input from several members of the Children and Young People Key Delivery Area network. This document included an ambitious action plan covering the next three years. The Children and Young People Key Delivery area network has grown over the past year and continues to provide support for colleagues from across HIS who work in areas where inclusion and involvement of children and young people is vital.

HIS staff equality networks

Our staff equality networks have each continued a regular schedule of meetings and have supported effective staff engagement in relation to various organisational activities. The Race and Ethnicity Network influenced an anti-racism commitment within the recently published HIS strategy, provided feedback on organisational statistics and narrative around ethnicity, pay and occupational segregation, and commented on an ihub publication looking at housing and homelessness issues across the protected characteristics.

The Disability Network provided co-ordinated feedback as part of the policy review process for the HIS Flexible Working and Occupational Health policies. They additionally engaged the Partnership Forum in discussion about inclusive culture and reasonable adjustments, gaining support to propose new organisational guidance and process.

The Pride Network have been engaging with HIS Foundation Improvement Skills (FIS) to improve their approach to social engagement. As part of this, they have hosted two office-based working days for network members and a post-work social event. The network contributed an internal blog for Transgender Day of Visibility in March 2023 and have planned a schedule of activities for Pride Month.

Equality Impact Assessment (EQIA) across HIS

We have updated our EQIA screening process. A new digital form is now facilitating a simpler way of capturing and reviewing the equality impact of new work across HIS. Additionally, for Q3 and Q4 of 2022/23 we facilitated the measurement of a Key Performance Indicator (KPI) in relation to EQIA status across HIS external-facing work programmes. The Q3 exercise provided a baseline measurement. It also enabled us to identify areas with lower compliance or where equality mainstreaming could be more clearly evidenced. Initially, we gathered learning which enabled us to refine and clarify the criteria for Q4 and make some early positive changes to practice. For example, we were able to agree with the Service Change team that from July 2023 they will record the EQIA status of the projects being supported. This will ensure their prompting of EQIA and support for mainstreaming is visible, and that local NHS board progress can be tracked.

HIS' Equality Mainstreaming update report 2023 was published in April and detailed progress against our equality outcomes since April 2021. The Public Involvement team has subsequently facilitated a refresh of the supporting Equality Mainstreaming Action Plan via the HIS Equality and Diversity Working Group, which the Equality and Diversity Advisor facilitates.

Assessment considerations

Quality / Care	A clear direction on the Improvement of Engagement will enable the directorate to maximise its impact on community engagement and equalities & inclusion-related practice to support and make improvements to the ways health and care statutory bodies meaningfully engage with people in the development and delivery of services.
Resource Implications	All costs for the work of the Improvement of Engagement programme will be aligned within the current allocation for 2023/24. This will detailed further as the work progresses.
	As the implementation of the directorate vision requires a period of organisational change, this will be considered extensively in planning the detail of how the overall vision can be delivered as well as its impact of staff.
Risk Management	Risk number 1239: There is an operational risk to HIS-Community Engagement of a lack of widespread stakeholder recognition and understanding of our role functions, and the full range of expertise, support and services offered. Linked with this is an operational risk that the directorate's current staffing structure and working processes reflect out of date ways of working. The proposed structure seeks to address this risk, alongside the development of a communications approach that will initially focus on external stakeholder awareness and understanding of the Quality Framework for Community Engagement & Participation (in accordance with the Scottish Government's *Planning With People* guidance), and then the directorate's vision and offer to stakeholders.
Equality and Diversity, including health inequalities	The overall vision takes into account the directorate's specific role in supporting equality, diversity and inclusion. The vision is about meaningful engagement: such engagement can help inform ways to address health inequalities. Equality, diversity and inclusion will also be considered in the planning of how the vision can be delivered for all three function programmes.
Communication, involvement, engagement and consultation	There has been extensive engagement with staff in the development of the vision and this will continue, along with Scottish Health Council (SHC) Members, HIS and wider stakeholders. Specific work on the Improvement of Engagement programme will continue in the finalised structure and be shared with partners as soon as possible.

4   Recommendation

The work of the Improvement of Engagement programme will develop over the coming months as the directorate structure is finalised. The SHC is asked to consider the current activity and future reporting for awareness and discussion.

