

Scottish Health Council Meeting

Agenda 1.0

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

Date: 24/08/2023

Time: 10.00-12:30

Venue: Via MS Teams

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 (25/05/2023)	Chair	Paper
1.3	10.10	Review of Action Point Register	Chair	Paper
2. SHC GOVERNANCE				
2.1	10.15	Business Planning Schedule 2023/24	Chair	Paper
2.2	10.20	Director's Update	Director	Paper
2.3	10.30	Risk Register	Director	Paper
2.4	10.40	Operational Plan Progress Report	Operations Manager	Paper
	10.50	<i>Comfort break</i>		
3. STRATEGIC BUSINESS				
3.1	10.55	Evidence Programme overview	Acting Head of Engagement Programmes <i>Claire Curtis</i>	Paper
3.2	11.05	Evidence from engagement activities	Engagement Programme Manager <i>Wendy McDougall</i>	Paper
3.3	11.15	Improvement Programme overview	Head of Engagement & Equalities Policy <i>Tony McGowan</i>	Paper

3.4	11.25	Volunteering in NHS Scotland	Programme Manager Volunteering <i>Janice Malone</i>	Paper
3.5	11.40	Assurance Programme overview	Engagement Programme Manager <i>Derek Blues</i>	Paper
3.6	11.50	Assurance of the engagement of people in the work of HIS	Head of Engagement & Equalities Policy <i>Tony McGowan</i>	Paper
3.7	12.00	Engagement across Scotland: maintaining and building local relationships	Acting Head of Engagement Programmes <i>Christine Johnstone</i>	Paper
4.	RESERVED BUSINESS			
4.1	12.10	Service Change Sub-Committee Minutes of Meeting 27/07/2023	Engagement Programme Manager <i>Derek Blues</i>	Paper
5.	ADDITIONAL ITEMS of GOVERNANCE			
5.1	12.15	Key Points	Chair	
6.	CLOSING BUSINESS			
6.1	12.20	AOB	All	
6.2	12.30	Meeting Close		
7.	DATE OF NEXT MEETING			
7.1		16 November 2023 (Development Day) Delta House 10.30-15.30		

SHC MINUTES – v0.1

Meeting of the Scottish Health Council

Date: 25 May 2023
Time: 10:00am-12.30pm
Venue: Delta House Glasgow

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)
Derek Blues, Engagement Programmes Manager (DBI), (EPM)
Richard Kennedy McCrea, Operations Manager (RKM)
Joy Vamvakaris, Social Research Analyst (JV) (Item 3.1)

Apologies

Elizabeth Cuthbertson, Member (EC)
Alison Cox, Member (AC)
Claire Curtis, Acting Head of Engagement Programmes (CC)
Wendy McDougall, Acting EPM (WM)

Committee Support

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

Declaration of interests

No Declaration(s) of interests were recorded

1.	OPENING BUSINESS	<u>ACTION</u>
1.1	Chair's Welcome, Introductions and Apologies	
	<p>The Chair (SD) welcomed everyone to the meeting, highlighting it was the first in person meeting in 2023.</p> <p>It was noted that the Scottish Health Council Committee would be referenced as the Scottish Health Council (SHC) going forward with the members being referred to as council or Scottish Health Council members rather than committee members. This is in keeping with the terminology used throughout the legislation and the SHC Chair and</p>	

	<p>member appointments. The HIS Board Governance Chairs Committee have been informed of this clarification and the message remains clear that the Scottish Health Council is an HIS governance committee.</p> <p>Apologies were noted as above.</p>	
1.2	Draft Minutes of Meeting	
	<p>Following two minor corrections on item 2.1, change of word to <i>iterative</i> and item 2.2, change from DB to <i>DBI</i>, the draft minutes of the Scottish Health Council (SHC) meeting, held on 02 March 2023, were approved as an accurate record of the meeting.</p>	
	Matters arising	
	<p>There were no matters arising.</p>	
1.3	Review of Action Point Register	
	<p>The SHC reviewed the Action Point Register and were advised that as a continuation of enforcing the need of training opportunities for them, the Head of Engagement and Equalities Policy (TMG) was already in conversation with the Head of Organisational Development, Sandra Flannigan (SFI) and will feedback the outcomes at the next meeting.</p> <p>It was highlighted that SD is currently conducting 1:1s with Council members which will help identify both individual and collective development needs. It was suggested that once complete this will be passed onto TMG for discussion with SFI.</p> <p>Item 1.2 (02/03/2023) -A question was raised regarding the feedback from the National Volunteering Group meeting on Volunteers not replacing staff roles.</p> <p>TMG advised that he was aware that this had been discussed at the meeting and would provide a full update at the next SHC meeting in August.</p> <p>The Council members were in agreement that a volunteering update should be included in August's agenda and noted the Action Point Register.</p> <p>Action TMG to speak to Sharon Bleakley (SBI), (EPM) and Janice Malone (JMa) Volunteer Programme Manager regarding providing a Volunteering update at the next SHC meeting.</p>	TMG
2.	COMMITTEE GOVERNANCE	
2.1	Business Planning Schedule	
	<p>The Business Planning Schedule for 2023/24 was presented for</p>	

	<p>comment and noting.</p> <p>It was noted that at present, the Business Planning Schedule would benefit from a more detailed breakdown of planned agenda items.</p> <p>After discussion, it was agreed that SD and the Director of Healthcare Improvement Scotland-Community Engagement (HIS-CE) (CM) would discuss the content further with more detail to follow.</p> <p>The Council members were comfortable with this and noted the Business Planning Schedule.</p> <p>Action SD and CM to meet and discuss the detail required for the 2023/24 Business Planning Schedule.</p>	SD/CM
2.2	Director's Update	
	<p>CM provided a paper about the work undertaken by the Director and the Directorate Leadership Team (DLT) in the past quarter, and on the future plans.</p> <p>The following points were highlighted for discussion and approval;</p> <ol style="list-style-type: none"> 1. Organisation Change- Advised that the directorate's organisational change was now halfway though and noted that this is a new structure with different roles being created. Provided assurance to the Council members, advising that the first half of the process focussed on the structure itself with the second half focussing on the individual staff consultations. It was highlighted that it is on course to deliver to the 12 week timescale, with the filling of the structure by end of September. 2. Service Change- highlighted that pressures on the system were still high and won't change. It was advised that due to these pressures and increasing political scrutiny, a clear focus was needed for service change going forward. It was also highlighted that a positive meeting was held with Scottish Government regarding service change. 3. Processes- It was highlighted that the directorate's continued focus was around developing the directorate structure to deliver the vision. To continue to provide the assurance to the SHC, it was noted that once the structure is confirmed additional work is required to develop the reporting, which included the reframing of the SHC papers. Feedback on the papers produced for the meeting was sought from the Council members. <p>The Council members thanked CM for providing the update and raised the following points and feedback ;</p> <ol style="list-style-type: none"> 1. Reporting to the SHC - with the changes to the structure, should the four SHC priorities be changed and based around the vision and the national context? 2. Planning and Supporting- what kind of methodology does the directorate plan to use in order to understand if the structure works. Line management isn't clear in new structure chart, it's 	

	<p>important to know who is responsible and accountable.</p> <ol style="list-style-type: none"> 3. General direction is great, evidence of a lot of consultation including feedback going on. Important to do this right and follow best practice. Also important to think about a Plan B in case timeline isn't met. 4. Queried the terminology used 'evidence from engagement' and suggested 'evidence for engagement' 5. Assurance was sought around staff engagement/wellbeing with the changes to the structure. 6. How does the directorate share the learnings from this with others within HIS? <p>In response to the feedback and points raised the following assurance was provided;</p> <ol style="list-style-type: none"> 1. Agreed that the four priority areas will be revisited and brought to the SHC to consider. After further discussion on the priorities, it was agreed that this would be part of the SHC development day in November 2023. 2. Advised that the line management was covered in the job descriptions posted and will bring this back for SHC assurance. 3. Provided the rationale for using 'evidence for engagement' going forward, explaining that the paper provided for the meeting focused on what the directorate do now and advised that this will expand going forward. 4. Advised that throughout the whole consultation process policies have been followed 100%. Highlighted that staff have had multiple ways to engage using different methods, MS Teams channel, MS Form, 1:1s, and team discussions. Also highlighted that spider diagrams were provided to explain how the directorate and new structure would work. 5. Advised that learnings are already shared with colleagues across HIS with regular meetings taking place at present with Quality Assurance Directorate (QAD), HR, Partnership Forum and Unions. <p>The Council members felt assured and approved the future plan for the directorate.</p>	
2.3	Operational Plan Progress Report	
	<p>The Operations Manager RKM provided an update on the Directorate's progress carried out during Quarter 4 of 2022-23.</p> <p>The following highlights were discussed;</p> <ol style="list-style-type: none"> 1. Evidence around how to do engagement and looking at outcomes. It was advised that going forward the operational plan should complement the vision and highlighted that all staff in the directorate will be able to contribute to the overall vision and its aims. 2. Building capacity – continue and build on webinars considering a variety of demographics. 3. Asking what is effective engagement? 4. Updating and adding information on the HIS-CE website as 	

	<p>people want practical resources they can take away.</p> <p>5. Asked if producing an annual report on the directorate's performance would be beneficial?</p> <p>The Council members thanked RKM for providing the update and agreed that seeing the quarterly information in an annual report would be beneficial. They also raised the following points and feedback;</p> <p>1. Does the directorate feel there is a good system around gathering evidence from the third sector?</p> <p>In response to the feedback and points raised the following assurance was provided;</p> <p>1. Advised that although not perfect the directorate provides evidence on the HIS-CE website as it's easier to update and keeps it current. Noted that more focus was needed on engagement with NHS. Advised that webinars are on an upward trend and have 150 new names from outside the health and care statutory bodies.</p> <p>After a discussion on building on the existing relationship with The ALLIANCE, it was agreed that RKM would take up a discussion with Simon Bradstreet. (SB)</p> <p>Action RKM to contact SB to discuss The ALLIANCE relationship. RKM to consider developing an annual report on the directorate's performance.</p>	<p>RKM</p>
<p>2.4</p>	<p>Risk Register</p>	
	<p>CM provided an update on the Risk Register and noted the following;</p> <p>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.</p> <p>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.</p> <p>After discussion, it suggested that risk 1239 should be split into two separate risks. It was noted there is a separate HIS-wide risk on organisational change.</p> <p>The Council members were in agreement that Risk 1239 should be separated into two individual risks, unless the existing HIS-wide risk on organisational change fully captures the specific organisational change in the Community Engagement directorate. It was agreed this should be checked before separating Risk 1239</p> <p>Action</p>	

	CC to check the organisational risk and then update the risk 1239 as appropriate.	CC
3.0	SETTING THE DIRECTION	
3.1	Focus on the new Vision – Evidence	
	<p>In the absence of the Acting Head of Engagement Programmes (CC) and the Acting EPM (WM), the directorate’s Social Research Analyst, (JV) provided an update and highlighted the following;</p> <ol style="list-style-type: none"> 1. Attended a meeting with Scottish Government (SG) and a Danish delegation on how we engage, she advised that prior to the meeting the delegation had no awareness of the legislation around the need for engagement in Scotland and were not aware of any equivalent legislation in Denmark. 2. Noted that Citizens Panel 11 (CP) was published on Monday 22 May with a response rate of 66% and highlighted this was the highest response to date with sections on the Tobacco Action Plan, Covid Vaccine and digital health and care. It was also highlighted that CP 12 on organ donation and regulation of independent healthcare is due to start soon. 3. Noted that work is ongoing to refresh the CP and advised that discussions on topics are taking place with SG. 4. Highlighted that the test combining the CP and Gathering Views (GV) approaches worked well and there may be increased asks for this approach in the future. 5. It was also highlighted that staff are being trained to support with analysis as part of the Gathering Views process. Staff have said they found being involved had been beneficial. <p>The Council members found the update really informative and thanked JV for attending the meeting and providing the update.</p> <p>The following points were raised;</p> <ol style="list-style-type: none"> 1. CP 11 had a return rate of 66%, how does this benchmark against other recruited panels? 2. Gathering Views – would be good to know how we get the commissions? 3. Interested in knowing what’s entailed in the refresh of the CP? 4. What happens to get the view on digital health out to the public? <p>In response to the points raised JV provided assurance to the Council members;</p> <ol style="list-style-type: none"> 1. Advised that a 66% return rate benchmarked against other recruited panels is quite good and noted that it’s an increase from previous CPs. CP member feedback is positive. . 2. Gathering Views commissions – agreed that this would be shared at a later SHC meeting 3. An explanation was provided how the CP refresh is achieved. 4. Advised that the feedback goes out to the Panel members, SG communications and HIS communications, and the publicity and interest is dependent on the topics. <p>After a discussion took place on communications, it was agreed that the HIS-CE communications strategy would be included in the SHC</p>	

	<p>Development day.</p> <p>Action Communications to be added to the SHC Development day.</p>	CM
3.2	Focus on the new Vision - Improvement	
	<p>The Head of Engagement and Equalities Policy (TMG) provided a paper for awareness and discussion and highlighted the following points;</p> <ol style="list-style-type: none"> 1. Highlighted that a lot of work has continued on developing a comprehensive best practice guide for NHSScotland volunteering for colleagues working in volunteer management role. It was advised that after extensive discussions SG confirmed that they will provide funding for a new Volunteer Management System (VMS) and that work is commencing on the development of an Outline Business Case. It is hoped that the new system will be ready by the next financial year. 2. Denmark Volunteering – CM discussed the system that is used in Denmark, which gives students experience of health care and reduces health inequalities, and advised she is looking into a test of change for here. 3. People Experience Volunteers-Currently have eight across four areas. The volunteers have already contributed to many areas of work within the directorate, and we are now receiving requests from other parts of HIS. 4. Children and Young People’s work (CYP) - highlighted that there is a capacity issue and that a package of support had been developed, with the key focus of ensuring there is consistency of approach. <p>In response to discussion point (2.) the following feedback was discussed;</p> <ol style="list-style-type: none"> 1. It was highlighted that students already volunteer in some parts of Scotland and is mandatory to some students. 2. Suggested this could be the way to protect volunteers. 3. Asked if this could this be broadened out beyond students, use the communities? 4. How can we diversify this? <p>The Council members thanked both TMG and CM for the update.</p>	
3.3	Focus on the new Vision - Assurance	
	<p>The EPM (DBI) provided an update and highlighted the following points;</p> <ol style="list-style-type: none"> 1. Quality Framework (QF) was published on 24 April 2023, this followed the publication of the SG’s <i>Planning with People</i> (PWP) guidance which was published on 21 April 2023. 2. Held successful sessions with the Engagement Practitioners Network (EPN) with 60 people attending, feedback from these was really positive. Advised that workshops are still being delivered. Highlighted that there are also opportunities to link the QF around Governance for Engagement. 3. Noted the conclusion of NHS Ayrshire and Arran work and 	

	<p>advised they are now considering evidence for the Equality Impact Assessment (EQIA), which will be taken to the next Service Change Sub Committee meeting.</p> <p>4. Meeting with SG to discuss the opportunity to develop a new light touch approach to service change that does not meet the threshold for “major” service change whilst still providing a new level of assurance.</p> <p>The Council members thanked DBI for providing the update and noted that a lot had been achieved in the last few weeks.</p> <p>CM noted thanks to DBI and the service change team for their enthusiasm and for embracing the opportunities around the development of the proposed new assurance process for service change.</p>	
4.0	RESERVED BUSINESS	
4.1	Service Change Sub-Committee meeting minutes	
	<p>DBI presented the Service Change Sub-Committee meeting minutes from the following Sub-Committee meetings for noting;</p> <p>20 February 2023 20 March 2023 21 March 2023 11 May 2023 (Draft)</p> <p>Service Change sub-committee meeting minutes were noted.</p>	
5.0	ADDITIONAL ITEMS of GOVERNANCE	
5.1	Key Points	
	<p>After discussion, it was agreed the following three key points to be reported to the Board:</p> <ol style="list-style-type: none"> 1. SHC- review and rethink the four priorities in line with HIS and HIS-CE vision 2. Volunteering 3. Service Change 	
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 meeting will be held on 24 August 2023 Via MS Teams 10.00-12.30	
	<p>Name of person presiding:</p> <p>Signature of person presiding:</p>	

	Date:	
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ACTION POINT REGISTER

Meeting: Scottish Health Council
Date: 25/05/2023

Minute ref	Heading	Action point	Timeline	Lead officer	Status
Committee meeting 25/05/2023 1.3	Review of Action Point Register	TMG to speak to Sharon Bleakley (SBI), (EPM) and Janice Malone (JMa) Volunteer Programme Manager regarding providing a Volunteering update at the next SHC meeting. (24/08/2023)	24/08/2023	TMG	Complete
Committee meeting 25/05/2023 2.1	Business Planning Schedule	SD and CM to meet and discuss the detail required for the 2023/24 Business Planning Schedule to provide a more detailed breakdown of planned agenda items.	24/08/2023	SD/CM	Complete
Committee meeting 25/05/2023 2.3	Operational Plan Progress Report	RKM to contact SB to discuss The ALLIANCE relationship	24//08/2023	RKM	Complete
Committee meeting 25/05/2023	Operational Plan Progress Report	RKM to consider developing an annual report on the directorate's performance.	24/04/2023	RKM	Complete

Date: 03/04/2023

2.3					
Committee meeting 25/05/2023 2.4	Risk Register	CC to check the organisational risk and then update the risk 1239 as appropriate.	24/08/2023	CC	Ongoing -Revised draft risk updated for use once the final structure has been implemented.
Committee meeting 25/05/2023 3.1	Focus on the new Vision – Evidence	CM to include the HIS-CE communications strategy in the SHC Development day.	16/11/2023	CM	Ongoing – to plan once new structure directorate leadership team is in place
Committee meeting 17/11/2022 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	Ongoing – 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 17/11/2022 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 17/11/2022 3.3	Corporate Parenting	CT / TMG to identify what further action can be taken in respect of Corporate Parenting and bring back a further paper to the Committee at a later date.	02/03/2023	CT/TMG	On-going – linked to 2.5

Date: 03/04/2023

<p>Committee meeting 19/05/2022 3.2</p>	<p>Service change update including Action plan</p>	<p>DBI to provide the Committee members with the overview of the workshops planned for Non-Executive board members in NHS Boards and Integration Authorities</p>	<p>02/03/2023</p>	<p>DBI</p>	<p>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</p>
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Date: 03/04/2023

Scottish Health Council: Business Planning Schedule

Committee Business		Lead Officer	25/05/23	24/08/23	30/11/23	29/02/24	May 2024 tbc	Notes
STRATEGIC BUSINESS								
Evidence Programme overview		Head of Evidence for Engagement Programme						
Evidence from engagement activities		Programme Manager Evidence						
Evidence about how to engage		Programme Manager Evidence						
Development of Research Programme		Social Researchers						
Evidence strategy: ensuring our evidence is relevant & timely		Head of Evidence for Engagement Programme						
Evidence from engagement activities and evidence about how to engage		Strategic Engagement Leads						
Improvement Programme overview		Head of Improvement of Engagement Programme						
Developing our Learning System		Head of Improvement of Engagement Programme						
Innovation to improve engagement		Programme Manager Improvement						
Volunteering in NHS Scotland		Programme Manager Volunteering						
Sharing knowledge and communications		Programme Manager Improvement & Operations Manager						
Assurance Programme overview		Head of Assurance of Engagement Programme						
Assurance of NHS boards' duties on public involvement		Head of Assurance of Engagement Programme						
Assurance of the engagement of people in the work of HIS		Equality, Inclusion and Human Rights Manager						
Assurance of Equalities, Inclusion and Human Rights duties and programme		Equality, Inclusion and Human Rights Manager						
Quality framework		Programme Manager Assurance						
Strategic Engagement		Strategic Engagement Leads						
Engagement across Scotland:maintaining and building local relationships		Strategic Engagement Leads						
SHC GOVERNANCE								
Draft Annual Report 2023/24 & Committee Terms of Reference		Chair						
Director's Update		Director						
Business Planning Schedule 2023/24		Chair						
Proposed 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		Equality 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:	24 August 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

SHC approved a new strategic vision for the directorate and a proposed new directorate structure in March 2023. A 12-week organisational change consultation on the proposed new structure began in April 2023.

In May 2023, SHC asked for the regular Director's report to focus on delivery of the strategic vision. This will be further developed in November 2023 at the SHC development day.

3. Assessment

The first step of delivering the new strategic vision is to re-structure the directorate so that it is aligned with delivery of the vision.

The 12-week organisational change consultation on the proposed new structure finished on 7 July 2023. All feedback was individual reviewed by the Director who produced the final outcome report (see Appendix 1). The report was independently verified by the HIS Head of Corporate Development to ensure the feedback was accurately captured in the report and that there was adequate consideration of the points raised.

The report was submitted to a meeting of the HIS Governance Committee Chairs for consideration on 1 August 2023. The report was endorsed and therefore a final structure for the directorate is now known. The report was shared with all staff in the directorate in w/c 7 August.

3.1 Key points on staff responses

Overall, staff response to the consultation was positive and the proposed new structure was widely welcomed with one caveat: the need for greater clarity on how local relationships will be maintained. An assessment of the individual 1:1 consultations between staff, their line manager and HR found that 67.4% were positive about the proposals, 13.0% were neutral and 19.6% were negative.

Among the positive majority, staff comments about the proposed new structure included it being a “very positive way forward for the directorate” and being “optimistic” about the future. Several people described the changes as “welcomed” and “long overdue”. Many staff highlighted the strength of the structure being focused on delivering the HIS strategy.

The biggest area of concern by far was a need to be clearer about how local relationships are maintained in future. Just over a third of people expressed “concerns about the level of community involvement there’s likely to be under a regional structure” and a “loss of understanding of local issues”. People were also concerned about how the regional teams would work with the three engagement programmes.

3.2 Changes made in response to feedback

In response to the feedback received during the consultation period, a number of changes to the proposed structure were made. These include:

- The Associate Director role has been separated from the Head of Evidence for Engagement Programme role in response to feedback that the combined role was unclear both for the role itself and for the rest of the structure, and that there was a need to mirror the rest of HIS which has separate Associate Director roles.
- An additional Social Researcher post has been added to the Evidence for Engagement Programme in response to feedback that this is required to expand our evidence and research work in line with our vision.
- Within all three programmes, there will be a Project Officer recruited from each of the regions in response to the concerns about a loss of local understanding. The Project Officers will specifically work within the programme as a whole, and may be required to work on a national or local basis.
- The Operations team has been moved from the Assurance of Engagement Programme to sitting separately from the three programmes in response to feedback that the team should work across the whole directorate, not just in one programme.
- The Equality, Inclusion and Diversity team has been moved from the Improvement of Engagement Programme into the Assurance of Engagement Programme in response to

feedback that much of the team's work related to meeting legislative requirements and best practice, and assuring effective and inclusive engagement across HIS.

- A Senior Project Officer role will be introduced in the Volunteering programme in response to feedback that this would better support the development of the programme.
- A professional link between the Head of the Assurance for Engagement Programme and the Engagement Advisers – Service Change has been added.

3.3 Impact on staff numbers

The current directorate structure has 47.9WTE filled posts, with a further two vacancies expected imminently. The final new structure has 52.6WTE roles, therefore an additional 4.7WTE staff are required to fill the structure. There will be no detriment to any existing staff member as a result of this process: everyone currently within the directorate will be matched into the new structure. It is fully anticipated that everyone will be matched to at least their current substantive grade but if this does not happen then current pay will be protected.

3.4 Financial assurance

The total cost of the revised final structure is £2,960,645 per annum which is £45,957 (1.6%) over budget. In 2023/24 due to the vacancies currently carried, the forecast position of implementing this structure is £94,285 (3.2%) under budget. One of the main areas of investment is in the Evidence for Engagement Programme with the addition of 1.0WTE Social Researcher and 1.0WTE Social Research Analyst. It is hoped this will generate income which long term will plug the funding gap. To reduce the risk, the additional Social Research Analyst post will initially be recruited as a 0.6WTE post, which reduces the overspend to 0.9% over budget, within the 1.0% tolerance. Providing income generation is consistently achieved, this post could be increased to 1.0WTE at a later date.

3.5 Next steps

In order to implement the new structure, two final steps are required:

- Completion of the Agenda for Change banding process for all new job descriptions. Unfortunately some posts have been banded by the HIS Agenda for Change Panel below the anticipated banding and therefore further work is ongoing.
- Definition of the process for matching individuals into roles. Although the HIS organisational change policy provides a high level process, some detail is missing which is arising from the large scale of this organisational change. Reaching an agreement on the detailed processes is proving more time consuming than was anticipated.

Until these steps are completed, it is not possible to progress with implementing the new structure. There is a risk this will result in a delay which will cause staff anxiety.

Once agreed, there will then be a transition over a number of months while posts are filled and new processes are developed. Planned activities in the implementation phase include:

- Team development within the new programmes and regions
- An all-directorate development event which will include learning, team development and networking
- A structured learning and development plan involving both group activities and skills development at an individual level, particularly for people taking on roles that are substantially different from previous roles
- Creating work plans in both the programmes and regions
- Developing the processes to support delivery of the work plans, including updating current processes, standard operating procedures and CRM
- Defining meetings and team working arrangements across the directorate
- Defining the reporting requirements and governance arrangements to provide assurance of the delivery of work
- Early demonstrative work in each of the programmes
- Tests of change for new ways of working.

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.

3.6 Realignment of directorates

SHC members were informed in July of a realignment of directorates across HIS to deliver the HIS strategy and embed improvement throughout the organisation. This will result in a third of the ihub's functions – the transformational redesign unit – joining the Community Engagement directorate from w/c 21 August. The name of the new directorate has been slightly amended to "Community Engagement and System Redesign".

In the short term, there will be no further changes. The organisational change process for Community Engagement needs to be completed as a stand-alone process. A Transitional Directorate Leadership Team to support the change has been formed which comprises the current leadership teams from the Community Engagement Directorate and the Transformational Redesign Unit.

In the longer term, work will be needed to create a directorate which functions as a single entity, rather than operating a directorate of two halves. However, this is not an immediate priority because the organisational change process within Community Engagement must be completed first and time is needed for everyone across the new directorate to fully understand everyone else's work.

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.
Resource Implications	The proposed directorate structure is within the budget allocation for 2023/24.
	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.
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. The organisational change process is following the HIS policy and has involved discussion with all directorate staff, Partnership Forum and trade union representatives.

4 Recommendation

SHC is asked to:

- Provide feedback on the organisational change consultation report.
- Discuss the next steps.
- Gain assurance around the directorate's work.

5 Appendices and links to additional information

Appendix 1 Community Engagement directorate organisational change consultation final report

Organisational change consultation

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Section 1: Consultation outcomes

1.1 Introduction

In April-July 2023, the Community Engagement directorate was consulted on the formation of a new directorate structure. This paper describes the findings of the consultation and the recommended way forward.

1.2 Rationale

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

It is vital that the new structure meets the future needs of the health and social care system, and delivers our statutory duties to support, monitor and assure health bodies' duties of public involvement.

The first stage of developing the proposed new structure was to define a clear strategic vision for the future work of the directorate. This was co-designed with staff with information gathered via a must/should/could/stop quadrant document, internal audit, and discussion on a number of draft versions. Views were also sought from NHS boards, Scottish Government and across HIS. A key principle was that the vision must deliver the HIS strategy which had been widely consulted on with external stakeholders.

Following this, core principles for the new directorate structure were identified by the Directorate Management Team. These were that the structure:

- must deliver the directorate's 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 (internal audit recommendation)
- must provide clarity on all roles, especially Engagement Officers
- must provide clarity on internal HIS engagement
- must be financially viable.

A number of different structures were generated and assessed against the core principles. Only one potential structure met all the principles so was put forward for consultation with directorate staff.

The structure put forward included indicative Agenda for Change banding although the consultation document was clear that these were only indicative. It remains the case that the bands for posts are not yet all defined. If the structure is approved, it is only the structure and not the bands that are being approved, since the Agenda for Change panel decision is the only group who can determine the band of a job description.

1.3 Summary of feedback

Feedback was received in a number of different ways: individual 1:1 consultations with staff members, an MS Form, a Teams channel, team meetings, individual meetings with the Director, discussions with line managers, and emails to line managers and the Director. Every piece of feedback was reviewed and considered by the Director. Themes from the feedback were captured in this report which were independently verified by the HIS Head of Corporate Development.

Overall, the response to the consultation was positive and the proposed new structure was widely welcomed with one caveat: the need for greater clarity on how local relationships will be maintained. An assessment of the individual 1:1 consultations with staff found 67.4% were positive about the proposals, 13.0% were neutral and 19.6% were negative.

Among the positive majority, staff comments about the proposed new structure included it being a “very positive way forward for the directorate” and how they were “optimistic” about the future. Several people described the changes as “welcomed” and “long overdue”. Many staff highlighted the strength of the structure being focused on delivering the HIS strategy.

The biggest area of concern by far was a need to be clearer about how local relationships are maintained in future. Just over a third of people expressed “concerns about the level of community involvement there’s likely to be under a regional structure” and a “loss of understanding of local issues”. People were also concerned about how the regional teams would work with the three engagement programmes.

Around a fifth of staff expressed concerns about how the structure will work in practice, with comments such as “getting used to adapting to new ways of working would be the hardest thing” and “we won’t know until we get everything going how it will all work”. A few people said they were grieving for their current job or their current team. Several people were anxious about how the commitment to recruit across Scotland would work in practice.

1.4 Adjustments to structure in response to feedback

The following changes have been made to the proposed structure in response to the feedback received.

Separation out of Associate Director role

The Associate Director role has been separated from the Head of Evidence for Engagement Programme role in response to feedback that the combined role was unclear both for the role itself and for the rest of the structure, and that there was a need to mirror the rest of HIS which was separate Associate Director roles. This need for alignment is even more significant for the future stability of the directorate than when the consultation began because of the planned incorporation of the Transformational Redesign Unit from ihub: separation of the role will create a future directorate structure that balances two Associate Directors with Heads of Programme underneath.

Additional Social Researcher

An additional Social Researcher post has been added to the Evidence for Engagement Programme in response to feedback that this is required to expand our evidence and research work in line with our vision.

Reduction of Project Officers in the Evidence Programme

To part-fund the Head of Evidence for Engagement Programme and additional Social Researcher, two Project Officer posts have been removed from the Evidence programme.

Improving local presence in programmes

Within all three programmes, there will be a Project Officer specifically recruited from each of the regions in response to the concerns about a loss of local understanding. The Project Officers will specifically work within the programme, and may be required to work on a national or local basis: however where face to face work is required, the Project Officer from that region will take the lead.

Introduction of protected time for local relationships

We will introduce some tests of change for staff to have protected time for local relationships. This will need to be carefully managed by the Strategic Engagement Lead and Engagement Advisors – Community and will not include autonomy to meet NHS boards/HSCPs. All information gathered will have to be fed into a central database (ie, CRM) to ensure activity is useful, co-ordinated, and avoids duplication.

Repositioning of Operations team

The Operations team has been moved from the Assurance of Engagement Programme to sitting separately from the three programmes in response to feedback that the team should work across the whole directorate, not just in one programme.

Repositioning of Equality, Inclusion and Diversity team

The Equality, Inclusion and Diversity team has been moved from the Improvement of Engagement Programme into the Assurance of Engagement Programme in response to feedback that much of the team's work related to meeting legislative requirements and best practice, and assuring effective and inclusive engagement across HIS. However, an improvement-based approach to assurance must be used.

Creation of Senior Project Officer in Volunteering programme

A Senior Project Officer role will be introduced in the Volunteering programme in response to feedback that this would better support the development of the programme. A specific job description will be developed for this purpose. There will not be additional Senior Project Officers elsewhere in the structure.

Professional link for Engagement Advisers – Service Change

A professional link between the Head of the Assurance for Engagement Programme and the Engagement Advisers – Service Change has been added in response to feedback. Line management remains with the Strategic Engagement Lead; and the structure of the Directorate Leadership Team will ensure that decisions between the two are aligned.

Updating of Project Officer and other job descriptions

A number of job descriptions, including the generic Project Officer job description, have been made more specific in response to feedback that the generic approach lacked sufficient clarity to understand the role.

Administrative Officers

Clarification was requested about the role of Administrative Officers in each programme/region: they will provide administrative support to both the work of that programme/region and to the senior manager in that team. The Associate Director will receive administrative support through the Operations Team's Administrative Officer. Administrative Officers have been redistributed between the Improvement and Assurance teams to enable the Operations Team to retain an Administrative Officer.

1.5 Proposed adjustments to structure not taken forward

The following proposed adjustments to the structure were considered but not taken forward.

Clarification of Strategic Engagement Lead role

Several people queried the value of the Strategic Engagement Lead role in regions which suggests it was inadequately described in the consultation document. This is an essential subject matter expert who leads our relationships with NHS boards, HSCPs and regional planning groups to gather and share intelligence that enables the directorate to discharge its statutory duties to support, monitor and assure health bodies' duties of public involvement. It is not a management role and is analogous to the senior improvement advisor in the ihub.

Feedback from boards, both now and in previous reviews, has strongly indicated their preference is for a strategic-level relationship with a senior role in the directorate, rather than the operational-level relationship we have offered previously. The rationale for this is that strategic level decision makers are needed to understand the complexity of decision making undertaken in boards. This role is of such importance to the directorate that it will be directly line managed by the Director, to ensure the Director is continually updated about the status of public involvement across NHS Scotland and to ensure that the intelligence from these relationships shapes the directorate's work.

Repositioning of Project Officers in regions

Six people suggested moving Project Officers into the regional teams. To deliver our strategic vision, we need to focus our work in the three programmes identified of evidence, improvement and assurance of engagement. We cannot have a mixed model of Project Officers working in both the programmes and the regions since both their roles and management structure would be unclear. Therefore, Project Officers will be located in the programmes.

1.6 Clarification on working with NHS boards, HSCPs and regional planning groups

The new structure is significantly different from the interim structure, and relationships with partners will change. Feedback suggested the following further clarification on these roles is needed:

- The Strategic Engagement Lead is an essential subject matter expert who leads our relationships with NHS boards, HSCPs and regional planning groups to gather and share intelligence: therefore they will be the first point of contact. No contact should be made with partners without the Strategic Engagement Lead being aware.
- The Engagement Advisor – Service Change has a specific advisory role in service change. They will be brought into conversations with partners by the Strategic Engagement Lead and may then meet partners individually or with other directorate colleagues.
- Staff from across the three programmes will work with NHS partners on individual pieces of work. This work will be co-ordinated through the Directorate Leadership Team. The rationale for the membership of the Directorate Leadership Team is to ensure co-ordination of work: Director, Associate Director, three Heads of Programmes, three regional Strategic Engagement Leads and Operations Manager, along with Partnership Forum representation.
- The Engagement Advisor – Community specifically focuses on maintaining and developing relationships with communities and community groups, and not with NHS partners. Their role is in relationship management, not in undertaking engagement activities which will sit with Project Officers in the three programmes.

1.7 Final recommended structure

The final recommended structure is shown overleaf.

Financial assurance

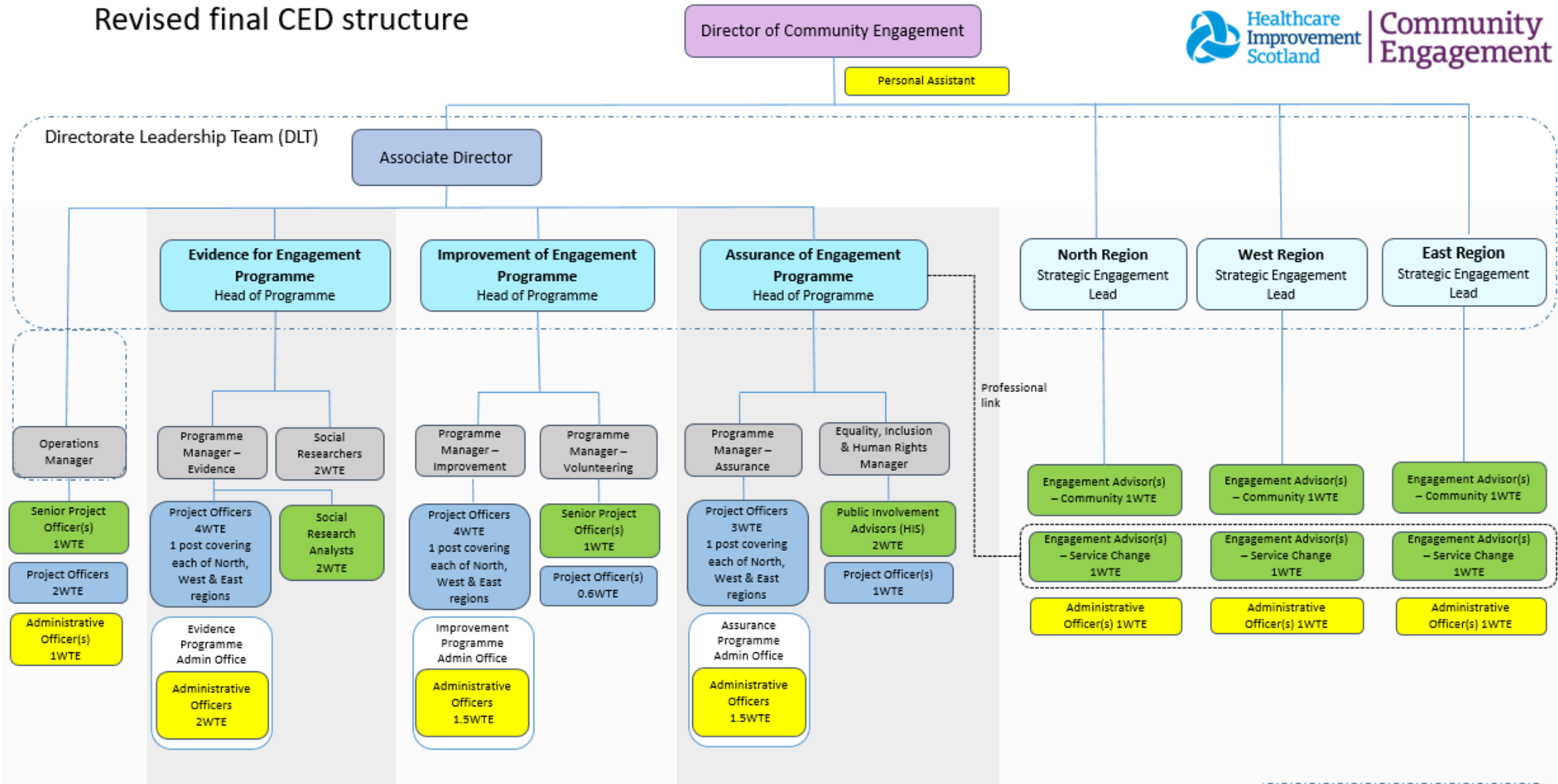
The total cost of this recommended structure is £2,960,645 per annum which is £45,957 (1.6%) over budget. In 2023/24 due to the vacancies currently carried, the forecast position of implementing this structure is £94,285 (3.2%) under budget. One of the main areas of investment is in the Evidence for Engagement Programme with the addition of 1.0WTE Social Researcher and 1.0WTE Social Research Analyst. It is hoped this will generate income which long term will plug the funding gap. To reduce the risk, the additional Social Research Analyst post will initially be recruited as a 0.6WTE post, which reduces the overspend to 0.9% over budget, within the 1.0% tolerance. Providing income generation is consistently achieved, this post could be increased to 1.0WTE at a later date.

Staffing numbers

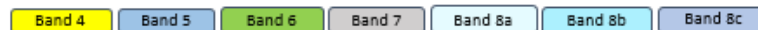
The directorate has been holding vacancies for over a year, resulting in the lowest ever staffing number at the start of the organisational change consultation (47.9WTE posts filled). The precise number of vacancies held is unclear due to some of the interim arrangements but was approximately 10 posts. The posts numbers for the initial proposed structure and the final recommended structure are shown below:

Band	Current structure (filled)	Initial proposal	New proposal	Difference from current (filled)
Exec	1	1	1	0
8c	0	1	1	+1
8b	2	2	3	+1
8a	4	3	3	-1
7	7.36	7	8	+0.64
6	6	11	12	+6
5	16.87	18	14.6	-2.27
4	10.67	10	10	-0.67
Total	47.9	53	52.6	+4.7

Revised final CED structure



Note: all boxes are 1WTE unless stated. Indicative banding:



Also part of DLT: Partnership Forum Reps

1.8 Support for implementation

Determining a final structure is not the end point. It will be followed by a transition over a number of months to move into the new structure. During this time, there is a commitment to work with staff to define the processes that will underpin the new structure. In addition, there is a commitment to support staff through the transition.

Planned activities in the implementation phase include:

- Team development within the new programmes and regions
- An all-directorate development event which will include learning, team development and networking
- A structured learning and development plan involving both group activities and skills development at an individual level, particularly for people taking on roles that are substantially different from previous roles
- Creating work plans in both the programmes and regions
- Developing the processes to support delivery of the work plans, including updating current processes, standard operating procedures and CRM
- Defining meetings and team working arrangements across the directorate
- Defining the reporting requirements and governance arrangements to provide assurance of the delivery of work
- Early demonstrative work in each of the programmes
- Tests of change for new ways of working.

1.9 Next steps

It is recommended that this structure is formally endorsed by HIS. If this happens, the next step will be to begin the process of matching current directorate staff into the new structure and to complete this as soon as possible.

It is important to state that there will no detriment to any staff member as a result of this process: everyone currently within the directorate will be matched into the new structure. It is fully anticipated that everyone will be matched to at least their current grade but if this does not happen then all individuals will have their current pay [protected](#).

Section 2: Detailed Justification

2.1 Organisational change process

The organisational change consultation ran from 17 April to 7 July 2023. Approaches to engaging staff in the consultation were:

- Consultation document shared with all staff
- Four all-staff directorate webinars
- Individual 1:1 consultations between staff members, their line manager, HR representative and trade union/partnership representation (where requested by the staff member)
- Weekly questions & answers email
- A specific Teams channel for discussion
- Discussions with line managers and within current teams
- Individual discussions with the Director
- An MS Form to submit comments, questions and suggestions
- Emailed feedback to line managers and the Director

Every piece of feedback received was individually reviewed by the Director. Themes were discussed with the Directorate Leadership Team to consider any changes needed to the proposed structure as a result. Since every person in the directorate, including all members of the Directorate Leadership Team, are impacted by the change, responsibility for decisions and the writing of this report sat with the Director. The report was independently verified by the HIS Head of Corporate Development: both in terms of ensuring that feedback was accurately captured in the report and that there was adequate consideration of the points raised.

You said...

Most staff (around three-quarters) were happy with the process of the organisational change 12-week consultation. People highlighted “ample opportunities to raise thoughts” and “feeling well informed about the proposals”.

However, a few people said there had not been enough focus on the vision and strategy being the drivers for change. Several suggested a more extensive review of previous structures should have been undertaken or that returning to the 2020 structure would have been preferable, whereas others said we should “be clearer about why change is needed, we can’t just do the same job we did 10 years ago, we have to change”.

A couple of people felt there had “not been enough consultation with staff”, while others felt the amount of information had been “overwhelming”. Some people would have liked the process to include structured opportunities to discuss the changes in peer groups as well as in teams. A few people said external consultation on the proposed structure was needed.

One person commented: “Some people seem to be thinking that they will be doing much of the same work but just in a different team. It’s not really sinking in about the difference in how we will be working in future.”

UNISON commented that there had been a lack of understanding of the role of trade unions, a lack of clarity on the next steps in the organisational change policy, and that it was unclear what involvement staff have had in developing the new roles and job descriptions.

A number of people were anxious about the future and the slotting in process, saying they were “anxious about not knowing where we’ll end up” in the final structure. One person said they had found the whole experience very stressful and did not feel the organisation had considered how disappointed they felt about changing roles.

Several people raised issues with cultures, behaviours and values throughout the organisational change process, with comments about being “uncomfortable at some of the behaviours” and with a lack of performance management of individuals.

In response...

You said	Our response
There has been a lack of clarity on process and staff involvement in the development of job descriptions	<p>HIS has an organisational change policy and other HR policies that have been followed throughout this process, however we acknowledge the complexity of this organisational change has revealed some gaps in the policies that have frustrated staff as we have tried to resolve them.</p> <p>There are two approaches to how job descriptions are consulted on during an organisational change: either releasing pre-prepared drafts at the start of the 12-week process or seeking feedback on the proposed structure first and then refining job descriptions in response to this feedback. We deliberately chose the second option but understand some staff would have preferred the other approach.</p>
There should be greater recognition that change is difficult	<p>We fully acknowledge that change is more difficult for some people than others. We have sought to offer support to individuals throughout the organisational change consultation. We highlighted support available at the initial launch meeting and in communications throughout, for example, the Employee Assistance Programme, individual support from line managers and in teams, regular communication, different options to provide feedback, and answering questions and concerns on a weekly basis. Even with this support, we recognise that the process was difficult for some people and agree that this should be planned for in any future organisational change in HIS.</p>
There are concerns about culture, behaviours and values	<p>Although these concerns are not specifically about the proposed organisational change, we have tried to address them during the consultation. It has been challenging to respond to these concerns because of a lack of specific examples raised. However, we have tried to take action such as emailing the directorate about bullying (highlighting the policy and our zero tolerance for bullying) and also asking staff to provide specific examples of inconsistencies in how policies have been implemented.</p>

2.2 Overarching views on the proposed new structure

Overall, the response to the consultation was positive and the proposed new structure was widely welcomed with one caveat: the need for greater clarity on how local relationships will be maintained. There were also a smaller number of specific points for potential improvement.

Feedback was provided in a variety of ways and in different volumes with some individuals commenting only once and others at length. In an attempt to quantify opinions, an assessment was made of the individual 1:1 consultations to determine if they were overall positive, neutral or negative about the proposals. This found 67.4% of people were positive about the proposals, 13.0% were neutral and 19.6% were negative.

You said...

The majority of staff responded positively to the proposed new structure, describing it as a “very positive way forward for the directorate” and being “optimistic” about the future. Several people described the changes as “welcomed” and “long overdue”. Others commented that it would address long-standing issues, break down barriers, reduce silo working and lead to better integration across the directorate. Others said they were excited about the future, with comments such as “incredibly excited about the proposed changes” and “very comfortable and positive”.

Many staff recognised that the proposed structure was about delivering the directorate vision which in turn is about delivering the HIS strategy. Several commented they “welcomed the alignment” and “the more focused approach to the work of the directorate”. Others said they “felt it gave the directorate clarity and definition” and the alignment gave “more security” for the directorate. Overall people were content that the rationale for change was the delivery of the vision and HIS strategy.