5   Appendices and links to additional information

N/A

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**25 May 2023**
Title:	**Focus on the new Vision – Assurance for Engagement**
Agenda item:	**3.3**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Community Engagement**
Report Author:	**Claire Goodheir Curtis, Acting Head of Engagement Programmes, Derek Blues, Engagement Programmes Manager**
Purpose of paper:	**Awareness/Discussion**

1. Situation

In line with the directorate's new vision, this paper will provide a brief overview of the current status of the Assurance for Engagement programme and highlight a concise narrative from the vision going forward for awareness and discussion.

2. Background

The Assurance for Engagement programme aims provide assurance that people are involved in shaping services to support our directorate's vision statement which is aligned to the overall HIS Vision:

> *"Meaningful engagement matters. It leads to high quality, safe services that are person-centred. It improves the health and wellbeing of communities."*

- We will fulfil our statutory role to support, ensure and monitor NHS boards' duty to involve the public.
- We will provide strategic support and governance on engagement to our partners across health and care.
- We will plan and prioritise our work and resources in a clear and consistent way. We will assure the approach Healthcare Improvement Scotland takes to engagement, equality and diversity.

How we will do this: support services to develop and review their engagement strategies, provide advice on service change, support use of the Quality Framework and equality impact assessments, and have a clear strategic vision and operational plan with outcome measures.

3.   Assessment

Reporting for the Community Engagement Directorate's activity will be developed in line with the three engagement programmes over the next financial year as the final structure is agreed and implemented. The current activity for the Assurance for Engagement programme is detailed below.

Service Change

The team will continue to deliver online workshops with partners in NHS Boards and Health and Social Care Partnerships (HSCPs) moving forward.

The service change team is currently supporting a total of 57 service changes across NHS Boards and Health and Social Care Partnerships. This includes the Quality Assurance of Ayrshire & Arran (SACT) which has been designated as a major service change.

The next Engagement practitioners Network meeting is scheduled for 16 May to discuss *Planning with People* and the Quality Framework.

Strategic Support for statutory duties

The Quality Framework for Community Engagement and Participation was published on 24 April 2023 (Appendix 2). The Framework supports 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 (Appendix 1) published by the Scottish Government and COSLA published on 21 April 2023.

The framework identifies, supports and assures engagement activity within organisations in relation to three 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. There will be a programme of internal and external communications activity to promote and support the use of the framework over the coming months.

Operational Plan

HIS-CE outlined within its Operational Plan the development of a cross-directorate approach to evaluation, work on this is continuing and will be developed further in 2023/24. Further information is available in paper 2.3 Operational Plan Progress Report.

The ongoing reporting of the Assurance for Engagement Programme will be further aligned with the 2023/24 Operational Plan in this financial year.

Assessment considerations

Quality/ Care	A clear direction on the assurance for engagement programme will enable the directorate to maximise its impact internal operational, and external statutory support to partners to assure the health and care system can meaningfully engage with people in the development and delivery of services.
Resource Implications	All costs for the work of the Assurance for Engagement programme will be aligned within the current allocation for 2023/24. This will be detailed further as the work progresses.
	As the implementation of the directorate vision requires a period of organisational change, this will be considered extensively in planning the detail of how the overall vision can be delivered as well as its impact of staff.
Risk Management	Regarding service change, 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 resulting in failure of Boards to meet their statutory responsibilities with the subsequent operational and reputational risk to HIS. Risk 1163 reflects this risk and has been updated to note the publication of Planning with People. The impact scoring of this risk has been increased to rating 4 from 1 May 2023.
Equality and Diversity, including health inequalities	The overall vision considers the directorate's specific role in supporting equality, diversity and inclusion. The vision is about meaningful engagement: such engagement can help inform ways to address health inequalities. Equality, diversity and inclusion will also be considered in the planning of how the vision can be delivered for all three programmes
Communication, involvement, engagement and consultation	There has been extensive engagement with staff in the development of the vision and this will continue, along with SHC Members, HIS and wider stakeholders. Specific work on the Assurance for Engagement programme will continue in the

	finalised structure and be shared with partners as soon as possible.

4   Recommendation

The work of the Assurance for Engagement programme will develop over the coming months as the directorate structure is finalised. The SHC is asked to consider the current activity and future reporting for awareness and discussion.

5   Appendices and links to additional information

The following links to appendices are included with this report:

- Appendix No 1 - Planning with People: community engagement and participation guidance
- Appendix No 2 - Quality Framework for Community Engagement and Participation