Staff were positive about the opportunities for career development, with comments such as “very excited to see the increased opportunities” and “previously there had been little opportunity for progression”. Staff also highlighted that the structure will create opportunities for career progression irrespective of location.

A number of staff commented on the need for stability for the directorate after a number of interim structures and that the proposed structure should deliver this. Comments included “I’d love to have some stability for the directorate”, “like the proposed changes as it is quite radical” and “welcome this line in the sand, a definite structure, not simply another iteration of the interim structure”.

In response...

You said	Our response
The proposals are a very positive way forward for the directorate	We agree: the proposals aimed to create a positive future for the directorate and we were delighted to receive so many positive comments through the consultation phase.

The alignment between the proposed structure and directorate vision was welcomed	The alignment between the HIS strategy, directorate vision and directorate structure were a deliberate decision to ensure the directorate could deliver the HIS strategy. We welcome the support for this approach from these positive comments.
The potential for career development opportunities were viewed positively	We are delighted that the opportunities for career development have been recognised and welcomed.
There needs to be greater stability for the directorate	We agree that the directorate has had a long period of instability and one of the aims of this organisational change process was to deliver the stability for the directorate. This was stated in the consultation document: "It is a priority to determine a permanent structure and bring certainty and stability to the directorate as soon as possible."

2.3 Concerns raised

You said...

Around a fifth of staff expressed concerns about how the structure will work in practice, with comments such as "getting used to adapting to new ways of working would be the hardest thing" and "we won't know until we get everything going how it will all work". A few people said they were grieving for their current job or their current team.

A small number of staff were negative in their view of the overall structure, commenting that it was too radical, more complicated than necessary and they "did not believe the change is required". One person was surprised the proposals were focused on delivering HIS objectives rather than on learning from consultation on previous changes. Another person commented they were "worried the directorate is in danger of becoming simply an online organisation" and another keen to improve our focus on oversight, monitoring, information and communication.

More detail on line management arrangements were requested by several people, and three people said the proposed structure had too many managers. UNISON said the management structure is complicated and not clear.

There was some misunderstanding about the work within the programmes which on further discussion was found to be an impression that the work would be limited to what had been included in the consultation as examples. These examples were included as an attempt to explain the types of work of the programme, but do not represent the full breadth of how it is anticipated the programmes will expand in future.

In response...

You said	Our response
There needs to be support to move to new ways of working	Once a final structure is confirmed, work will be needed to define the processes, meetings, reporting and ways of working that are required to implement the structure. There will be a transition over a number of months as we move into the new structure and during this time we will work with staff to define the processes that will underpin the new structure. We are committed to supporting staff through this transition.
There should be a commitment to using in-person engagement where needed	We agree there are times when in-person engagement is essential. However, it is not fully understood exactly when in-person engagement is advantageous, eg, the types of engagement, groups engaged with etc. To address this and as part of the delivery of our directorate vision to provide evidence about how to engage, we will undertake some research to better understand when in-person engagement is needed.
There needs to be greater clarity on line management and numbers of managers	Line management is included in the final proposed organisational chart and more detail has been added to the job descriptions. The suggestion that the proposed new structure has more managers than the current interim structure is incorrect. There has been a misunderstanding over the role of the Strategic Engagement Leads in the regions. These roles do have some line management responsibility but their primary function is as subject matter experts. Their role is essential to the directorate fulfilling its statutory duties by ensuring we have a full national picture of engagement activities. Even if these roles are considered as “managers” then the number of line managers in the proposed structure is identical to the number in the current interim structure.
There needs to be greater clarity on the future work of the programmes	The explanation of how current work would fit into the three new engagement programmes was intended to be helpful in understanding the proposals. We are sorry this has led to a misunderstanding that the future work will be limited to current activities, when the intention is very much for expansion into new areas. We will seek to clarify this by developing work programmes for each of the programmes as soon as they are formed.

2.4 Maintaining local relationships

The biggest area of concern by far was the need to be clearer about how local relationships are maintained in future.

You said...

Just over a third of people expressed “concerns about the level of community involvement there’s likely to be under a regional structure” and a risk of a “loss of local engagement”.

Comments included there would be a “loss of local knowledge and experience of communities”, a “loss of understanding of local issues” and “a threat of not engaging, listening and working alongside communities in the new structure”. Some said this posed a risk of recruiting people for engagement activities, and another expressed concern that we will “lose the trust that Engagement Officers have built up with communities”. However, there was also a view that currently Engagement Officers frequently source people for activities from the same key contacts – although the proposed

structure did not address this in a systematic way, this should be built into the final new structure alongside better clarification of what local contacts and relationships meant.

UNISON commented that the change is radical but may be inevitable and will decrease the credibility of the directorate's claim to be engaging with local communities.

Several people were anxious about how the commitment to recruit across Scotland would be achieved and how it could ensure local knowledge when "in theory staff could be employed from practically anywhere in the country". This was a particular concern for rural and island communities. UNISON commented on confusion about how home working and office working will work in the new structure, and about how recruitment would work across Scotland.

A few people were concerned that there would be less opportunity for face-to-face interactions which can be beneficial for community relationships, although there was no concern about this in terms of relationships with NHS Boards and HSCPs. A few people mentioned concerns about how much travel they might have to do within the new structure.

People also commented that the regional teams appeared to be isolated from the three programmes of work, and more information was needed about how communication and processes would work to avoid creating silos.

Several people commented that their main concern was that "there is only one person in each region building relationships". They questioned whether it was practical to be able to maintain relationships across a region and asked what would happen if an Engagement Adviser – Community was absent.

A number of people suggested moving some of the Project Officers from the three programmes into the three regions. A few people added a further suggestion that there should be three Project Officers in each regional team, one for each programme. Another person suggested an enhanced regional team model that included Training and Development workers.

One person submitted an alternative structure in which Project Officers were retained in the programmes with their specialist programme role but also had a regional "home base" in which they would undertake relationship development with local communities. In contrast, another person suggested embedding the Engagement Advisors in the programmes.

One person suggested switching the programmes and regional teams over in the structure diagram. A further person suggested staff should be given protected time to work in the local community in which they live in order to maintain local relationships. This was also partially suggested by someone else by including identifying and sharing local intelligence in the Project Officer job description.

After analysis of the initial feedback during the consultation, we asked for specific examples of what local relationships or activities people were concerned will be lost. Responses were:

- People's Experience Volunteers
- Recruitment of participants for Gathering Views and Citizens' Panel
- Connections for service change work

- Recruitment of participants and connections for other pieces of work across HIS including Corporate Parenting links
- Ad-hoc queries from Boards
- Unplanned face to face interactions with people at local events, meetings etc

In response...

You said	Our response
<p>There needs to be a far stronger commitment to local relationships and continuing to build local relationships in the new structure</p>	<p>We are absolutely committed to maintaining and building local relationships in future: this is exactly why we included the regional working within the new structure. To provide reassurance of our commitment, we will take three actions:</p> <ol style="list-style-type: none"> 1. The regional Strategic Engagement Leads will be directly line managed by the Director to ensure that the intelligence from local relationships shapes the directorate’s work. 2. Formally commit to ensuring that each of the Programmes has a Project Officer from each of region through targeted recruitment (see below). 3. Test and review new processes for the regional team working during 2024 and make improvements where needed to ensure local relationships are maintained.
<p>There needs to be greater clarity on the commitment to recruit from across Scotland</p>	<p>Within the structure going forward, we make three commitments:</p> <ol style="list-style-type: none"> 1. The roles in each of the three regions will be recruited from within the region. 2. Within the programmes, there will be a Project Officer recruited from each of the regions. For example, for the Evidence Programme, there are 4WTE Project Officers: one must be located in the North, one in the East and one in the West, with the remaining post in any location. These 4WTE will work specifically in the Evidence Programme, not in regional teams. In the delivery of the Evidence Programme’s work, the Project Officers may be required to work on a national or local basis: where face to face work is required, the Project Officer from that region will take the lead. As vacancies arise, targeted recruitment will ensure this regional coverage continues. This targeted recruitment will take into account an Islands Community Impact Assessment. 3. For all other roles in the structure, for example the Heads of Programme, Programme Managers and other specialist roles, posts can be based anywhere in Scotland in recognition of the unique role of the directorate in community engagement which relies on strong relationships across the country. All working arrangements will continue to reflect our current “Ways of Working” and will also ensure continued synergy with our service and business delivery arrangements.

<p>There needs to be further thought on the regional teams: the number of people in each team, their roles and how they work with the programmes</p>	<p>The focus of our work going forward is on delivery of our strategic vision which in turn delivers the HIS strategy. To achieve this, we need to work in the three programmes identified of evidence, improvement and assurance. We cannot have a mixed model of Project Officers working in both the programmes and the regions since both their roles and management structure would be unclear. Putting all Project Officers in the regions does not move our structure forward from the interim arrangement and will not achieve the delivery of our vision.</p> <p>The commitment to recruiting Project Officers from all three regions in each of the programmes described above will ensure the programmes have reach across all regions.</p> <p>The regional teams will continue to comprise the four roles which have been specifically identified because:</p> <ul style="list-style-type: none"> • The Strategic Engagement Lead is an essential subject matter expert who leads our relationships with NHS boards and HSCPs to gather and share intelligence that enables the directorate to discharge its statutory duties to support, monitor and assure health bodies' duties of public involvement. • The Engagement Advisor – Service Change has a specific advisory role in service change. The positioning of this role in regions was recommended in a recent internal audit. • The Engagement Advisor – Community specifically focuses on maintaining and developing relationships with communities and community groups. Their role is in relationship management, not in undertaking engagement activities which will sit with Project Officers in the three programmes. • Administrative Officer support for all three of these roles in the region and to support co-ordination of programme work taking place in the region, eg, arranging meetings. <p>Finally, further planning will be undertaken on how the NHS boards and HSCPs are distributed between the three regions. It is important to align with NHS regional planning groups but this may mean a difference in size between regions. In order to balance the workload between regions, responsibility for the special NHS boards will be distributed accordingly between the regions (where possible, except where a specific geographical alignment exists with the regional planning group).</p>
<p>There should be consideration of protected time for staff to maintain local relationships</p>	<p>This is a good suggestion which will be tested and developed through tests of change. It would need to be carefully co-ordinated by the Strategic Engagement Lead and Engagement Advisors - Community. All information gathered would have to be fed into a central database (ie, CRM) to ensure activity was useful, co-ordinated and avoided duplication. It could not include autonomy to meet NHS boards/HSCPs but could involve undertaking specific pieces of work or gathering information requested by the regional team.</p>
<p>There needs to be clarity on participants will be identified for engagement work and how ad-hoc queries from</p>	<p>The regional teams will be crucial in identifying participants for engagement work. Information will be retained on the CRM so that it is easily accessible for everyone in the directorate.</p> <p>The nature of an ad-hoc query would determine how it would be managed: for example, a request for training might be delivered through the Improvement of Engagement Programme, and information about assurance of engagement through the Assurance of Engagement Programme.</p>

Boards will be managed <i>See 4.12 for People's Experience Volunteers</i>	This is a new way of working and we will test, develop and improve processes as we embed the new structure.
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In addition to commenting on the overall proposed structure, people also made suggestions about individual jobs and teams.

2.5 Job descriptions

Some people felt that using generic job descriptions was the right approach for career progression, but there were concerns that some job descriptions were too generic and did not provide enough context about how roles would work in each programme. The problem of being “too generic” was also experienced when the job descriptions were submitted for Agenda for Change banding and it was reported that they lacked the specificity required to meet higher grades.

[In response...](#)

You said	Our response
There need to be less generic job descriptions	We are in the process of producing less generic job descriptions in response to this feedback.

2.6 Associate Director

The feedback from the Agenda for Change panel was that combining the Associate Director role with a Head of Programme role did not work and it was recommended that these be separated. This was because the responsibilities of the combined role were unclear, both for the role itself and for how it interacted with other roles in the rest of the structure. It was also noted that separation of these roles mirrored the structures in the rest of HIS. This need for alignment is even more significant for the future stability of the directorate than when the consultation began because of the planned incorporation of the Transformational Redesign Unit from iHub: separation of the role will create a future directorate structure that balances two Associate Directors with Heads of Programme underneath.

[In response...](#)

You said	Our response
There needs to be a separation of the Associate Director and Head of Programme role	We accept this suggestion and will separate the Associate Director and Head of Evidence for Engagement Programme role. This creates a cost pressure but it is hoped the Evidence Programme will generate income (see section 2.11 below).

2.7 Strategic Engagement Lead

Some people expressed concerns that the Strategic Engagement Lead role will not work. Several people suggested that strategic level engagement is not needed and engagement with boards would be better carried out by other roles within the three programmes. An alternative structure put forward removed the strategic engagement leads and regional teams altogether, and added more operational staff into the programmes instead.

A few people said that the Strategic Engagement Lead role appeared to replicate the current Engagement Programmes Manager (EPM) role which they suggested had not worked well and needed to be improved. One person commented: “EPMs have mainly connected with more operational leads, I feel the focus of this role should be connecting with senior staff in NHS boards and HSCPs...I feel the strategic role could really promote the culture and leadership around community engagement”.

In response...

You said	Our response
There needs to be greater clarification of the Strategic Engagement Lead role	<p>The Strategic Engagement Lead is an essential subject matter expert who leads our relationships with NHS boards and HSCPs to gather and share intelligence. This role is absolutely crucial for the directorate to discharge its statutory duties to support, monitor and assure health bodies’ duties of public involvement. It is because of this fundamental importance of the role that it will be directly line managed by the Director, to ensure the Director is continually updated about the status of public involvement across NHS Scotland and to ensure that the intelligence from these relationships shapes the directorate’s work.</p> <p>Feedback from boards, both now and in previous reviews, has strongly indicated their preference is for a strategic-level relationship with a senior role in the Directorate, rather than the operational-level relationship we have offered previously. The rationale for this is that strategic level decision makers are needed to understand the complexity of decision making undertaken in boards.</p>

2.8 Programme Manager

There were few comments about the programme manager role, except one comment that the job description was too generic and two comments that communication responsibilities should be added to the role to support the directorate in improving its communications across all programmes of work.

In response...

You said	Our response
There needs to be greater clarity on where	We agree that communication responsibilities should be shared across the Directorate and not sit with one individual or team. All three programmes will have a responsibility to create content for communication; and everyone in

communication responsibilities fit	the directorate has a role in identifying opportunities to improve external communications. Leadership of deciding on the communications content will sit with the Directorate Leadership Team to ensure a co-ordinated approach across the directorate and a good pace of decision making. Operational support to communicate the content created from across the directorate will sit with the Operations Team.
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2.9 Operations Manager and Operations Team

A concern was highlighted that the operations team worked across the whole directorate and not just one programme, and therefore it would be better for the team to sit separately from the three programmes. Another comment was about how links between the programmes and regions would be co-ordinated and whether this sat with the Operations Manager.

There were a number of comments about communication, events, accessibility and visual storytelling (eg, videos and animations). These are covered in the Senior Project Officer section below. There was also a suggestion that the directorate would function more effectively with a proper project management tool.

In response...

You said	Our response
There needs to be a repositioning of the Operations Team	We agree with this suggestion and the Operations Team will be moved from the Assurance Programme to sit separately from the three programmes.
There needs to be greater clarity about how the whole directorate will be co-ordinated	It is the responsibility of the Directorate Leadership Team to co-ordinate work across the Directorate. The rationale for the membership of the Directorate Leadership Team is to ensure this co-ordination of work will be possible: Director, Associate Director, three Heads of Programmes, three regional Strategic Leads and Operations Manager, along with Partnership Forum representation.

2.10 Equality, Diversity and Human Rights

Several people suggested that the Equality, Inclusion and Human Rights work was positioned in the wrong programme, recommending it should be in the Assurance of Engagement programme instead of the Improvement of Engagement Programme. The rationale for this was that much of the work related to ensuring that HIS met legislative requirements and best practice on equality and human rights, and advising on these matters more widely. It also assured effective and inclusive engagement is undertaken across HIS.

There was also a suggestion to change the job title on “equality and diversity” to “equality and inclusion”.

In response...

You said	Our response
There needs to be a repositioning of the Equality, Inclusion and Human Rights team	We agree with this suggestion and the team will be moved into the Assurance of Engagement Programme. However, an improvement-based approach to assurance must be used. Alongside the movement of the Operational Team, the programme size will be balanced alongside other programmes.
There should be a change from “diversity” to “inclusion”	We agree, this change has been made.

2.11 Research posts

There was general support for adding capacity to the research posts in the Evidence team to enable expansion of work to deliver the directorate vision. However, views were split over the roles that are required. Suggestions included: introducing a band 8a senior researcher into the structure, introducing a second band 7 researcher and increasing the band 6 social research analyst capacity.

One person commented that it was a risk to be person-dependent on a single higher banded (band 7 or above) researcher post since this person would be essential for subject matter expertise, leadership, developing research proposals and seeking research funding. It was also commented that there would need to be clarity on responsibilities if there were two equivalent-banded roles.

In response...

You said	Our response
There needs to be further thought on the structure of the research team	<p>The focus of the Social Researcher and Social Research Analyst roles is subject matter expertise, not line management. Co-ordination of work by Project Officers and Administrative Officers will be undertaken by the Programme Manager.</p> <p>The Directorate vision is to develop and expand our Evidence work going forward, for example, to apply for research grants to undertake our own research and to expand our commissions beyond Scottish Government. To do this, we need to expand our subject matter expertise capacity.</p> <p>We agree that our original proposed structure of one Social Researcher post did create a risk of person-dependence which could prevent the planned expansion of the Evidence programme.</p> <p>The creation of a second Social Researcher post and the Head of Programme (see 2.6 above) have created a cost pressure in the Evidence for Engagement Programme. To partially plug this, we will remove two Project Officer posts from the Evidence programme. We believe from the feedback received that the remaining four Project Officers is sufficient but, if the evidence work</p>

	<p>expands to the extent that further Project Officers are needed, then funding for this would be sought through income generation.</p> <p>The Social Researcher posts do not have line management responsibilities since their role is in subject matter expertise, and therefore these roles would be considered equivalent with workload assigned by the Head of Programme. This would be the same for the two Social Research Analyst posts except they would be line managed by the Programme Manager for Evidence.</p>
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2.12 Senior Project Officer

Several people suggested there should be more Senior Project Officer roles across the structure, specifically in the Improvement of Engagement programme and in the Volunteering Programme. For the Improvement programme, a comment was that an additional Senior Project Officer role would “provide additional subject matter expertise and project supervision” as well as link internally with programmes such as ScIL to support Project Officers in their work. For volunteering, a comment was that a higher banded role would free capacity for the Programme Manager to focus on strategic work such as developing the quality framework for volunteering and conducting research. It was suggested that the cost could be covered in volunteering by making the other Project Officer role part-time.

The generic job description for the Senior Project Officer was also a concern, particularly that it did not include sufficient detail about events, accessibility or publicity. One person highlighted: “There is a need for national events to be overseen in some capacity to ensure that they are accessible, advertised correctly, use the right statements and ensure consistency of quality.” They stated that it wasn’t clear where this responsibility sat in the new roles, something that was also picked up by someone else who asked which role or team would include “giving advice on accessibility and producing accessible content”. Another person highlighted visual storytelling through videos, animations and recordings, and the need to increase capacity for this role.

In response...

You said	Our response
There should be a Senior Project Officer role in improvement and volunteering	<p>We do not agree with introducing generic Senior Project Officers across the structure and think that the current balance of roles delivers what is required. However, there are two distinct Senior Project Officer roles that we believe are needed.</p> <p>The first of these was previously identified in the Operations Team where the Senior Project Officer role has essential and specific information governance functions.</p> <p>The second of these is a change to the proposed structure in the Volunteering programme. We had previously stated that this programme was under-resourced and had added a Project Officer in the proposed structure to address this. We agree with the rationale put forward during the consultation for how a Senior Project Officer could better support the development of this key national delivery programme and will therefore change the structure from 2WTE Project Officers to 1WTE Senior Project Officer plus 0.6WTE Project Officer.</p>

There should be greater clarity on events, accessibility and publicity in the Senior Project Officer role in the Operations Team	The Senior Project Officer job description is not generic but is specific for each distinct Senior Project Officer role. The current job description was for the then only Senior Project Officer role in the directorate in the Operations Team. It contains communication responsibilities but we will amend this section to make the responsibilities listed clearer. In addition, a separate job description for the Senior Project Officer for volunteering will be created.
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2.13 Engagement Adviser – Community

There were few comments about this role, perhaps because many of the points were addressed in the section on local relationships above. One person commented that the role could focus more on advice on the quality framework, strategy and ongoing engagement with links to the other programmes; and another suggested more resources should be allocated to this role. One person said the role should be more about building networks across regions than nurturing relationships at the ground level.

2.14 Engagement Adviser – Service Change

Several people commented on the link between the Engagement Adviser – Service Change role and the Assurance of Engagement Programme. A point was made about whether the role should sit in the Assurance Programme but it was noted that the regional positioning came from the internal audit recommendations. Concerns were raised about a lack of clarity about where the Engagement Advisers – Service Change got their leadership from, and on accountability for the advice given and reports produced about service change.

A couple of people were concerned about the capacity of the Engagement Advisers – Service Change given the increased potential number of service changes. There were also concerns about a lack of clarity over who meets with boards about service change.

Specific comments about the Engagement Adviser – Service Change job description included that it does not capture current activities such as the Engagement Practitioner Network, workshops and journal club; that it doesn't state the link between advice given and statutory duties; that it doesn't mention regional planning groups and requested a review of line management responsibilities.

[In response...](#)

You said	Our response
There should be link between the Assurance Programme and Engagement Advisers – Service Change	We will add a professional link between the Head of Assurance of Engagement Programme and the Engagement Advisers – Service Change. However, it is essential that line management remains with the Strategic Engagement Lead. The structure of the Directorate Leadership Team, which includes both the Heads of Programme and the Strategic Engagement Leads, will ensure that decisions between the two are fully aligned.

<p>There are gaps in the Engagement Adviser – Service Change role</p>	<p>Some of the gaps highlighted reflect work undertaken now rather than the expectations of the future role, for example, the Engagement Practitioner Network will become part of the Improvement of Engagement programme not a service change function. The job description describes the role going forward.</p> <p>The Strategic Engagement Lead will be the first point of contact with NHS boards, HSCPs and regional planning groups. They will bring the Engagement Advisers – Service Change in when appropriate, along with other people across the directorate as required. Within this framework of responding to identified needs, the Engagement Advisers – Service Change may then meet partners individually or with other directorate staff for example from the Assurance of Engagement programme. However, co-ordination through the Strategic Engagement Lead is essential. This is the same for other areas of the directorate work and again underlines the need for co-ordination through the Directorate Leadership Team.</p> <p>Accountability for reports produced on service change sits with the Head of Assurance of Engagement Programme, although it is expected that the reports will be produced by the Engagement Advisers – Service Change.</p>
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2.15 Project Officer

Similarly for other job descriptions, the lack of clarity on the role from the generic job description was highlighted as a concern, including by UNISON. This was summed up by one comment that it was “not clear on what skills, knowledge and/or experience would be carried over from the Engagement Officer role, nor did it adequately explain what new skills would be needed”.

A number of people asked whether Project Officers should be included in the regional teams as well as in the programme teams, and suggested there was currently an imbalance in terms of where Project officers were positioned (see section 3.3).

One person said she was “surprised by the wholesale removal of the Engagement Officer post” and another said “Engagement Officers operate very differently across the directorate, putting them into a workstream will quickly feel restrictive”.

In response...

You said	Our response
<p>There should be a more specific job description for the Project Officer role</p>	<p>We agree with the comments made that the HIS generic job description for Project Officers needs some further details of engagement roles and have added these to a revised job description.</p>

2.16 Administrative Officer

A few people commented on a lack of clarity about the reasoning for the distribution of Administrative Officers per programme and region.

A concern was also raised about a potential lack of administrative support to senior managers in the new structure and that dedicated support for these managers and the Directorate Leadership Team should have been included. A concern was also raised about a reduction in Administrative Officers in the new structure compared with previous structures, and that the positioning of the role in the programmes would mean less capacity to support senior managers.

In response...

You said	Our response
There should be more administrative support for senior managers	<p>The expectation is that the Administrative Officers in each programme/region will provide administrative support to both the work of that programme/region and to the senior manager in that team. This is distinct from a Personal Assistant role but providing administrative support such as managing calendars and supporting meetings.</p> <p>The Associate Director will receive administrative support through the Operations Team’s Administrative Officer. As stated above, the Operations Team will now sit distinctly from the Assurance of Engagement Programme and therefore an Administrative Officer needs to be moved from this programme to the Operations Team. This would result in less administrative support in one programme and therefore this has been evened out by the Assurance and Improvement programmes both having 1.5WTE Administrative Officer support. The Evidence for Engagement Programme will retain 2WTE Administrative Officers due to the larger volume of work associated with evidence gathering.</p>

2.17 Other roles

Several people asked about where the People’s Experience Volunteers fit into the structure and how they are managed with limited resources.

You said	Our response
There needs to be greater clarity on where the People’s Experience Volunteers fit	<p>People’s Experience Volunteers will be managed by the Engagement Advisors – Community, with the work planned and co-ordinated through the Assurance of Engagement Programme by the Public Involvement Advisors.</p> <p>The People’s Experience Volunteer role is specifically designed to support and inform the work of HIS as a whole through providing regular snapshot views on our work. The original plan was to create regional panels of People’s Experience Volunteers and it is hoped this can be reinvigorated through the Engagement Advisors – Community managing the volunteers in the regions, for example through a monthly ask of regional panels to inform our work.</p>

2.18 Gaps


Two areas were highlighted as gaps or points needing greater clarity:

- The need to build in a focus on innovation, exploring how engagement will look in the future
- The need to facilitate sharing of learning and communication between people who work in engagement, and combined with this the need to clarify what we mean by a learning system.

You said	Our response
There should be a clearly identified focus on innovation	We agree that there should be a focus on innovation. Innovation was intended to be part of both the Improvement of Engagement Programme and the Evidence for Engagement Programme, with both programmes contributing to the testing and research into developments in engagement. A commitment to innovation needs to go beyond this: all of us need to embrace innovation to be relevant for the future.
There should be greater clarity on how the directorate shares learning	The learning system will be part of the Improvement of Engagement Programme. Learning systems bring people together to share knowledge, to learn, and to further develop understanding. Together, these actions should lead to improvements. We anticipate our learning system will build on our existing networks to bring people together to share knowledge about engagement (both our knowledge and others’); provide learning opportunities about engagement and develop the system’s understanding about best practice in engagement. We hope this learning system will help everyone across NHS Scotland to improve its engagement activities.

Appendix 1: Community Engagement Directorate vision

This vision is available as a pdf and animation at: www.hisengage.scot/about/strategic-vision/



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



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.

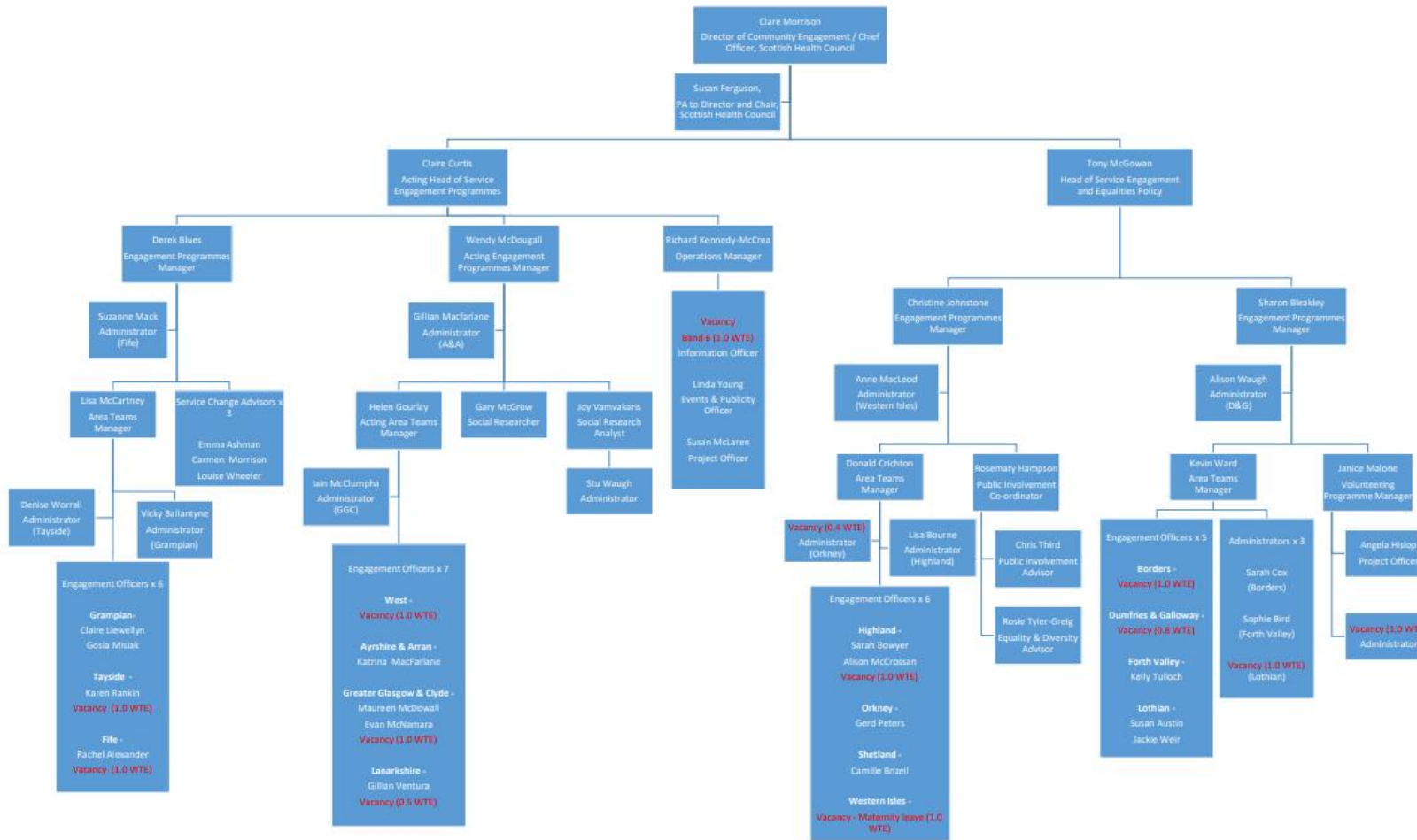
How we'll do this: support services to develop and review their engagement strategies, provide advice on service change, support use of the Quality Framework and equality impact assessments, and have a clear strategic vision and operational plan with outcome measures.

Community Engagement: meaningful engagement matters



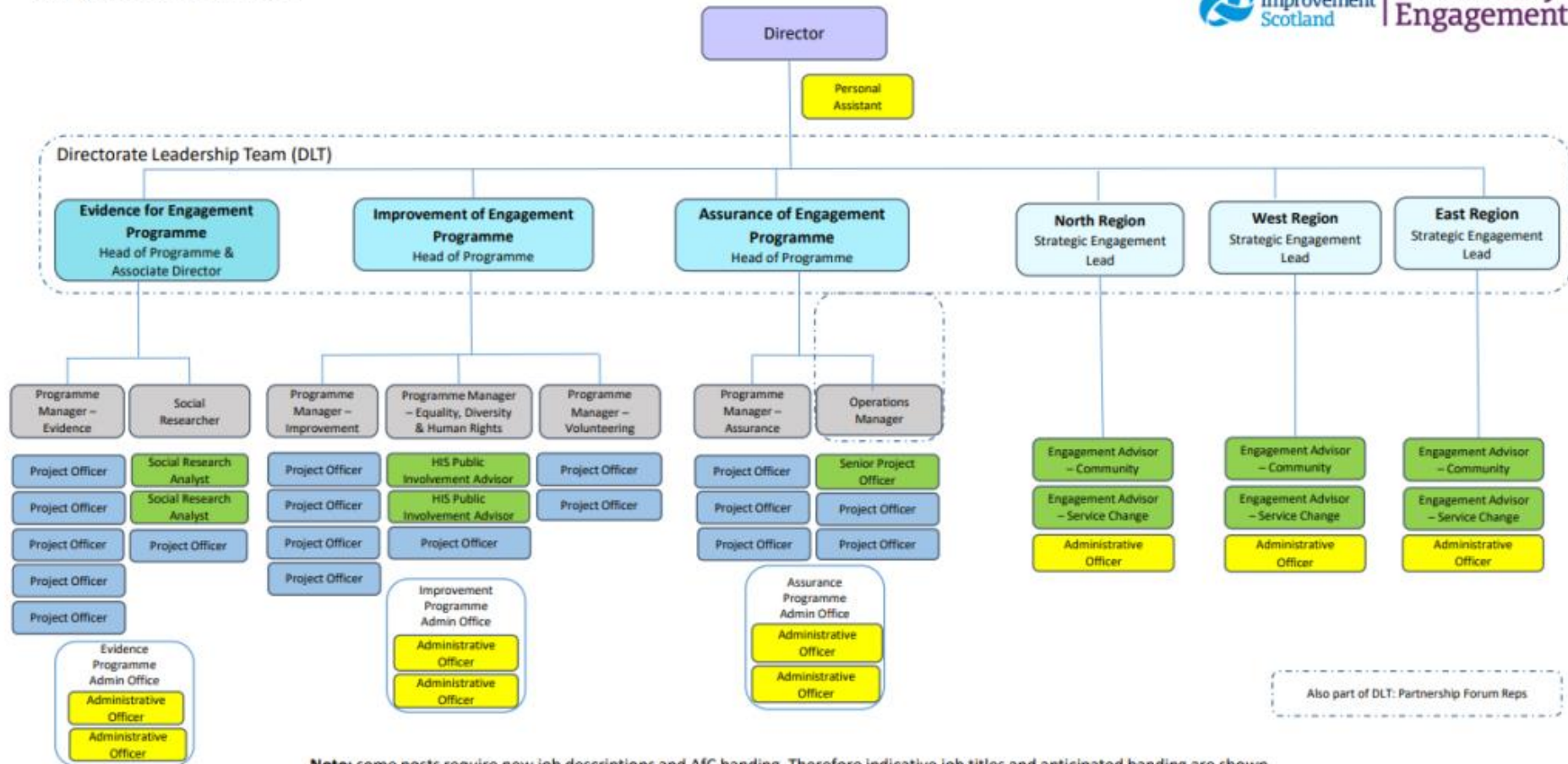
Appendix 2: Interim structure (current arrangement)

Directorate Line Management Structure as at 10 April 2023



Appendix 3: Proposed structure in consultation document

Proposed structure



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:



Appendix 4: Unison response



UNISON Response to Community Engagement Structure

Following consultation with members within the Community Engagement Directorate there are number of points that UNISON would like to see addressed before the implementation of the structure.

There are a number of points that UNISON has raised before, and specific ones that have come out through the consultation with members specifically on the consultation paper.

- There has been a general lack of understanding in the role of trade unions and UNISON in particular in this consultation. On a number of occasions, management has stated that UNISON agrees to this structure. That is not correct and at no point did UNISON agree with this structure nor was it consulted on it in advance.
- UNISON members are tired of being caught in an interim structure with the uncertainty this has created amongst staff.
- UNISON would have preferred that the interim structure was finalised in September 2022. This was made clear at the time and the continued extension of secondments has created a number of issues which will be difficult to work through and for some members result in a detrimental outcome.
- This is a radical change that clearly moves away from a local presence to a regional/national approach that may be inevitable but will decrease the credibility of the Community Engagement Directorate to claim to be engaging with local communities.
- The debate about how organisational change works within Healthcare Improvement Scotland has been worrying to observe. Numerous attempts have been made to undermine long standing agreed policies with HIS, and despite the efforts of the trade unions and HR representatives to resolve some of the practicalities it is still not clear to members what the next steps in this process will be.
- Job descriptions were not available at the start of the consultation period and it is unclear what involvement staff have had in developing the new roles

Specific issues raised during the consultation

- It is unclear what the role of the project officer would be within the new structure and how links would be kept with the local communities. There is a concern that a project officer in the new structure will have less opportunity to develop the full skills a current Engagement Officer has and may lead to deskilling over time
- The management structure is complicated and it is not clear how the relationship between generalist management posts and specialist expert roles will work in practice.
- There is still a confusion around how home working/ office working will work in the new structure. UNISON is aware there is a new national flexible office location policy which would make this even more complicated. These seems to be an area where some formal negotiation around terms and conditions may be required. There has also been some concern raised about how recruitment would work going forward when there are no longer any offices outside the central belt.

- It is not clear how the current structure is connected to the previous organisational change.

In general, this has been a stressful period for staff and although the consultation period highlighted this, the uncertainty did not start in April but has been ongoing for the last few years.

Implementation of such a radical change will need resources put behind it from the organisation. The Community Engagement staff implementing it alongside their externally facing work will not lead to the perceived benefits being delivered.

It is clear that the deadline of September 2023 has been driving this process and has probably added to the lack of consensus between staff side and management as to the agreed process.

UNISON is still committed to partnership working within Healthcare Improvement Scotland and looks forward to resolving outstanding issues.

Duncan Service

UNISON Lead Steward

4 July 2023

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	24 August 2023
Title:	Risk Register
Agenda item:	2.3
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.

Risk 1239 relates to workforce and strategy.

3. Assessment

Risk 1163 (service change) continues to sit at a rating of 16 (same as 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, including the development of a new assurance process for all service change activity.

Risk 1239 (workforce and strategy) describes the current risks with the lack of stakeholder awareness of our role and the risks associated with organisational change that was needed to address this. This risk has been updated to mirror the wording in the HIS-wide risk on organisational change which describes the risk on delivery of our strategic priorities,

organisational performance and staff wellbeing. The risk rating is 12. Work is ongoing to mitigate this risk with progress being made on the organisational change process after which external communication can take place.

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

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	Aug - 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	<p>"Planning with People", Scottish Government and COSLA Community Engagement Guidance', Identifying options for delivery of core functions; and raising awareness through governance structures, via engagement with NHS boards, partnerships and Scottish Government.</p> <p>Development of Quality Framework for Engagement to support implementation of national guidance.</p> <p>Revised Planning with People published on 21 April 2023. Significant HIS-CE involvement in shaping the content of this publication.</p>	<p>The Scottish Health Council Service Change Sub-Committee continues to provide governance over the issue. The most recent meeting took place in July 2023. 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.</p> <p>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.</p> <p>Involvement in regional and national planning structures is helping to highlight the importance of engagement in national and regional planning (next meeting with Directors of Regional Planning on 31 July 2023)</p> <p>HIS wide input to the review of Planning With People to reinforce the need for effective and appropriate engagement in national and regional planning was undertaken prior to the publication of PWP on 21 April 2023.</p> <p>Engagement Programmes Managers continue to be the strategic contact for boards and partnerships and these contacts will be maintained in the new HIS CE structure.</p>	<p>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. This work includes the development of a new assurance process for all service change activity. Work to develop the new assurance process is underway and 10 statutory health & care bodies (mostly NHS boards) volunteered to take part in the development, and testing has begun with 1 partner. Meetings with other partners to discuss the new approach are scheduled for 16 & 24 August 2023.</p>	04/08/2023	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. Creating a new vision and structure to address this has required organisational change which is a risk on delivery of our strategic priorities, our organisational performance and staff wellbeing, leading to possible adverse outcomes, poor quality care and the associated reputational damage to HIS-CE.	Medium - 12	<p>CED Comms strategy.</p> <p>HIS Organisational change</p>	<p>Plans to refresh Comms strategy in April 2023. HIS Organisational change consultation completed by August 2023. Implementing new structure to commence in August 2023.</p>	<p>A strategic vision for HIS-Community Engagement was approved in March 2023. A 12 week consultation for a proposed new directorate structure took place in April-July 2023. A final organisational change report and final new structure was endorsed by the HIS Governance Chairs on 1 August 2023. The next stage is implementation: negotiating processes for this and the Agenda for Change banding of roles is ongoing.</p> <p>The impact of this change process on staff wellbeing has been a concern throughout this period and continues to be considered and discussed. This will be 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.</p>	11/08/2023	Medium - 12	Medium - 12 Impact - 4 Likelihood - 3

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	24 August 2023
Title:	Operational Plan 2023-24: Progress Update Q1
Agenda item:	2.4
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 2023-24, particularly noting impacts from Quarter 1 of 2023-24. SHC is asked to discuss the contents of the paper.

2. Background

The Community Engagement directorate provides a consistent package of engagement support to Healthcare Improvement Scotland's key delivery areas as set out in its 2023-28 Strategy. Our Governance for Engagement approach helps to ensure engagement across the organisation is high-quality, proportionate and meets the needs of service providers and users. We also provide a wealth of advice and resources to the wider health and care system, in line with our vision of becoming the go-to place for engagement evidence, improvement and assurance.

Rather than listing activities on a team-by-team basis, this update report describes how our work has contributed to 10 outcomes, under three main aims:

- building capacity
- raising awareness
- increasing diversity and inclusion

3. Assessment

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.

Our teams have helped to build capacity across the health and care system through provision of tailored advice and support for service change, volunteer managers and generalist engagement practitioners. Feedback from recipients demonstrates the value we add and has identified areas of further development in the coming year.

Our monthly webinars continue to attract greater numbers of attendees and, along with our other publicity channels, are a good way to increase awareness of engagement in general and our role in particular.

Quarter 1 has seen a significant decrease in the amount of direct engagement activity with service users and the general public. However, this reflects the phasing of the various Gathering View's commissioning processes which will result in several different engagement activities taking place later in the year. The focus this quarter has been on the analysis and reporting of activity carried out in Quarter 4 from last financial year.

Assessment considerations

<p>Quality/ Care</p>	<p>All of our work supports health and social care services to improve the quality of care they provide to the people of Scotland, with a particular focus on ensuring the voices and lived experience of people and communities are at the heart of decisions in relation to their own care and the development and delivery of services.</p> <p>We are embedding improvement methodologies within our own work to ensure we foster a culture of continual improvement.</p>
<p>Resource Implications</p>	<p>The resource implications for the directorate's work programmes have been reflected in the budget for 2023-24.</p> <p>Finances continue to be reviewed regularly and proactively, in line with the wider organisational approach, to ensure that the effects of upcoming financial reviews are anticipated and mitigated wherever possible.</p> <p>Additional funding has been 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?</p> <p>We continue to follow the most up-to-date policies and guidance to ensure the health, safety and wellbeing of our staff – particularly to support individuals and teams during the organisational change period and as we form a new structure for the future.</p>

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	<p>The directorate has a specific role in supporting equality, diversity and inclusion within HIS.</p> <p>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).</p> <p>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 and can tailor our approach accordingly.</p>
Communication, involvement, engagement and consultation	<p>Consultation and engagement with a range of stakeholders continues to be our bread-and-butter. This includes patients, carers, families, community groups, third sector organisations, NHS boards, integration authorities and Scottish Government.</p> <p>We are reviewing our internal approach to communications for the new directorate structure so that we maximise the opportunities and reach for publicising our work.</p>

4 Recommendation

The SHC is asked to note and discuss the content of the 2023-24 Quarter 1 Update.

5 Appendices and links to additional information

The following appendix is included with this report:

- Appendix 1 – Community Engagement 2023-24 Quarter 1 Update
- Appendix 2 – Community Engagement 2022-23 Annual Overview

Quarter 1 Update: April – June 2023

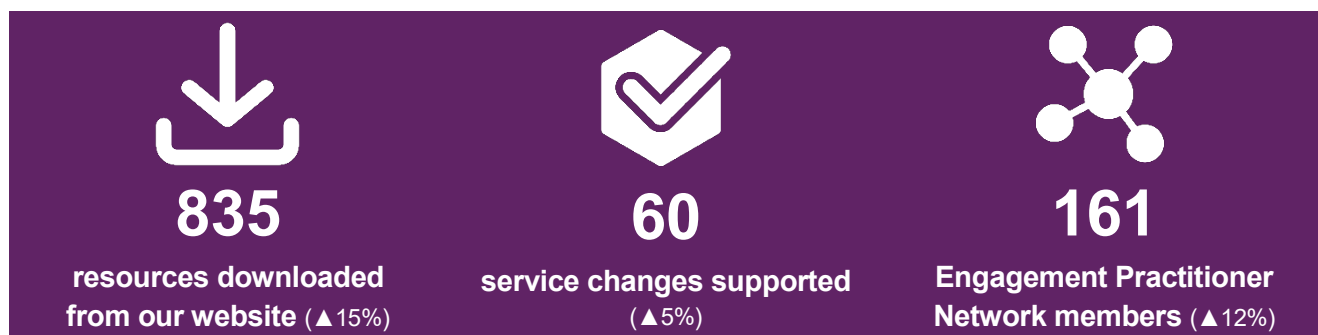
This progress report describes the impact of our work noted between April and June 2023. Rather than describing activities on a team-by-team basis, we describe how our work contributes to 10 outcomes, under three main aims:

- **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

We recognise that impact takes time, particularly for medium- and long-term outcomes, and the differences described below can often be attributed to work carried out in previous months or years.

Building capacity

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



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

Staff in our Engagement Offices continue to build relationships with their local NHS boards and partnerships and to provide **tailored advice and support** where this is needed. Recent examples include helping NHS Shetland’s Infection Control Team to improve its annual cleanliness survey and include lay representation on its planning group, and supporting the Patient Participation Group of Ravenswood Surgery (Tayside) to revitalise its role and recruit 4 new members.

Resources were downloaded from our **website** a total of 835 times during Q1 (an increase from 727 times the previous quarter). The most-downloaded resources were our Quality Framework templates and supporting documents and a template for creating Community Engagement Plans.

Resources that we created some years ago continue to add value. Emotional Touchpoints is one of the tools described in our **Participation Toolkit** (last updated in 2019). It was one of the top 5 most-downloaded resources during Q1 and staff identified evidence from a [board paper from September 2022](#) that Spiritual Care staff in NHS Shetland have been using the approach to gather feedback from 5 patients and relatives. The learning from these conversations helped to inform their person centred improvement plans.

The **Volunteering in NHS Scotland Programme** carries out an annual survey of the members of the Volunteering Practitioners' Network. The [2022-23 report](#) found that 83% of respondents considered the network to be useful and identified 12 recommendations for improving the support provided to the network, including developing the participation of members within the community of practice and sharing resources and learning across the network. The team has provided 20 instances of support via the Volunteering Helpdesk and trained a further 5 NHS staff to use the Volunteering Information System.

68% of **webinar** attendees during Quarter 1 agreed or strongly agreed they had got practical tools or resources that they could use in their practice.

The 4th development session for our **Engagement Practitioner Network** was held in May. Attendees received an update on the Planning with People guidance from Scottish Government colleagues. This was followed by learning on the Quality Framework for Community Engagement and Participation shared by the test sites (East Ayrshire, North Ayrshire, East Renfrewshire and NHS Greater Glasgow and Clyde). As of the end of Q1, the Network has 161 members from territorial and special health boards as well as health and social care partnerships.

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 Q1, the team monitored and supported 60 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

During Q1 staff from our social research team and Shetland office provided advice to **NHS Shetland's** Occupational Therapy teams on the methodology and wording of a survey to audit their falls assessments. Our advice helped them to identify the most appropriate and pragmatic way to gather data, and to do so in a way that could track improvements over time.

Staff from our Greater Glasgow & Clyde and Lanarkshire offices provided advice and support to **NHS 24** during the development of its new corporate strategy (launched in July 2023). Many of the 17 ambitions mention either people, patients or communities and recognise the value of meaningful engagement. The Engagement Co-ordinator provided this feedback:

"I have attached a communication from our Chief Executive Jim Miller with regards to NHS 24's Strategy for 2023 – 2028 which we are currently sending out to the people who we have been in contact with over the last few years. We wanted to say a particular thanks to everybody at HIS for

your guidance, support and your help in getting our messages out as it has really supported us to improve our engagement. You have been a wealth of knowledge and it has been a pleasure to work with you.”

We supported **NHS Fife**'s High Risk Pain Medicines Project Team to hear from members of the public and carers living with long-term pain. This was to 'understand the problem' in year one of the programme. As a result of our advice on options for engagement and sensitivity of the sought after participants, NHS Fife conducted 2 online surveys on pain management and medicines in Fife; one for patients and one for carers, which attracted a total of 144 responses. This was supplemented with 17 one-to-one interviews with patients and carers. The engagement has informed tests of change being taken into year two of the programme, with evaluation of the engagement process and key learning noted.

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

Staff from across the directorate continue to share their learning through a variety of methods to suit different learning styles. We have a **Learning channel** hosted on MS Teams where staff can post useful links and resources, including detailed reflections and suggestions for improvement following a Voices Scotland session held with a community group in the Borders.

We hold a regular **journal club** to discuss interesting articles or reports, and to consider how they may be applied to our work.

Staff are also encouraged to share their learning in person, including providing a short presentation at our monthly all-staff huddles following attendance at external training or conferences. Two members of staff shared their experiences attending a conference on Realistic Medicine. This ensures best value for money and helps to reinforce the learning points. We also hold **learning workshops** where staff can share and discuss a topic and most importantly collectively consider how it can be adapted for our future work. In June staff who had previously attended training on preparing Easy Read documents shared examples of the documents they had created, and hosted a wider conversation about making our communications and publications as accessible as possible.

We also share learning with external audiences, such as an evaluation of the [Discharge Support Volunteers pilot](#) in NHS Tayside. The evaluation found that volunteer support can result in improved outcomes for patients and carers, that staff perceptions of patient safety and community connections after discharge have improved and that most individuals were satisfied with the service. However, some anticipated outcomes were not achieved and there is a need for further testing and refining of the approach.

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, Tayside, Fife, Lothian and Lanarkshire offices delivered 5 sessions to third sector organisations to a total of 36 participants. Follow-up sessions have already been requested so that the groups can increase their capacity to build a local case for change.

May and June saw the number of **People's Experience Volunteers** we have increase from 9 to 11. This will help us increase capacity to involve more people in the work of Healthcare Improvement Scotland.

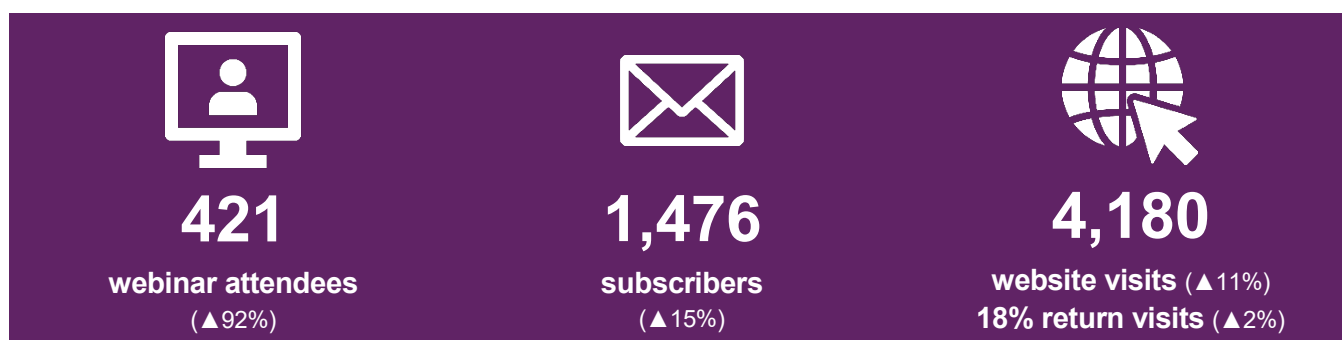
We published an [evaluation of the NHS Scotland Volunteer Induction Course](#) modules on Turas: 585 people completed the modules during 2022-23. 97% of respondents rated the course at least 4 out of 5

and 64 people provided a comment. The positive feedback from both volunteers and volunteering teams shows that the training course meets the needs of both NHS board volunteering teams and the volunteers themselves. It provides evidence that the course has been useful and worthwhile and suggests that the training course should continue to be maintained. Based on the feedback several areas of improvement have been identified:

- review the language and wording used within the quiz section
- explore the potential for creating an MS Word version of the course materials
- use the information gathered in this evaluation as the basis to scope other national online learning opportunities for volunteers in NHS Scotland, as planned within the NHS Scotland Volunteering Programme Strategy 2022-26

Raising awareness

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



Stakeholders have an increased awareness of good engagement and volunteering practice

We held 3 **webinars** during Quarter 1: in April we explored how to engage with children, young people and families (138 attendees). In May, to tie in with What Matters To You? Day, presenters discussed turning ideas into purposeful action (214 attendees). In June we heard examples of how NHS Scotland volunteers enhance patient care and make a difference (69 attendees). Feedback continues to be very positive: 96% of respondents rated the webinars 'excellent' or 'very good' (up 6% on last Quarter) and 80% (up 9%) agreed or strongly agreed that they had increased their knowledge on the topic. Specific comments included:

- *very informative and made you think out of the box*
- *seminar was well presented. Really enjoyed Sandra's presentation. Seminar may have been more useful to those not currently actively engaging with children, young people and families*
- *practical, informative and inspiring*
- *excellent webinar, very informative and great ideas. Thanks so much to all of you.*
- *very simple and insightful from diverse angles*
- *energising, informative and inspirational*
- *very informative and shows there are still a lot of good people in this world willing to help others. Excellent presentation thank you*
- *fantastic, refreshing, motivational!*

We continue to provide national co-ordination and leadership in support of the **What Matters to You?** programme, particularly supporting the international awareness day on 6 June. We supported territorial person-centred teams to run events in Forth Valley Royal Hospital, Perth Royal Infirmary and Ninewells Hospital, gathering feedback from several hundred patients and staff about what matters to them. Our contribution was recognised by NHS Tayside:

“We were very pleased to be joined by Karen Rankin, Engagement Officer from Healthcare Improvement Scotland. HIS provided some supplies for us to enable an engagement stand to be set up beside the staff canteen. This allowed staff to be informed about the day, the movement and the importance not only to patients but to staff as well. We felt it important to ask our staff what mattered to them at the stand to show them the value of being asked but also to collect what may be common themes and potentially make for a better day for our staff.”

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

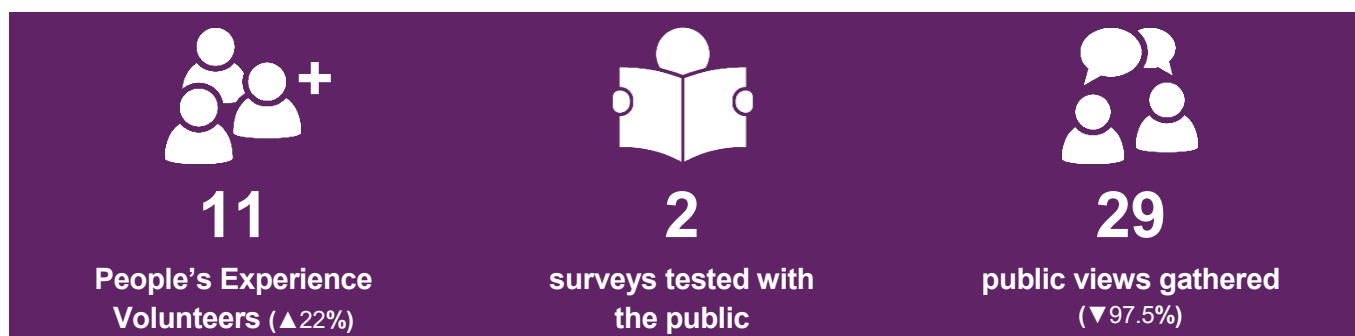
Staff across our North region regularly send out a “It’s Good to Share” **bulletin** to keep local contacts informed about our work, to share local and national opportunities to engage and to pass on relevant updates from partner organisations. The learning from the team’s approach to gathering and disseminating this information was shared with all directorate staff in June.

Local staff **regularly meet** with frontline staff, managers and strategic leads from health and care services and third sector organisations to describe our role and discuss their local needs in relation to support for engagement. Examples include presentations to the Patient Public Panel in Forth Valley and the Fife Centre for Equalities Forum. This allows mutually-beneficial relations to be built, and often opens new opportunities for our staff, such as being invited to join local networks in Perth & Kinross which helped to recruit participants for our gathering views work. In Orkney we shared information about frailty work carried out by the ihub with the Area Clinical Network, which resulted in a revised approach to applying for targeted funding, co-operation with the People Lead Care design lead and engagement initiatives with a comprehensive range of local stakeholders.

Among the opportunities for showcasing our work and making local connections were staff who attended **Pride events** in Grampian and Fife. This helped our efforts to recruit for engagement work, and to gather useful feedback from communities which informed health and care service provision, including NHS Fife’s new trans policy.

Increasing diversity and inclusion

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



People have increased opportunity to share their views and experiences

During Q1 we enlisted 24 members of the public and 5 People's Experience Volunteers to test out questions for the 12th Citizens' Panel survey. Their feedback helped to make the questions more understandable and thus improved the quality of data gathered. The People's Experience Volunteers also helped to test questions for the Scottish Government's national Health and Care Experience Survey.

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

Staff in our Greater Glasgow & Clyde office have been working with the Scottish Refugee Council and the Mental Health Foundation's Refugees and Asylum Seekers Programme to refine a web resource on ***Engaging with Refugees and Asylum Seekers***, to be launched in Q2. The input from staff and people with lived experience has been invaluable to ensure that we properly understand the barriers to engagement faced by these communities, and to identify practical ways to overcome these barriers.

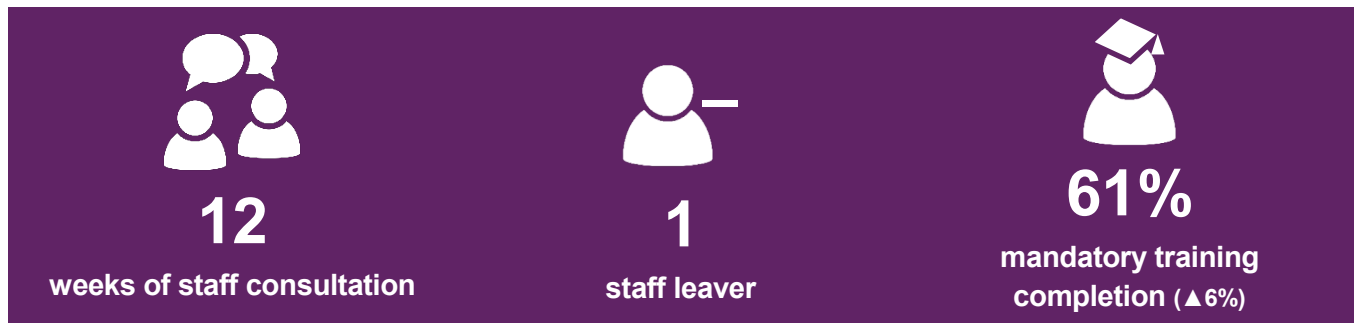
The views and experiences of users of health and care services in Scotland and members of the public influence the design and delivery of healthcare services

Feedback from the 10th Citizens' Panel survey (published November 2022) has informed a new [community eye care patient information leaflet](#) which is being printed and distributed to all community optometry practices in Scotland. The Scottish Government's Community Eye Care Policy Team noted that there had been no Scotland-specific baseline data prior to the Panel survey. All 6 recommendations in the report helped inform the final leaflet, and findings from the survey will continue to influence future eye health awareness campaigns. Findings in the same survey about NHS branding guidelines have helped the Scottish Government's communications team to gain insight how the NHS Scotland brand identity is measured and understood, and have been shared within Scottish Government including the Cabinet Secretary for Health and Social Care.

The 11th Citizens' Panel survey was published in May 2023. It asked the Scottish public its opinions on the Scottish Government's Tobacco Action Plan, the use of digital tools to support healthcare, and motivations behind continued uptake of the COVID vaccines. The survey results were reported by the [Sunday Express](#) ("Majority of Scots want age to buy tobacco raised to 21 and restrictions on who can sell products") and the [North Edinburgh News](#) ("Majority of Scots will take COVID-19 vaccines in the future"). The findings on digital health and care have been circulated to the Digital Citizen Delivery Board, a cross-sector board representing the interests of health and care delivery chaired by Peter McLeod (Chief Executive, Care Inspectorate) and has representation from a range of organisations/groups. Findings relating to people's motivations for continuing to take up new offers of the COVID vaccine will inform all future vaccination programmes and help ensure that the successes and lessons learned from the COVID-19 programme are applied more broadly.

The research team will follow up with the Scottish Government commissioning teams after 6, 12 and 18 months to track the ongoing impact of the survey feedback on policy and practice.

Staffing



The 12-week staff consultation on organisational change took place across most of Q1. During this time, there has been a pause on recruitment and so staffing numbers have remained relatively steady, with just one member of staff leaving (retirement).

Our staff have mandatory **training** modules to complete on several learning platforms. At the end of Q1, our directorate completion rate for the 15 mandatory modules (including information security, risk management and fire safety awareness) was 61%. This was a 6% increase from the end of the previous quarter. Staff across Healthcare Improvement Scotland are expected to have completed all mandatory training modules by the end of November, in time for their mid-year Performance Development and Wellbeing Reviews.

Annual overview 2022 – 2023

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.



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.





1,476

subscribers



15,465

website visits
15.5% return visits



5,867

#WMTY22 tweets

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.



2,422

public views gathered



7

policy areas influenced by
public views



9

People's Experience
Volunteers recruited



2

webinars with BSL
support



3

documents translated into
Easy Read format



3

presenters with additional
support needs

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	24 August 2023
Title:	Evidence Programme Overview
Agenda item:	3.1
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report Author:	Claire Goodheir Curtis, Acting Head of Engagement Programmes
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 from Engagement programme and highlight a concise narrative from the vision going forward for awareness and discussion.

2. Background

The Evidence from 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

As the consultation reaches its final stages the Evidence from engagement programme continues to be developed in line with the directorate vision.

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 from Engagement programme will be detailed in paper 3.2 Evidence from engagement activities as part of this meetings business planning schedule.

Commissions – Gathering Views and Citizen's Panel

Discussions have progressed with Scottish Government colleagues to prioritise our future commissioned work based on impact and priority. This will be developed further once the Head of Evidence post is appointed in the final structure.

Internally work is underway to integrate the Evidence from Engagement work programme by comparing the Gathering Views and Citizen's Panel learning where appropriate. This includes reviewing the standing operating procedures from both and aligning the best practice from each where possible. For example reviewing draft reporting timeframes and developing appropriate communication plans. This will progress over the coming months.

Research

The research team are in the early stages of developing a plan to produce future engagement evidence on the best way to engage with the public post pandemic. This work will be developed in partnership with Scottish Government colleagues in order for it to be consider as part of future policy for NHS Scotland.

Case studies

Work on the "Engaging with" to co-design best practice approaches for people with protected characteristics as well as progressing other best practice for engagement will be developed further once the directorate structure is implemented.

Assessment considerations

Quality/Care	A clear direction on the evidence from 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.
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Resource Implications	All costs for the work of the Evidence from 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 from Engagement programme will continue in the finalised structure and be shared with partners as soon as possible.

4 Recommendation

The work of the Evidence from 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:	24 August 2023
Title:	Evidence for engagement activities
Agenda item:	3.2
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report Author:	Wendy McDougall, Acting Engagement Programmes Manager
Purpose of paper:	Awareness/Discussion

1. Situation

In line with the HIS Strategy 2023-28, and the directorate vision detailed in paper 3.1 Evidence programme overview, this paper will review evidence for engagement activity during Q1, and from the transition to our new permanent directorate structure.

2. Background

The majority of the work is currently co-ordinated by the Participation Network team, which consists of two functions – Operations and Research.

Our engagement activities, both existing and planned, are firmly rooted in evidence, reflecting a deliberate and strategic approach to shaping our directorate's vision. As we transition to our new permanent structure, this foundation becomes vital. Engagement activities will continue to be substantiated by evidence, ensuring that formal recommendations and improvements are well-informed.

3. Assessment

NB. Impacts resulting from the activity below can be accessed in the 240823 SHC meeting paper 2023-24 Q1 Update Appendix.

Gathering Views

Waiting Times

Work has now been completed and the report is in the final stages of production. Anticipated date of publication is 30th August 2023. One to one interviews took place in six health board areas, with a total of 38 participants involved. Six recommendations will be

made to Scottish Government, including greater use of two way communication, more local engagement when the revised guidance is being implemented and further consideration of the Charter of Patient Rights and Responsibilities.

GP Access principles

This commission was approached with a two pronged strategy, which involved both targeted gathering views activity and a pulse survey conducted through the Citizens Panel membership. The Scottish Government's report is scheduled for release late summer, and our findings will be included as an appendix. Additionally, HIS CE will independently publish our report on our website, along with a link to the Scottish Government's publication.

Implanted Medical Devices

The Scottish Government is undertaking the preparatory stages to develop Scotland's first Medical Devices Policy Framework. We are supporting them with a gathering views exercise to strengthen and deepen their policy insight into patient experiences of receiving an implantable medical device. These insights will be used to guide the Framework and wider medical devices policy as they develop. 39 interviews completed, 16 confirmed. Testing out new approaches to target the seldom-heard communities. Analysis will be carried out from mid-September to mid-October, with final publication scheduled for December 2023.

Citizens' Panel (CP)¹

CP11 - Questions covered 3 different topics: The Tobacco Action Plan: to inform a refreshed plan to be published in Autumn 2023, which will support a tobacco-free Scotland; Vaccination Motivations: to understand motivations behind continued uptake of COVID-19 vaccination, and Digital health and social care: to understand how people feel about the use of digital tools in health and social care. Report was published in May 2023.

CP12 - Regulation of Independent Healthcare, and Organ and Tissue Donation. Survey was distributed to panel members during June and is due to be published in November 2023. The two topics on this survey are 'Attitudes toward organ and tissue donation after death' and 'awareness of Independent healthcare regulation'. The Tissue Donation topic is a comparison from a baseline survey back in 2019 to gauge progress with awareness in the change in legislation. The Independent Healthcare topic will help ensure HIS' regulatory work is helpful and meaningful to the public. Fieldwork is due to finish shortly and is progressing well with an anticipated response rate of over 60%.

CP13 – *NHS Climate Emergency & Sustainability, and How do people want to be engaged with.* The latter topic will focus on appointments but will form a wider programme of work for our directorate that will include a robust qualitative research piece undertaken by our Research Team. The aim is to cover both engagement to inform policy/service

¹ HIS CE support two Citizens Panels on an annual basis.

development, and also engagement as part of accessing health & care services. We are committed to undertaking research to better understand when in-person engagement is needed.

The Panel will provide an opportunity for the team working at a national level to hear the views of the public on the Scottish Government's approach to (1) improving the environmental performance of NHS Scotland, including net zero, reducing waste such as plastic waste, and improving biodiversity across the NHS Estate, and (2) climate change adaptation for NHS Scotland. That is, making sure the NHS can adapt to a changing climate while being able to maintain and improve on the delivery of health services. Survey shared with Panel November 2023. Reporting May 2024.

CP14 – Early discussions underway with Scottish Government to agree topics and notes of interest. This will be finalised in January 2024 for publication Summer 2024.

Evaluation Guide

Despite facing some time limitations, the Research Team have made the necessary amendments to this guidance. The review of these changes forms part of the team's workplan.

Webinars

In April, we explored how to engage with children, young people and families. In May, to tie in with What Matters To You? Day, presenters discussed turning ideas into purposeful action. In June, we heard examples of how NHS Scotland volunteers enhance patient care and make a difference (69 attendees).

Case studies

Example of peer educator volunteers - New case study added to website at start of May sourced with help of Louise White (Scottish Government). Was originally for inclusion in Planning with People.

'Engaging with' web content - Currently developing a resource on *Engaging with... asylum seekers and refugees* for the website. Other *Engaging with...* topics in the pipeline (LGBT+ people, dementia patients and carers, care experienced people).

Future focus: delivering our vision

As our new Evidence programme becomes established, some of its areas of focus to deliver our Directorate vision will be:

- Developing our reputation in providing evidence about how to engage: the first part of this work will be the research mentioned above under Citizens' Panel 13, and will build on our "Engaging with" content.
- Building evidence for engagement: exploring opportunities to expand our activity, including potential income generation. For example, we are currently funded by Scottish Government for two Citizens' Panels per year and will explore the potential to expand this through additional resource.

- Creating a proactive plan for our evidence work which prioritises national needs: we will expand our work to understand national priorities.

Assessment considerations

Quality/Care	A clear direction on the evidence for engagement programme 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	Risks in relation to delivery of this work programme are captured on the strategic and operational risk registers.
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 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 evidence for engagement activity will continue as we transition to our new permanent directorate structure. The Scottish Health Council is asked to:

- Consider the current activity
- Discuss potential future priorities for the Evidence Programme
- Consider future reporting for awareness and discussion.

5 Appendices and links to additional information

- All reports relating to the Citizens’ Panel, as well as past and current Gathering Views activity can be found at www.hisengage.scot.

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	24 August 2023
Title:	Improvement Programme overview
Agenda item:	3.3
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report Author:	Tony McGowan, Head of Engagement & Equalities Policy, and the 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 structure is agreed and implemented. Main areas of current activity for the Improvement of Engagement programme are detailed below.

People's Experience Volunteers

We currently have fourteen People's Experience Volunteers across five areas. The increase in our number of volunteers has been driven by efforts from Engagement Officers and awareness raising through third sector interface volunteering websites. Several new enquiries have been received recently and the number of volunteers is expected to increase again shortly. Recent tasks have included user testing the Health and Care Experience survey for the Scottish Government, participating in a Scottish Medicines Consortium focus group, and reviewing and giving feedback on the 'Easy Read' version of the People's Experience Volunteers role description.

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.

A recent opportunity to apply for funding to support working group and network activities led to a link up with NHS Education for Scotland and Public Health Scotland. While it was determined that the initial focus on funding was not viable, it has opened up the possibility of collaborative working on future projects, including exploring the possibility of sharing learning across the NHS Scotland, and running an event jointly later this year. The Children and Young People Key Delivery Area Network has decided to focus on health inequalities and how these can impact on outcomes for children and young people, and will begin developing learning materials which support colleagues to consider who should be involved in their work. The new Corporate Parenting e-Learning module which was created by the Public Involvement Advisor with support from Who Cares? Scotland has been published and is now mandatory for all Healthcare Improvement Scotland staff.

HIS staff equality networks

The staff equality networks continue to deliver a regular schedule of meetings and learning opportunities.

The Race and Ethnicity Network is focusing on HIS' commitment to anti-racism included in the 2022-2027 strategy. The network hosted a well-attended internal webinar on taking an

anti-racist approach to women's workplace inequality, with a guest speaker from Close the Gap. It is currently planning two autumn events - a soft re-launch to engage staff in the anti-racism agenda, and a guest workshop on anti-racism in critical appraisal aimed at staff working or interested in research and data.

The Disability Network has now established a cross-organisational short-life working group to clarify a process around [Reasonable Adjustment Passports](#). The group will collaborate with NHS Golden Jubilee to spread consistency and share learning and impact.

The Pride Network hosted activities during Pride Month in June 2023, including a Pride Picnic and a weekly LGBT+ film club. It also delivered bespoke LGBT+ awareness training to NHS24 staff, receiving excellent feedback. The network is currently collaborating with the Community Engagement directorate to produce a supportive resource for staff carrying out engagement with LGBT+ communities.

Equality Impact Assessment (EQIA) across HIS

We continue to measure a Key Performance Indicator (KPI) in relation to EQIA status across HIS external-facing work programmes, with our Q3 exercise having provided a baseline measurement. At the end of Q1, we are 85% to target, which is a 15% improvement on our baseline. The Public Involvement Team is continuing to work with teams across HIS, providing support and advice to improve performance in this area.

HIS equality outcomes

Following the publication of HIS' Equality Mainstreaming update report in April 2023 and the subsequent refresh of the Equality Mainstreaming Action Plan, the Public Involvement team has begun work on the remaining actions in the plan. This includes activities under:

- Outcome two ('our working practices support and encourage wellbeing and resilience for all protected characteristic groups') developing a better understanding of stigma and how this impacts access to health services; and
- Outcome three ('minority ethnic communities are actively involved in our work and inform positive action to promote improved health outcomes') targeting healthcare inequalities in relevant project outcomes.

The Equality and Diversity Working Group has also reviewed its Terms of Reference to build future capacity for the group to deliver the mainstreaming action plan. Updates include a requirement for representation from each directorate aligned with the specific activities set out in the plan, and the introduction of a two year term to support member rotation.

Volunteering in NHSScotland

A separate update paper for the Volunteering in NHS Scotland national programme has been provided for consideration by the Scottish Health Council (SHC) at this meeting.

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	<p>All costs for the work of the Improvement of Engagement programme will be aligned within the current allocation for 2023/24. This will be detailed further as the work progresses.</p> <p>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.</p>
Risk Management	<p>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.</p> <p>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 <i>Planning With People</i> guidance), and then the directorate's vision and offer to stakeholders.</p>
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 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, future plans and future reporting for awareness and discussion.

5 Appendices and links to additional information

N/A



Community
Engagement

Volunteering in NHSScotland Programme

Annual Survey of Volunteer Practitioners' Network

Published: July 2023

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Published July 2023

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Background

The Volunteering in NHSScotland Programme began in October 2011 and was mainstreamed into core work of Healthcare Improvement Scotland – Community Engagement (previously known as the Scottish Health Council) in April 2016.

The programme provides a range of support to NHS boards on issues relating to volunteering via its Volunteering Practitioners Network:

- Community of Practice
- Peer networking / practice development opportunities
- Regular communication and updates on volunteering related matters
- Volunteering Helpdesk
- Management and administration of Volunteer Information System
- Training and 1-1 support on Volunteer Information System
- Development of guidance and resources to support volunteering in NHSScotland

In 2022-23 the programme delivered:

- 1:1 volunteer management support on 220 occasions
- 9 peer support / practice development sessions , with 113 attendees
- 15 information bulletins issued to the 86 members of the Volunteering Practitioners Network
- 9 Volunteer Information System training sessions delivered to 35 staff
- Weekly updates to the Community of Practice

Survey results

An electronic questionnaire was designed to elicit feedback on the support provided by the programme to NHS boards the previous 12 months, and to gather suggestions for future improvement.

18 responses were received from members of the network, from a possible 86. Generally, the feedback provided was positive. This response rate of 21% of membership, is less than anticipated, however we have analysed the feedback and identified a number of recommendations which we will incorporate into our work-plan for 2023-24.

Some respondents highlighted that they are unable to access some of our support provision due to capacity issues.

We noticed that in addition to the limited response rate, engagement from network members remains limited to a relatively small core group across all of our support provision. We will carry out an improvement project to better understand more about our network membership and consider how we can increase levels of engagement across the membership

1. The Community of Practice is an MS Teams channel where staff can find information on a range of topics relating to volunteering and connect with colleagues across NHSScotland.

Is the Community of Practice useful?

Yes	15
No	1
Never used	2

2. What do you enjoy most about the Community of Practice?

Being able to ask my Peers anything at any time.
I can get ideas for things that will support our volunteers
Being able to share information with others who are managing volunteers in healthcare. As my role is currently involving a lot of lone working this is hugely helpful to me.
That someone else is regularly reviewing best practice and including links in the CoP so we don't need to do it.
Updates and links you provide to interesting materials. training etc.
I have had little call for it over the last two years but can fully appreciate the need for such a space and what it can offer.
Opportunity to check with other Volunteer Manager's, and share practice
Up to date information at a finger tip
Ability to connect quickly and request info form colleagues in the network. Also online provision of up to date resources etc
easy access to others in similar job roles to bounce ideas off etc
To find out wider volunteering programmes from colleagues
Freedom to ask anything and a source of information
Sharing practice
Being part of a community with a shared interest
Have not had the opportunity to join more than once but I found it extremely useful to hear challenges and successes of others managing volunteers. I have found myself thinking of things I can discuss with them at the next opportunity. It felt like an instant support community

3. How could we improve the Community of Practice?

It is difficult for HiS to improve on a forum which has been created for the good of volunteer managers but perhaps not utilised as it should be.
I don't have any suggestions at the moment, sorry!
Making it a bit easier to sign in to the teams page, but I understand this might be due to my organisation's settings.
More files with exemplars from other boards of various key products would be really useful - e.g. volunteer policies, strategies, promotional materials etc
I think you have made great improvements over the last few months as we all get used to it. Nothing comes to mind just now.
Too much information sending to links it feels overwhelming
I wasn't aware of the service.
unsure as am still starting to use it a bit more fully
I don't think you could - it's an excellent source of information on an easily accessible platform
Good resource, works well now on Teams
Unsure
cant think of anything
Maybe add a Resources & Helpful Links section?
no comments at moment as I don't have a lot of experience using this. I hope to build it into my regular work commitments

4. Peer networking sessions are an opportunity for staff working in volunteering or volunteer management roles to come together virtually via MS Teams to discuss the topics that are important to them.

Did you attend any peer networking sessions in 2022-23?

Yes	13
No	5

5. What do you enjoy most about the peer networking sessions?

The relaxed, informal setting. Janice welcomes everyone and puts them at ease. We are given the opportunity to suggest topics in advance or discuss on the day. People often use the chat box to attach useful links to discussion topics.
The chance to hear about what other colleagues are doing and learn from them
Being able to meet others in similar roles to me, and find out from them how they have overcome similar challenges to the ones I face. Even just meeting other people who are doing a similar job to me can be helpful when my role involves a lot of lone working as this can be useful and I get to see what ideas others have been able to put in to practise.
The opportunity to hear from colleagues in other boards. Its great how the topics just flow and very few times we are not talking about something topical.
Meeting colleagues
Opportunity to share information....catch up with other Volunteer Managers
Catching up with other volunteer managers over a wide geographical area.
Hearing form colleagues and shared challenges/successes
informal and supportive environment
Sharing good practice - even if I've got the session on in the background, it's a great opportunity to feel linked in to the wider world of volunteering
Updates on any new requirements or suggestions for improvements, learning from others
Janice & Angela's warmth & relaxed demeanour make it much easier to ask questions & raise issues at these sessions. Finding out that most if not all of the challenges have been faced by someone else down the line, with the distributed learning intrinsic to this.
opportunity to gain support from other professionals in a similar role to myself

6. If you have not attended any peer networking sessions, please share why not.

New to role and also I'm not a volunteer manager per se - I'm the manager of the volunteer managers.
I have had to prioritise frontline activity with patients, staff and volunteers in my hospital base and the sessions have not yet reached the top of the priority list of thing to do.
Not aware of the service
Always think these are a great use of time and an opportunity to learn and network, timings just didn't work for me in 2022, clashing with work commitments and annual leave
diary clashes unfortunately

7. How could we improve the peer networking sessions?

There is nothing I could add. If it's not broken don't try to fix it!
I think they're fine how they are, I haven't attended one for a while unfortunately but I do find them useful when I can get along.
Are we able to suggest topics for these? If we are apologies, but I think this might be useful.
Enquire why some boards don't participate? Maybe change the times /days
Don't have direct experience of sessions to be able to comment
Have one or two that are specifically for volunteer managers of NHS, so many other agencies now I feel we are not as focussed
This is well run and very informative. No suggestions
Not aware of your service
whilst it is an open session it would be helpful to have a loose agenda of sorts or perhaps we could be asked a couple of weeks in advance if we have any items to add to an agenda?
I like them as they are
Can't think!
unsure

8. Practice development sessions are opportunities for staff to develop their knowledge and skills in volunteering through presentations and workshops. The NHSScotland Volunteering Programme hosted two practice development sessions in 2022-23, on Evaluation & Impact (July 2022) and Social Media (November 2022).

Did you attend any of the practice development sessions 2022-23?

Yes	6
No	12

9. What do you enjoy most about the practice development sessions?

Evaluation & Impact, it is difficult to think back so feedback would be better taken at the time.
Chance to learn about something that we haven't tried yet or that we don't use enough.
It was good to hear from the experts and get some advice. It gives a taster to develop skills further.
Good way to learn and share

learned more about what others are doing and picked up good ideas
The expertise of the speakers & the discussion that ensued afterwards.

10. If you have not attended any practice development sessions, please share why not.

Other scheduled commitments.
New to post - sessions were before my time.
dates not suitable
I may have been on annual leave, otherwise would have attended
Time constraints
Not aware of the service
Due to capacity issues - a colleague from our team attended on our behalf.
diary clashes
My availability
Previously attended 2 day training with on Evaluation & Impact organised via HIS several years ago and unable to attend social media session
time constraints as my role is largely clinical

11. How could we improve the practice development sessions?

Nothing to add.
Maybe by running them twice (the same session twice)? I was able to attend one but missed the other due to a diary clash. Having an alternative date would have helped. I feel like the one I did get to was well attended though so it might not make much of a difference or it might end up with one of the sessions not being very well attended and so less worthwhile.
I think I would take more out if this if it were face to face but time and budgets are an issue so it is better to offer via teams rather than not at all.
Not aware of your service
unsure as have not attended
have not attended
For both this & the Peer Networking sessions, as someone on a remote Island Board really looking forward to when I can meet up in person with valued colleagues again.

unsure

12. We provide a 'helpdesk' for staff to get for support or help on any matter relating to volunteering.

Did you contact the NHSScotland Volunteering Programme for support over the last year?

Yes	7
No	11

13. Did you receive the support you needed?

Yes	7
No	0

14. Did you get the support you needed in a timely fashion?

Yes	7
No	0

15. How could we improve the support we provide via our 'helpdesk'?

Nothing to add.
I feel like the team are really responsive and I know I can come to you guys for help. Could this be something though maybe for the Community of Practice, like the requests could help to form an ongoing FAQ on there?
I am an external member working for an organisation other than NHS Scotland so I am unsure, as I would contact our Volunteering Department with questions or problems.
Nil - have been happy with support received.
If there are common questions asked of the helpdesk would a list of FAQ's be helpful?
Can't answer
Working well no need to improve
No suggestions I know support is there should I need it. Sometimes that's enough to know we have that extra body of support.
Not aware of your service

Janice couldn't have responded better when I have raised issues with her 1:1 on Teams.
unsure

16. Volunteering Information System (VIS)

Have you needed any support using VIS during 2022-23?

Yes	2
No	16

17. Did you get the support you needed?

Yes	2
No	0

18. How could we improve the support we provide for the Volunteer Information System?

Nothing to add.
I think it's fine, VIS is what it is, I'd be confident asking for help if I needed it.
Just need a new system please :)
I think the support is available if needed
I attend the refresher when I need it and this is always helpful.
Just looking forward to getting the new system up and running. Lots of improvements needed as present system is so outdated.
Not aware of your service
no suggestions as operating within the remit of the present VIS
Just looking forward to the new system!
unsure

19. We develop guidance and resources to support NHSScotland volunteering and make these available via our website and via the Community of Practice.

Did you access any of the guidance or resources during 2022-23?

Yes	8
No	10

20. **Were the guidance and resources that you accessed useful?**

Yes	8
No	0

21. **Which guidance and resources did you access?**

What was on the Community of Practice under files. The information on the Scottish Government National Volunteering Framework was useful when producing a new volunteer strategy.
Expenses, strategy, best practice handbook.
I've looked at the some of the files you have uploaded, links in the CoP page as well as previous minutes of the Advisory Group.
I accessed latest research papers and plan to catch up on the podcasts when I have the opportunity.
do not recall
Review and investigation forms
Looked back at some guidance on volunteer expenses and generally just scroll through what's there when I get a minute
Bevan Commission Value and Values of Volunteering Engaging with Asylum and Refugee Communities Webinar (recording)

22. **How could we improve our guidance and resources?**

Nothing to add.
I'm not sure
Perhaps best practice guides on key strategic priorities would be helpful e.g. evaluation and inclusive volunteering?
I think the files page could be easier to navigate.

Not aware of your service
The resources available seem to be up to date and relevant
no suggestions
Maybe link up to Vinspired, the UK-wide youth volunteering programme for young people aged 14-30? https://vinspired.com/
I need to familiarise myself more with this

23. What practice development topics would you like to see covered?

Supporting young people into volunteering. Engaging employed people to volunteer prior to retirement.
I think there's already been some stuff up on inclusive volunteering but it's a hot topic right now so maybe more of that? Also, maybe something around supporting volunteers to develop and even move on it's something I've been asked about recently.
Supporting Volunteers with difficult situations How to make opportunities inclusive specifically in a healthcare setting where there can be a number of restrictions on who can volunteer. Talking about the impact of volunteering in healthcare.
Supporting with people with disabilities eg autism to volunteer
VIS : Having easy access to refreshers for VIS is most appreciated by me as I am aware that I am too inclined to not allocate admin time to use of VIS.
Impact & Evaluation as a face to face session not on line
happy with topics that are already identified
Addressing issues such as the increasing demand for volunteers, at a time when volunteer enquiries are dropping and volunteers are less able to commit to extended periods of engagement.
Something around influence would be good, to help empower us to promote our services at board level and gain buy in (and funds!) at strategic and board level.
Recruitment of volunteer drivers seems to be a widespread problem, would welcome some discussion on how we might improve the situation
Improving the diversity of volunteers
Volunteer Scotland Quality Standards - Volunteer Charter, Volunteer Friendly or Investing in Volunteers? Reasonable Adjustments for Volunteers with health/special needs

Topics on effective communication with a group of volunteers.
 How to gain information on service users experience of volunteers.
 How to integrate volunteers and staff to contribute to effective use of volunteers.

24. What national guidance and resources would you like to see us develop?

Induction for volunteers handbook.
Similar to above I think, something around inclusive volunteering and supporting volunteers to develop. Maybe also around generally supporting volunteers.
Guidance on inclusive volunteering Wellbeing support available for volunteers and volunteer managers
A national Memo of Understanding document. Volunteer Handbook Training available for volunteers who can not access IT
Resources : funding to maintain, develop and sustain the person centred programme
Volunteer Handbook
unsure
NHS volunteering strategy open letter or recommendation to strategic leads that boards should have some form of ring fenced fund to support volunteer services over and above staff pay
Definitely a place for generic training resources suitable for all NHS volunteers, could possibly spend a bit of time agreeing a priority list of subjects for everyone's use?
Volunteer management best practice guidance/national policies
Mentoring and Volunteering - complementary rather than interchangeable?
some of the above topics as national guidance

25. What training (for volunteers or staff working in volunteering) would you like to see us develop?

Staff - how to celebrate the achievements of the volunteer service and volunteers.
I think it'd be good if we could have like some kind of joint training thing or both volunteers and volunteer managers. Maybe like something that could be ran by volunteer managers for their volunteers but that all would benefit from? I was thinking around managing responsibilities and your mental health or something like that.
Unsure, but potentially training in how to manage our own wellbeing while working in a challenging field.
A staff handbook / Turas module More things on Turas for volunteers - eg Dementia awareness/ falls awareness

I already have access to learn pro, third sector training, specialist mental health training where relevant for volunteers and partners of the programme. All of this is very helpful and relevant for the setting.
Interactive Induction Training that is creative and engaging, training pack for staff to deliver but with training days that are face to face, too much on Teams. Then this could be delivered face to face to new volunteers and developed for Refresher training too.
Equalities training
Appropriate to role, Bereavement training.
Managing complex volunteer relationships/dynamics in a team A refresher on managing difficult volunteer scenarios/when the role isn't working out.
National volunteer development days/opportunities. Perhaps offered online
Engaging with the seldom heard & the disenfranchised
training in GDPR, supporting volunteers with boundaries of care and feeling included in the work place

26. Do you have any other feedback or comments that you would like to share?

It is lovely to spend time with your colleagues facing the similar challenges in volunteering. It is beneficial to come together and meet in person, even once a year. I would like to thank Janice and the team at HiS for their ongoing support.
No, thanks for the opportunity to feedback!
I've really appreciated the national support and guidance available - as someone new to role, it's been invaluable.
The Teams channel is a great asset we just need more people to look at it and engage. I like the changes made to the bulletin and updates on the CoP page - easy to see what's new. You are all doing a great job and keep us informed.
Nothing asked about our Volunteer Managers Network would be good to have three of these every year either Glasgow or Edinburgh, would be good to make these a priority, full day so much could be covered as many of us are working in isolation.
To thank the team for support offered. Keep up the good work. Our team really appreciates all that you do.
The face to face networking session was definitely one of the highlights of the year, it would be great to have these sessions twice a year if at all possible.
Liaise with Generations Working Together Scotland re: intergenerational volunteering bridge-building

Recommendations

The results of the survey will be used by the Volunteering in NHSScotland Programme to improve support provision to the Volunteering Practitioners' Network. The recommendations identified are:

1. Carry out an improvement project to better understand more about our network membership and consider how we can increase levels of engagement across all of our support provision.
2. Continue provision of the Community of Practice whilst encouraging an uptake of use by current non-using network members.
3. Gather examples of templates and resources used by volunteering teams for the 'files' section of the Community of Practice.
4. Invite topics for discussion to be submitted by members in advance of peer networking sessions.
5. Carry out an evaluation at the end of each practice development session, and remove this question from future annual surveys.
6. Offer more than one date for each practice development session or alternatively, record all sessions and share via the Community of Practice.
7. Create an FAQ of commonly asked queries received via the Volunteering Helpdesk, and share via the Community of Practice.
8. Include a session on Inclusive Volunteering at a hybrid Volunteering Practitioners Network event.
9. Develop a programme of practice development sessions based on topics suggested.
10. Draw up a plan for the development of national guidance and resources based on suggested topics
11. Take the suggestion for an open letter or recommendation that NHS boards should be providing a budget for volunteering, over and above staff pay costs, to the NHSScotland Volunteering Advisory Board for consideration.
12. Carry out a scoping exercise to develop a plan for national education and training development for volunteers.

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

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Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	24 August 2023
Title:	Volunteering in NHS Scotland
Agenda item:	3.4
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report Author:	Janice Malone, Programme Manager
Purpose of paper:	Awareness / Discussion

1. Situation

Volunteering provides numerous well evidenced benefits for NHS Scotland, staff, patients and for volunteers themselves. This paper provides an update on the progress of the NHS Scotland Volunteer programme, which is part of the HIS – Community Engagement directorate.

2. Background

The Volunteering in NHS Scotland Programme drives forward the volunteering agenda within the service through effective leadership, governance, consultancy and expert advice for volunteering across NHS boards.

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

The programme contributes to the development of volunteering in NHS Scotland through collaboration and partnership working, fostering cross-sector relationships to achieve common goals.

3. Assessment

Volunteering Information System (VIS) replacement

The report following the market sounding exercise carried out by Digital Health Scotland (DHI) provided an estimated budget required for both one-off and operational costs for the new digital platform. Confirmation has been received from Richard McCallum, Director of Health Finance at Scottish Government that funding for a new volunteering management system for NHS Scotland will be provided, and the programme should plan on that basis.

An outline business case is being developed to support discussions and decision making around funding for the new digital platform, and will be submitted to Scottish Government in August 2023.

Best Practice Guide to Volunteering Management

Development of a 'Best Practice Guide for Volunteer Management in NHS Scotland' is currently underway. The guide is intended to be a tool to support and guide staff who may be new to volunteer management within NHS Scotland, as a reference for experienced staff who may be reviewing their own processes and practices for improvement purposes.

It will provide a benchmark for quality across volunteer management practices and will support business continuity of volunteering. Publication is planned for September 2023.

Programme support offering

The Volunteering in NHS Scotland Programme continues to offer a variety of support for NHS staff working in volunteering roles:

- Volunteering Helpdesk provides support on any issue relating to volunteering, via email, MS Teams or phone;
- Regular peer support networking sessions held virtually via MS Teams providing light touch facilitation to allow for peer networking support and discussion;
- Quarterly practice development / learning sessions held virtually via MS Teams;
- Community of Practice, hosted on an MS Teams channel curates a range of information of volunteering such as research and evidence, training, events, articles and blogs. The channel also provides a space for staff to connect with peers, give and receive support on volunteering related issues, and share good practice; and
- A range of resources and guidance is available via our website pages.

Recent programme publications

- NHSScotland Volunteering Programme Annual Report 2022-23 (in appendix);
- [Evaluation report on national NHSScotland Volunteer Induction Training](#);
- Annual volunteer practitioner's survey report (in appendix); and
- The [final evaluation report](#) of the Discharge Support Volunteer Pilot (NHS Tayside).

Assessment considerations

Quality / Care	The support provided by the Volunteering in NHS Scotland Programme to NHS boards provides a framework for the delivery of safe, high quality volunteering activity across the service. This is evidenced via the programme's annual report for 2022-23 which was published in August 2023.
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Resource Implications	The programme team actively manages its work plan, prioritising areas of work as necessary. Unplanned leave has affected the progression of work in some areas. However, the redefining of the strategic vision for the directorate and subsequent organisational change will provide resilience and business continuity for the future.
Risk Management	Programme risks are monitored via a local risk register, reviewed and updated monthly by the programme team (escalating as necessary) and is further discussed by the NHS Scotland Volunteering Advisory Board on a quarterly basis.
Equality and Diversity, including health inequalities	The 'New Vision for Volunteering in NHS Scotland' strategy sets out its ambition to ensure that volunteering within NHS Scotland is as inclusive as possible, and contributes to Scotland's Volunteering Action Plan, published in June 2022.
Communication, involvement, engagement and consultation	There continues to be extensive engagement with NHS Volunteer Managers and support staff, and volunteers in the development, implementation and evaluation of the range of programme activities.

4 Recommendation

The work of the Volunteering in NHS Scotland programme will continue to develop over the coming months as the directorate structure is finalised. The Council is asked to:

- consider the current activity, future plans and future reporting for awareness and discussion.

5 Appendices and links to additional information

1. [Volunteering in NHS Scotland annual report 2022/23](#)
2. [Volunteer Practitioners Survey Report](#)
3. [Volunteer programme risk register](#)

NHSScotland Volunteering Programme Annual Report 2022-23

This report sets out key activity undertaken by the NHSScotland Volunteering Programme in 2022-23.



Contents

- Scoping work for a new digital platform to support NHSScotland volunteering
- Our activity to recognise and celebrate volunteers
- Evaluation of the first year of the NHSScotland Volunteer Induction training course and Discharge Support Volunteering pilot in NHS Tayside
- The value of the contribution of NHSScotland volunteers
- The range of support provided to NHS boards by the NHSScotland Volunteering Programme, and how we used feedback to improve our support
- Priority areas for 2023-24

“There is no doubt that local management and delivery is the key to successful volunteering.

“The role of the Volunteering Advisory Board is to provide support to local volunteering leaders and with their help, advocate for and develop approaches that are best planned nationally, then implemented in local context.

“I would like to thank all Board members and their teams for their enthusiastic commitment and to all volunteers across NHS Scotland for the many and varied ways in which you help our patients.

“They and I owe you a huge debt of gratitude”.

Tom Steele, Chair, NHSScotland Volunteering
Advisory Board

(Tom is also Chair of the Scottish Ambulance
Service Board)

National NHSScotland Volunteer Induction training



During the reporting period of 1 April 2022 – 31 March 2023 a total of 657 learners began the training course. A total of 89% of these learners completed the course, whilst 11% of learners show a status of 'in progress'. (N.B. not all NHS boards use the course for their volunteers).

Of the 585 learners who completed the training course, 24% provided feedback using the five star rating system which is built into the NES TURAS platform. Most learners gave the course five stars, and no learners rated the course lower than three stars.

Some 45% of the 141 learners who provided feedback using the star rating system also provided us with comments relating to their experience. Many learners highlighted that the course is informative and helpful, and some drew attention to areas for improvement. Any suggestions received as areas for improvement are acted upon during the planned annual review of the training course and its content.

'It was very informative and helpful. I managed to gain a greater understanding and knowledge about volunteering through this volunteering induction.'

Course participant

Volunteering Management System



A significant amount of scoping work was carried out in 2022-23, supported by the Digital Health & Care Innovation Centre to develop the business architecture, business model, process mapping, functional requirements and budget for a new digital platform for volunteering in NHSScotland.

We saw significant levels of engagement in the scoping work from staff working in volunteering related roles across NHSScotland, with 81 staff attending across nine sessions. We are grateful for their input and support.

Recognition and celebration of volunteering

Each year we host a webinar as part of our Volunteers' Week celebrations. This year our webinar 'Inclusive Volunteering: turning intent into action' was attended by 110 participants on 9 June 2022.

During Volunteers' Week, Programme Manager Janice Malone accompanied Sophie Ross, an NHSScotland volunteer to a special reception at the Scottish Parliament where Sophie shared her own experience of the difference that volunteering made to her.

We were also delighted to highlight the contribution of a number of NHSScotland volunteers through case studies, some of which were picked up in local press.

Messages of thanks and gratitude for the work of volunteer managers working in NHSScotland was the focus for us on International Volunteer Managers Day on 5 November 2022.

A volunteering showcase took place on 5 December 2022 to celebrate International Volunteers Day. We heard from volunteers involved in the Volunteer Community Listeners Service in NHS Tayside and the Youth Volunteering Summer Programme 2022 in NHS Lothian.





In partnership with Healthcare Improvement Scotland, NHS Tayside designed and delivered an 18-week pilot of a volunteer discharge support service between October 2022 and February 2023. The service involved volunteers calling patients for up to five consecutive days following discharge. Additionally, volunteers were able to provide support to the family members/carers of the patient to ensure that they were managing well with caring for their loved one post discharge.

Key findings

Emerging findings suggest that volunteer support can result in improved outcomes for patients' and family members/carers' emotional wellbeing and confidence in care. Overall staff perceptions of patient safety and community connections after discharge appear to have improved and most individuals were satisfied with the service. However, there were some challenges in embedding the service within the hospital discharge process. Most volunteers appear to have enjoyed their volunteering experience; however, anticipated outcomes do not appear to have been met for all, and example of this is increasing their interest in a health / care career.



 "You have **hit the nail on the head** with this service. The calls were **much appreciated**. I am on my own and it was good to have someone to talk to each day and **increase my confidence** when I needed it. The way the volunteers talked to me was **marvellous**, they **helped me no end**. I wish I could shake their hands and thank them."



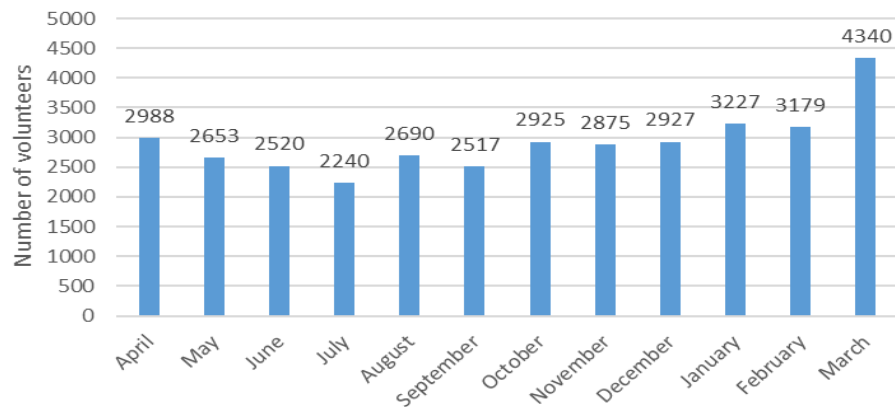
The value of NHSScotland volunteering

NHSScotland volunteers are active in every NHS board in Scotland, and undertake a wide variety of roles which add value to the care and support of patients and their families.

Volunteers provide support in hospital wards and outpatient departments, assist patients and visitors to find their way around, tend gardens, provide befriending and listening services, help provide spaces for staff to relax and recharge – to name just a few of the ways that volunteers add value to NHSScotland services.



NHSScotland volunteers 2022-23



“We are so grateful for the huge contribution that volunteers make to people in NHSScotland.”

“Volunteers have an amazing breadth of roles in every part of the system from hospitals to primary care and community services. Through their dedication, volunteers make such a difference to the lives of patients, complementing the roles of NHS staff.”

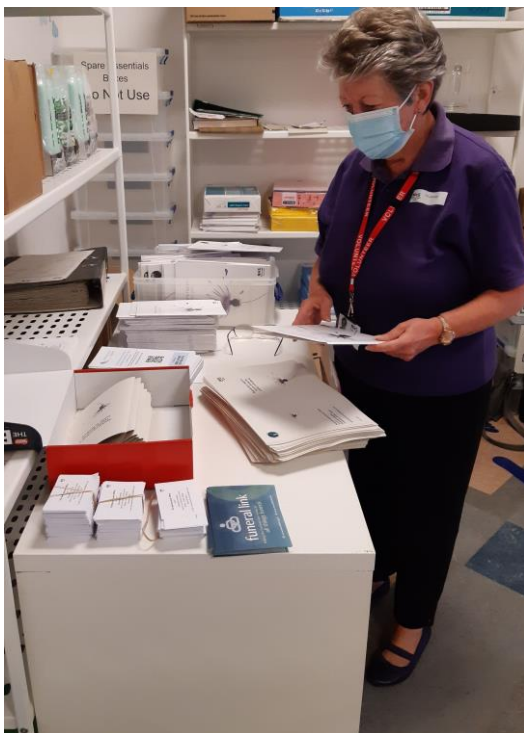
Clare Morrison
Director of Community Engagement,
Healthcare Improvement Scotland



In 2022-23 NHSScotland volunteers gifted 483,000 hours of their time, contributing the equivalent of £7.3 million* to Scotland’s economy

An average of 2,932 volunteers participated each month in 2022-23

*calculated using [Volunteer Scotland’s](#) formula



NHSScotland Volunteering Practitioners Network

The programme provides a range of support to NHS boards on issues related to volunteering via its Volunteering Practitioners Network including:

- Community of Practice / peer networking / practice development opportunities.
- Regular communication and updates on volunteering related matters / Volunteering Helpdesk / Development of guidance and resources to support volunteering in NHSScotland.

In 2022-23 the programme delivered:

- 1:1 volunteer management support on 220 occasions.
- Nine peer support / practice development sessions , with 113 attendees.
- 15 information bulletins issued to the 86 members of the Volunteering Practitioners Network.
- Nine volunteer information system training sessions delivered to 35 staff.
- Weekly updates to community of practice.

Feedback from NHS boards

Each year we ask for feedback on the support provided by the programme to NHS Boards the previous 12 months, and to gather suggestions for improvement in future. We worked on a number of improvements during 2022-23 as a direct result of feedback received in the survey.

- Reduce the frequency of the Bulletin to once per month, and made it clear which information is new.
- Deliver bi-monthly virtual peer networking sessions. The programme team continued to provide light touch facilitation at these sessions, and made an effort to learn from participants about the particular challenges faced by teams on the ground.
- Delivered a hybrid Volunteering Practitioners Network event.
- Delivered two practice development sessions based on the most popular suggested topics.
- Created a programme of development for guidance and resources in line with suggested topics, co-produced with volunteer managers.
- Continued to develop the community of practice.

NHSScotland Volunteering Advisory Board

The NHS Scotland Volunteering Advisory Board have supported the Volunteering Action Plan for Scotland - <https://volunteeringactionplan.co.uk/> along with partners to promote and support the further achievement of actions in the Plan and its aim to create a Scotland where everyone can volunteer, more often, and throughout their lives.



I've really appreciated the national support and guidance available - as someone new to role, it's been invaluable.

NHSScotland Volunteer Manager





Our programme priorities for the coming year are:

- Aligning the vision for the Volunteering in NHSScotland Programme with the Healthcare Improvement Scotland – Community Engagement Strategic Vision, due to be published in June 2023.
- Progressing work to procure a new digital platform to support volunteering in NHSScotland.
- Scoping our 'Once for Scotland' approach to education and training for volunteers and staff working in volunteer management roles.
- Continue development of 'Once for Scotland' guidance, tools and resources to support volunteer management in NHSScotland.
- Continue to develop skills in Quality Improvement within the programme team.
- Carry out a national EQIA for volunteering in NHSScotland.



"Volunteers don't get paid, not because they're worthless, but because they're priceless."
Sherry Anderson

Risk Register:
Last Updated:

Volunteering in NHSScotland Programme
03.08.23

ID	Risk Description and Consequence	Mitigating Controls with Indication of Timescales and Effect	Current Risk Level	Risk Attributes
1	<p>Unplanned staff absence</p> <p>There is a risk that planned work will not be completed on schedule should any of the programme team be unexpectedly be absent from work.</p> <p>Because of the small staff team.</p> <p>Resulting in delays to planned work, a backlog of work to be completed. This may also affect relationships and reputation of the programme.</p>	<ul style="list-style-type: none"> Monthly reviews to monitor progress and make necessary adjustments of the programme workplan by the team Unplanned absences (of more than 1 week) communicated to senior management and triggers a review of current work priorities Communication with key stakeholders regularly on delays to work, advising of estimated timescale of delay and revised delivery timescales as soon as they are available Extra support from 2 Engagement Officers to support volunteering programme work has been provided. Totalling 4.5 days per week support. Organisational change process is underway which will further mitigate risk. 	<p>Likelihood 3</p> <p>Impact 2</p> <p>Score 6</p>	<p>Owner Sharon Bleakley</p> <p>Tolerance Score 12 (3x4)</p> <p>Last Review Date 03.08.23</p>
2	<p>5 year strategy roll out</p> <p>There is a risk that as the strategy is implemented over years 1 and 2 that embedding new streams of work into business as usual may create capacity pressures</p> <p>Because of current resources available to deliver business as usual activity</p>	<ul style="list-style-type: none"> Annual workplan to schedule programme activity, reviewed monthly Development of a 5 year workforce plan to understand the human resource requirements to deliver the strategy over 5 years and embed new work into BAU Monthly budget meetings, and annual budget planning cycle 	<p>Likelihood 3</p> <p>Impact 2</p> <p>Score 6</p>	<p>Owner Janice Malone</p> <p>Tolerance score 12 (4x3)</p> <p>Last review date</p>

ID	Risk Description and Consequence	Mitigating Controls with Indication of Timescales and Effect	Current Risk Level	Risk Attributes
	Resulting in the programme remaining static and not progressing volunteering in line with our strategic ambition	<ul style="list-style-type: none"> Annual review of strategy and associated plans is underway with reviewed strategy document due for publication in April 2023 Organisational change process is underway which will further mitigate risk. 		03.08.23
3	<p>Volunteer Expenses</p> <p>There is a risk that not having a set commuting rate for volunteer out of pocket expenses creates inequality for volunteers</p> <p>Because it is up to individual NHS Boards to set the rate</p> <p>Resulting in volunteers in different board areas being able to claim different amounts</p>	<ul style="list-style-type: none"> December 2022 survey of NHS boards on their current commuting rate to understand the landscape, output was shared with VAB and NHS board volunteering teams. Proposal from VAB submitted to Scottish Government to change current guidance. Scottish Govt is not able to set a rate but has agreed to make changes which will make it easier for NHS boards to make a case for change. If required VAB will write to NHS boards recommending a rate of 45p (in line with HMRC). 	<p>Likelihood 4</p> <p>Impact 2</p> <p>Score 8</p>	<p>Owner Janice Malone</p> <p>Tolerance score 15 (5x3)</p> <p>Last review date 03.08.23</p>

Closed risks

1	<p>National Volunteer Co-ordination (NVC) Hub</p> <p>There is a risk that the NVC hub would be unable to supply the volunteers required by NHS boards</p> <p>Because of a lack of transparency from the NVC hub on the availability of volunteers</p> <p>Resulting in NHS boards lack of confidence in the NVC hub, and reputational damage to the programme</p>	<ul style="list-style-type: none"> NVC Hub liaison meetings NVC Hub meetings have ceased taking place with no communication on if and when they will resume Governance arrangements for NVC hub supplying volunteers to NHS boards Agreed reporting system with BRC for both requests for volunteers from NVC Hub and current activity levels of volunteering in NHSScotland 	<p>Likelihood 5</p> <p>Impact 1</p> <p>Score 5</p>	<p>Owner Janice Malone</p> <p>Tolerance score 15 (5x3)</p> <p>Last review date 25.10.22</p>
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		<ul style="list-style-type: none"> No data has been supplied by BRC using the reporting system since agreement was made NVC hub is no longer focussed on supplying volunteers into health settings. Very low uptake of the offer. It is funded until September 2022. Communication to volunteering teams providing an update from programme team actioned. It is likely that SG will continue to fund the NVC hub over Winter 2022-23, with a focus on vaccination support. 		
2	<p>Project delivery</p> <p>There is a risk that the Discharge Support Volunteer project does not get the traction it needs to develop.</p> <p>Because of workload pressures of key clinical staff required.</p> <p>Resulting in the test of concept not going ahead and reputational damage to the programme.</p>	<ul style="list-style-type: none"> Scheduled 3 weekly project group meetings Meeting schedule revised to 6 weekly as project is progressing nicely, good engagement with local teams Regular communication with key stakeholders, Voluntary Services Manager / Strategic Lead for Volunteering Risk assessment of proposed role Clinical staff fully engaged and local steering group set up Go live date of pilot is 19th October 2022 	<p>Likelihood 1</p> <p>Impact 4</p> <p>Score 4</p>	<p>Owner Janice Malone</p> <p>Tolerance score 12 (3x4)</p> <p>Last review date 25.10.22</p>
5	<p>Patient and volunteer safety</p> <p>There is a risk that patient and volunteer safety could be compromised</p> <p>If NHS boards do not continually review policies and processes relating to volunteering activities</p> <p>Resulting in poor governance of volunteering and potential for harm to patients and volunteers</p>	<ul style="list-style-type: none"> Volunteer managers network, peer support networking (bi-monthly), practice development (x4 per year) and community of practice (updated weekly) Fit for purpose and relevant governance and guidance (annual review) Communication between the national programme and volunteering teams (fortnightly bulletin) Communication with NVG (quarterly) and SG (weekly) Accessibility of guidance and resources publicly available on HIS:CE website and via CoP Query from SHCC member on if this identified risk belongs to HIS CE. On review decided it does not belong and therefore risk will be closed. 	<p>Likelihood 3</p> <p>Impact 3</p> <p>Score 9</p>	<p>Owner Janice Malone</p> <p>Tolerance score 15 (3x5)</p> <p>Last review date 30.11.22</p>

2	<p>Project Delivery</p> <p>There is a risk that the workforce element of the new VMS may not be a high priority for stakeholders</p> <p>Because they are unable see the connection between volunteering and workforce.</p> <p>Resulting in funders of the new system being dissatisfied at the ability of the new system to support workforce ambitions</p>	<ul style="list-style-type: none"> Made contact with Head of People (Sybil Canavan) to begin conversations with Workforce Directors on gaining support Review of NVG and membership means that we are actively trying to secure a rep from the NHS Workforce Directors group to join the group. Gerry Lawrie is rep for NHS Workforce Directors group and is participating in VMS scoping. Connections made between Helpforce, volunteer to career programme, Scottish Government and Volunteering Advisory Board. Helpforce plan to deliver webinar in Jan 2023. Health workforce no longer able to fund VMS – alternatives are being investigated. 	<p>Likelihood 3</p> <p>Impact 3</p> <p>Score 9</p>	<p>Owner: Janice Malone</p> <p>Tolerance score 12 (4x3)</p> <p>Last review date: 07.02.23</p>
3	<p>Financial</p> <p>There is a risk that the volunteering management system could cost more than the budget available.</p> <p>Because of unknown costs.</p> <p>Resulting in either reverting to the current system or a sub-standard new system.</p>	<ul style="list-style-type: none"> DHI scoping work (stage 1) Project board established to provide governance and decision making Current financial pressures mean it is not yet clear if SG will fund stage 2 scoping work. Funding confirmed for stage 2 September 2022, no funds in place to purchase new system. Procurement agreed. DHI can gather pricing information as part of scoping. Current economical financial situation raised risk level to high. Risk closed and moved to issue register 07.02.23 	<p>Likelihood 4</p> <p>Impact 4</p> <p>Score 16</p>	<p>Owner Janice Malone</p> <p>Tolerance score 10(2x5)</p> <p>Last review date 07.02.23</p>

Guidance on using the risk register

The risk register promotes dynamic risk assessment and mitigation control, which ensures good communication and understanding of identified risks to the Volunteering in NHSScotland Programme.

Risks are potential events, issues or problems which may occur, but have not yet occurred. Any events, issues or problems which have occurred will be logged on the 'issue register'.

Updating the risk register

- The risk register will be reviewed and updated at the monthly Volunteering in NHSScotland team meeting.
- Any amber risks will be flagged immediately to the Engagement Programmes Manager and ?? (Tom Steele - tbc). Any red risks will trigger an immediate meeting to discuss with Chair of the National Group for Volunteering & Engagement Programmes Manager.
- The risk register will be a standing agenda item at the National Group for Volunteering in NHSScotland quarterly meetings, where amber and red level risks will be discussed.
- Blue text in the column titled 'mitigation controls with indication of timescale and effect' doesn't change, latest updates are shown in red text.
- Current risk level is shown as per charts in the appendix of this document.
- Column to show likelihood, impact, score should be coloured accordingly (red / amber / green).
- Tolerance risk level is the target score that is acceptable based on risk appetite. Highlight in appropriate colour (red / amber / green).

Risk Appetite

The Volunteering in NHSScotland Programme risk tolerance threshold has been set at:

Acceptable risk (no action to mitigate required): score of 0-9 (Green/Yellow)

Risk mitigation (takes action to mitigate risk to reduce the score): score of 10-15 (Amber)

Unacceptable risk (does not proceed with or stops the activity associated with the risk): score of 16+ (Red)

Appendix 1

Risk Register Scorecard

Scores to the right of the blue line on the diagram below should have action taken.

	Impact				
Likelihood	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	Medium (5)	High (10)	High (15)	Very High (20)	Very High (25)
Likely (4)	Low (4)	Medium (8)	High (12)	Very High (16)	Very High (20)
Possible (3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
Unlikely (2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
Rare (1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

Quantification of Risk

A risk is assessed as **Likelihood x Impact**.

Likelihood

Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)
Can't believe this event would happen – will only happen in exceptional circumstances.	Not expected to happen, but definite potential exists – unlikely to occur.	May occur occasionally, has happened before on occasions – reasonable chance of occurring.	Strong possibility that this could occur – likely to occur.	This is expected to occur frequently / in most circumstances – more likely to occur than not.
Extremely unlikely	Possible but improbable	Might happen	Strong possibility	Expected

Risk Types and Sub Types with Impact Guidelines

Risk Type	Risk Sub-Type	Impact				
		Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
BUSINESS	Project	Very low increase in costs and/or timescale. No reduction in scope	Increase in costs and /or timescale of < 10%. Minor reduction in scope	Increase in costs and /or timescale of 10% - 20%. Objectives threatened	Increase in costs and /or timescale of 20% - 50%. Objectives significantly threatened	Increase in costs and /or timescale of > 50%. Objectives cannot to be achieved
	Financial	Low financial loss (< £10k)	Minor financial loss (£10-100k)	Significant financial loss (£100 - 250k)	Major financial loss (£250k - £1m)	Severe financial loss (> £1m)
CLINICAL	Patient Safety	Very minor injury or near-miss of harm. No treatment required	Minor injury or harm. First-aid treatment required	Injury or harm. Medical treatment and / or care intervention required	Extensive injury or major harm. Significant medical treatment or care intervention required	Extensive injury or major harm leading to major permanent incapacity or death
	Patient Experience	Locally resolved complaints or observations	Justified written complaint peripheral to, or involving clinical care	Below excess claim. Several justified similar complaints involving lack of appropriate care.	Claim above excess level. Multiple justified complaints. Problem themes developing, informed from more than one source	Multiple claims or single major claim above excess level. Confirmed problem themes informed from more than one source
	Service Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of service and patient care resulting in major contingency plans being invoked	Permanent loss of core service or facility. Total failure of service provision with significant "knock on" effect elsewhere in the system
	Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action	Challenging recommendations that can be addressed with appropriate action plan	Mandatory improvement required. Low rating. Critical report. High level action plan is necessary	Threat of prosecution. Very low rating. Severely critical report. Board level action plan required

STAFF	Staff Safety	Very minor injury or harm	Minor H&S incident as a result of unsafe environment or working practice	H&S incident with harm as a result of unsafe environment or working practice	H&S incident with severe harm as a result of unsafe environment or working practice	H&S incident causing death as a result of unsafe environment or working practice
	Staffing Levels	Temporary delay in recruiting staff	Short term vacancy (< 6 months)	Vacancies open for some time (> 6 months)	Unable to recruit to key roles for extended periods (> 9 months)	Sustained loss of key staff groups
	Staff Competency	Individual training issues	Small number of staff affected by training deficiencies	Moderate number of staff affected by training deficiencies	Significant number of staff affected by training deficiencies	Very significant training deficiencies throughout the organisation
	Staff Complaints	Individual complaints	Small number of staff making similar complaints	Unrest in staff groups. Threat of industrial action	Industrial action	Prolonged industrial action
REPUTATION	Reputation	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Minor effect on staff morale / public attitudes	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media adverse publicity, less than 3 days. MSP concern. Public confidence in the organisation undermined and use of services affected.	National and international media adverse publicity, for more than 3 days. MSP questions in parliament. Court Enforcement. Public Inquiry/FAI

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	24 August 2023
Title:	Assurance Programme Overview
Agenda item:	3.5
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report Author:	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 of Engagement programme and highlight a concise narrative from the vision going forward for awareness and discussion.

2. Background

The Assurance of Engagement programme aims to 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.

We will do this by supporting services to develop and review their engagement strategies, provide advice and quality assurance 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 of Engagement programme is detailed below.

Service Change

Support for partners

The service change team is currently supporting a total of 60 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 details of which are included in item 4.1 for consideration by council members.

Workshops

The team will continue to deliver online workshops with partners in NHS Boards and Health and Social Care Partnerships (HSCPs) moving forward. Four workshops were delivered in the last quarter and a further two are scheduled for August 2023.

Engagement Practitioners Network

The fourth development session of the Engagement Practitioners Network was held on Tuesday 16 May with presentations from Scottish Government colleagues on: *Planning with People*, information on the Quality Framework for Community Engagement and Participation; and brief presentations from the test sites on their learning as part of the build up to the launch.

There are now 161 members in the network held on Microsoft Teams (+17% since the last report to the council). The next development session is scheduled for 7 September with guest presenters Dr Helen Tucker (President of the Community Hospitals Association, England) and Dr Angela Ellis Paine (Researcher and Lecturer) who will speak about their research project with the University of Birmingham into the importance of community engagement in the reshaping of Community and Cottage Hospitals.

Ownership of the network will sit within the Improvement of Engagement Programme once the new structure is implemented.

Strategic support for statutory duties

Following the publication of *Planning with People* guidance on Friday 21 April 2023, and after careful consideration of the need for quality assurance of engagement activity for the NHS GGC GP Out of Hours with the sub-committee, a decision to develop a “light touch” quality assurance process for all service change (other than major service change) was reached.

We have established a short life working group consisting of three members of the Community Engagement leadership team, all three Service Change Advisors and two members of the Service Change Sub-Committee. The group has now met twice and has considered three aspects of service change decision making and assurance processes.

1. Development of a flowchart setting out a proposed approach for quality assurance of all service change
2. Clear description of where the decision making authority sits for different types of service change (embedded within the flowchart)
3. Consideration of the development of metrics to assist in the identification of major service change to help reduce the subjectivity of this decision.

As part of the work to develop the proposed approach, an invitation from our Director was sent to all NHS Boards and Health and Social Care Partnerships to ask if they would like to be involved in shaping the new approach. Ten NHS Boards and two Health and Social Care Partnerships have confirmed they will take part in this work with meetings scheduled for 18 & 24 August 2023. A draft of the flowchart is included at Appendix 1.

We have discussed this approach with colleagues in Scottish Government who are supportive of this work in line with *Planning with People*. Further work will be undertaken in September 2023 to develop metrics to assist in the major service change decision making process. Whilst this will be helpful, it is vital that the decision making retains an element of subjectivity through discussions by members of the sub-committee and the Scottish Health Council.

Quality Framework

Support for partners in the use of the Quality Framework will continue to be an important part of the work that is undertaken across the directorate. This will be promoted by the Strategic Engagement leads with support from the Improvement of Engagement Programme within the new structure.

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 the Operational Plan Progress Report (agenda item 2.4)

The ongoing reporting of the Assurance of 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 of 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 of 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	Risk Register - 1163. 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,	There has been extensive engagement with staff in the development of the vision and this will continue, along with

engagement and consultation	SHC Members, HIS and wider stakeholders including Scottish Government. Specific work on the Assurance for Engagement programme will continue in the finalised structure and be shared with partners as soon as possible.
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4 Recommendation

The work of the Assurance of Engagement programme will continue to develop over the coming months as the directorate structure is finalised. The SHC is asked to;

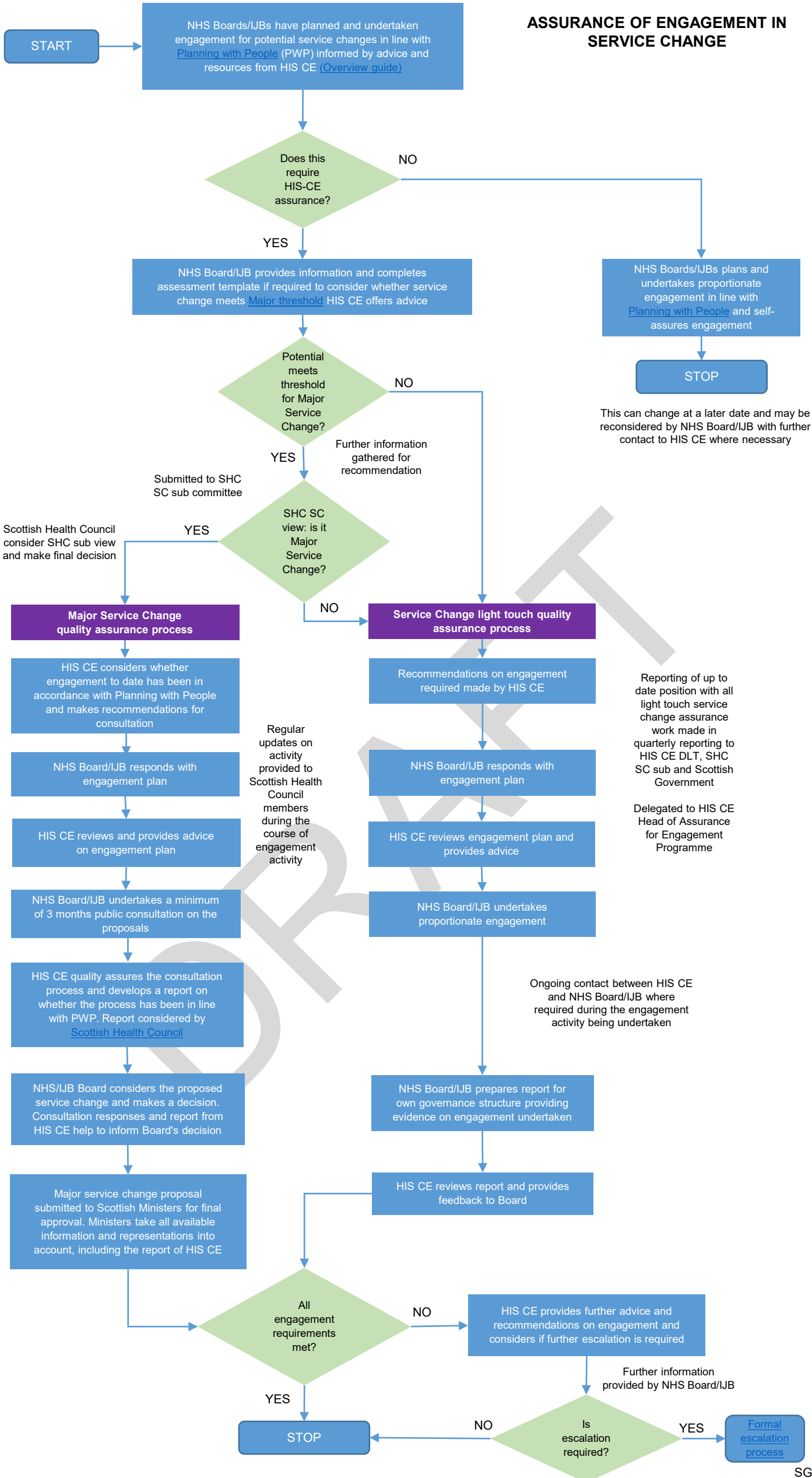
- Consider the current activity, future plans and reporting for awareness and discussion.

5 Appendices and links to additional information

The following links to appendices are included with this report:

- Appendix No 1 – Assurance of Engagement in Service Change flowchart

ASSURANCE OF ENGAGEMENT IN SERVICE CHANGE



Governance for Engagement report

Cycle 2 (2022/23)

v0.2

1 Introduction

- 1.1 The Governance for Engagement sub-committee is a sub-committee of the Scottish Health Council, which in turn is a governance committee of the Healthcare Improvement Scotland (HIS) Board. The Scottish Health Council is responsible for agreeing HIS – Community Engagement’s overall strategic direction, and assures the legal equality responsibilities of the wider organisation. A small team within HIS – Community Engagement supports the work of the Governance for Engagement sub-committee.
- 1.2 The sub-committee seeks to identify and improve upon good engagement practice through examination and discussion of practical examples provided by Directors, senior managers and staff from across all parts of HIS. The purpose is to gain assurance that the organisation’s required legislative and other duties on engagement and equalities-related matters are being met. The sub-committee seeks to do this in a ‘supportive scrutiny’ context where the approach deliberately focuses on evidence from, and conversation with, HIS Directors that celebrates successes and encourages candid discussions about areas for further development.
- 1.2 2022/23 saw a full cycle of sub-committee sessions completed with each HIS directorate participating in the process, with a focus on establishing and monitoring progress from Cycle 1. Information on the background to the process including the membership and remit of the sub-committee can be found in Appendices A and B.
- 1.3 This report sets out the process and findings from the second year of operation (Cycle 2) of the HIS Governance for Engagement process, including feedback from the sub-committee (consisting of general themes and specific directorate findings), learning points from the process, ‘look ahead’ information for each directorate, and recommendations for the approach during 2023/24 (Cycle 3) to support continuous improvement.
- 1.4 Cycle 3 of the Governance for Engagement process will focus on testing the new [Quality Framework for Community Engagement & Participation](#) with a selection of HIS directorates. Due to organisational change activities directly affecting HIS – Community Engagement, Cycle 3 will be conducted during Q4 2023/24.

2 Supportive scrutiny – Cycle 2

2.1 Proforma

Each directorate was sent, in advance of their session, a copy of their Cycle 1 submission. They were each then asked to add any relevant updates.

Directorates were asked to provide:

- a response on Cycle 1's general organisational-wide feedback;
- a response on Cycle 1's specific directorate-wide feedback;
- any notable successes;
- any notable challenges;
- any key issues; and
- any appropriate metrics / data to support their submission.

The proforma from Cycle 1 was continued, inviting comments and evidence from Directors and their teams across the following themes:

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

Throughout Cycle 2 the sub-committee maintained its practice of meeting together for half-an-hour two or three days prior to each session to discuss and prepare any specific areas of focus, comments, or questions to be asked. This was facilitated by the Lead Officer who provided a summary of the discussion to sub-committee members immediately after the pre-meeting.

Where possible, the Lead Officer provided feedback to HIS Directors on their submissions prior to their respective sessions with the sub-committee, in order for any additional information and / or changes to be made. It was noted in each case that the detail provided by Directors and their colleagues during the session presentations added much-valued weight and context to the proforma submissions.

2.2 Presentations and conversation

During Cycle 2, the majority of the directorates provided a PowerPoint presentation to illustrate and summarise their submission to the sub-committee. Council Members were able to engage with Directors to establish where progress was being made, and where further focus was required. All of the presentations and subsequent conversations were gratefully received by the sub-committee, and general feedback from Directors and other colleagues involved in the presentations highlighted that they valued the opportunity to partake in the sessions. All indicated the desire to follow-up with colleagues from the Community Engagement directorate on specific actions.

2.3 Differences between directorates

As highlighted in the Cycle 1 report, the sub-committee again found there to be a difference in the way externally-facing directorates are able to readily provide information within their proforma, presentations, and in the conversation element of sub-committee sessions about their engagement activities, in comparison to HIS' corporate directorates and teams.

However, it continues to remain important for HIS to be able to demonstrate meaningful engagement practice both internally and externally, and the Governance for Engagement process continues to encourage Directors and senior management within corporate directorates and teams to consider the many ways good engagement practice is necessary in their work.

DRAFT

3 Key points from HIS directorates and teams

3.1 Meeting dates 2022/23

Directorate / team	Meeting date
Community Engagement	16 June 2022
Quality Assurance	27 October 2022
Finance	27 October 2022
NMAHP	11 January 2023
Medical & Pharmacy	11 January 2023
Evidence	9 March 2023
Communications	9 March 2023
iHub	25 April 2023
People & Workplace	25 April 2023

3.2 General themes

Some of the general themes gained from the process throughout Cycle 2 are given below.

- Five of the directorates spoke about the increased and improved use of Equality Impact Assessments (EQIAs). Examples of the use and embedding of EQIAs included their incorporation within corporate processes; EQIAs being included as part of screening processes for any new pieces of work; and use of EQIAs to support colleagues to better understand the impact of their work.
- One directorate highlighted that they needed a better understanding of the EQIA process and had received support from members of the Equality and Diversity Working Group to address this.
- One directorate stated that whilst EQIAs are now a directorate key performance indicator (KPI), they recognise that it will take time to be able to readily demonstrate impacts as a result of this.
- Five directorates made specific reference to utilising HIS Public Partners. There was an appreciation of the value in working with these volunteers, with one directorate reporting that “Public Partners are a part of my team”. It should be noted that whilst four directorates did not specifically mention Public Partners, this should not imply that they are not being utilised.
- It was highlighted that there is a need to look at integration between a series of HIS governance processes including Governance for Engagement, Clinical & Care Governance, and Staff Governance in order to streamline the work involved in providing appropriate and satisfactory evidence for each, and minimising duplication of effort.

3.3 Community Engagement

The sub-committee found the presentation provided a comprehensive read-out of the directorate’s role and responsibilities, including in the key areas of service change, equalities, and supporting meaningful community engagement practice within health and care. The sub-committee felt assured with the evidence provided through the proforma and presentation, and found aspects within the information shared to be helpful in their further understanding of the work involved.

In terms of specific feedback, the sub-committee:

- Highlighted that the focus of the submission should be on impact as the directorate moves forward. In many respects, the sub-committee felt the submission represented an activity report. The sub-committee would like to see examples of the impact of engagement activities undertaken including *Gathering Views*, the national Volunteering programme, and the *Citizens’ Panel*.
- While evidence was shared of on-going improvements to engagement and equalities practice, a stronger focus on addressing the challenges faced by the directorate as described in the Cycle 1 report would have been welcome.
- The sub-committee stressed the importance of the directorate’s work and provision of support to the whole of HIS, and welcomed the opportunity to learn more about the ways in which HIS is benefiting from the directorate’s specialist advice, and the impacts relating to this input.

Cycle 3 look ahead	<p>The Community Engagement directorate will use the Quality Framework to self-assess its work, drawing upon the experience of the first two cycles of the Governance for Engagement process, in order to highlight successful activities and their impacts, and areas for further focus and development.</p> <p>This will include assessment of the practical ways in which the directorate is providing expert advice both within and out-with HIS, and the impact of this input in accordance with the directorate’s vision and the HIS strategy.</p> <p>The sub-committee will consider the Quality Framework self-assessment as part of its deliberations when the directorate’s senior management joins for their programmed session in Q4 2023/24.</p>
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3.4 Quality Assurance

The sub-committee found the presentation readily demonstrated the commitment of the directorate’s leadership to meaningful engage with service users across the areas where it has scrutiny responsibilities.

Specific feedback from the sub-committee:

- Encouraged the team to consider how to ensure patient voice is heard in Independent Healthcare. The sub-committee recognised that this can be challenging. It was noted that there was a commitment to building on existing progress, focusing on inspections, patients and user feedback.
- Highlighted the value of the ‘Engaging People in QAD’ case study template and were grateful for the example that had been provided on learning from adverse events. The team were encouraged to look at how to embed this way of working in the future.
- It was recognised that thought is being given to providing publicity on a clearer understanding for the public on which services are regulated. Consideration is being given to use of a future *Citizens’ Panel* to test this, which was welcomed.

Cycle 3 look ahead	<p>The Quality Assurance directorate is encouraged to continue developing and build upon their established engagement and equalities approach, and to maintain their collaboration with the Community Engagement directorate. This includes:</p> <ul style="list-style-type: none">• potential further deployment of Public Partners to bring the voice of the general public to help inform specific priority areas; and• targeted use of the <i>Citizens’ Panel</i>, <i>Gathering Views</i>, and People’s Experience Volunteers to gain a deeper understanding of the opinions of people with lived and living experience, and the general public. <p>It is anticipated that the Quality Assurance directorate will use the Quality Framework to self-assess their progress during Cycle 4 (2024/25).</p>
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3.5 Finance, Planning & Corporate Governance

The sub-committee was grateful for the presentation and noted an appreciation of the difficulty of trying to gain evidence of external engagement when the directorate is mainly internally focussed. However, the sub-committee continues to express its keenness to understand the ways in which the directorate considers user engagement approaches to inform its internally focused work.

Specific feedback from the sub-committee:

- Encouraged the team to examine ways to measure the impact of attracting new members to the HIS Board, whilst being mindful of the need to hear the communities’ voice and understanding equalities to inform decision-making and governance. It is understood that the HIS Succession Planning Committee has been supported by the Community Engagement directorate in considering practical ways to enrich diversity at Board level.

- It was noted that the Community Engagement directorate provided support to the stakeholder consultation for the HIS Strategy, facilitating the voice of members of the public through focus group activities, which has directly informed the strategy’s development.
- Encouraged the team to review how useful KPIs might be in helping the general public understand the work of HIS and its impact, with a recognition that these measure what is being delivered against what has been planned to deliver. There was acknowledgement that measurements for impact is an area that requires further work.
- The sub-committee noted that the directorate now ensures all organisational policy changes have wider user engagement with staff, with no changes being implemented without wider organisational involvement and participation.

<p>Cycle 3 look ahead</p>	<p>The Finance, Planning & Corporate Governance directorate is encouraged to develop further their user engagement and equalities approach, and to access support from the Community Engagement directorate to achieve progress. This includes:</p> <ul style="list-style-type: none"> • consistent use of EQIAs to inform the development of new (and existing) policy and procedures; • undertaking user engagement by seeking the views of staff across HIS about policy and procedure developments in order to gain their views about potential practical application and impact; and • use of Public Partners and the People’s Experience Volunteers to gain general public views on specific strategic and operational topics of importance to HIS. <p>It is anticipated that the Finance, Planning & Governance directorate will use the Quality Framework to self-assess their progress during Cycle 4 (2024/25).</p>
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3.6 Nursing, Midwifery & Allied Health Professionals (NMAHP)

The sub-committee acknowledged the capacity challenges that had faced the directorate when completing the proforma and noted that through discussion it was evident the commitment the directorate has to community engagement and public involvement.

In terms of specific feedback, the sub-committee:

- Commended the team for their ownership in driving the EQIA process within their directorate, finding it encouraging that staff are taking this forward in the context of a series of competing priorities.

- Acknowledged and highlighted that EQIAs are now embedded in the work of the directorate, which has allowed staff to understand the potential impacts of their work and increase their understanding of diverse population needs from the health and care system.
- Noted that activities to support the evaluation of Public Partners within the directorate were in progress. It was suggested that the sharing of any learning from this work would be beneficial to the wider organisation.
- Highlighted the need to be mindful with the use of acronyms within the proforma and other papers as these create barriers to understanding by people unfamiliar with the subject matter, often including patients, relatives, carers, and the wider general public.

<p>Cycle 3 look ahead</p>	<p>The NMAHP directorate is encouraged to continue developing their established engagement and equalities approach, and maintain their collaboration with the Community Engagement directorate. This includes:</p> <ul style="list-style-type: none"> • sharing the learning from the evaluation of Public Partners input to programmes so that this can lead to improvements in how the organisation uses this important resource; • ensuring the use of acronyms is minimized or eliminated as often as possible to remove potential barriers to understanding; and • consider the targeted use of the <i>Citizens' Panel</i>, <i>Gathering Views</i>, and People's Experience Volunteers channels for engagement in order to inform priority setting, and current and future programmes. <p>It is anticipated that the NMAHP directorate will use the Quality Framework to self-assess their progress during Cycle 4 (2024/25).</p>
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3.7 Medical & Pharmacy

The sub-committee found the proforma submission and presentation provided an excellent overview of the directorate's work, including examples of good practice and areas for improvement.

In terms of specific feedback, the sub-committee:

- Commended the involvement of Public Partners in some of the team's work and the importance they have in shaping delivery and policy, whilst questioning how the wider organisation can learn from the directorate on evaluating the contribution of the Public Partners.
- Sought to understand the ways in which the team is keeping stakeholders informed who have contributed their views to work programmes and readily demonstrating how their views have made an impact ("closing the feedback loop").

- Noted the review of EQIA documents and processes within the directorate, which had highlighted gaps in knowledge and practice. This allowed the team to work with the National Clinical Leads and put more efficient processes in place.

<p>Cycle 3 look ahead</p>	<p>For Cycle 3, the Medical & Pharmacy directorate is encouraged to build upon their established engagement and equalities approach. This includes:</p> <ul style="list-style-type: none"> • working with the Community Engagement directorate to address the gaps highlighted in EQIA processes, including the opportunity to provide some training or other learning interventions to support directorate staff build confidence in the use and application of EQIAs; • similarly to the NMAHP directorate, the sub-committee encourages the sharing of learning from the evaluation of Public Partners input to programmes so that this can lead to improvements in how the organisation uses this important resource; and • considering effective ways to ensure the directorate is closing the feedback loop with stakeholders who contribute their views to help inform work programmes and / or existing and emergent policy – the Community Engagement directorate can offer support in these considerations. <p>It is anticipated that the Medical & Pharmacy directorate will use the Quality Framework to self-assess their progress during Cycle 4 (2024/25).</p>
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3.8 Evidence

The sub-committee felt that the submission was very strong and noted all of the examples that the Evidence team brought. Specific feedback included:

- It was clear that engagement is truly embedded in the Evidence directorate. There was a demonstration of the passion the team felt for Public Partners being seen as part of the team, and of the commitment of investing in their development to enable them to participate fully in what can be complex meetings.
- Noted the upcoming move of the [Right Decision](#) Service from the Digital Health & Care Innovation Centre (DHI) to HIS, to embed this as a mainstream NHS core service. The sub-committee were grateful for the information on this national platform for decision support systems, which will provide benefits to both staff (by supporting consistency and equity of care by making evidence-based decision support tools easily accessible) and service users (empowers citizens and communities in decisions about their health and wellbeing). As the work continues to transition this service to HIS, encouragement was given to continue to include Public Partners and the wider general public, along with support from the Community Engagement directorate.

- It was useful to reflect on opportunities for the Evidence directorate and Community Engagement directorate to collaborate more in future, for example, exploring the use of a Citizen’s Panel question to help prioritise ideas for the Right Decision Service.

<p>Cycle 3 look ahead</p>	<p>For Cycle 3, the Evidence directorate will use the Quality Framework to self-assess its work, drawing upon the experience of the first two cycles of the Governance for Engagement process, in order to highlight successful activities and their impacts, and areas for further focus and development. This will include assessment of the directorate’s approaches to engagement and equalities across its range of activities, and the impact of this input in accordance with the directorate’s overall aims and the HIS strategy.</p> <p>The sub-committee will consider the Quality Framework self-assessment as part of its deliberations when the directorate’s senior management joins for their programmed session in Q4 2023/24.</p>
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3.9 Communications

The sub-committee noted that the presentation was reflective of the engagement that the Communications Team are striving to achieve. It was felt that some of the detail presented was missing from the submitted proforma. However, there was a recognition that a number of internal circumstances had affected this. The key reflections from the sub-committee:

- There was an appreciation from the Communications team that there needs to be ongoing work to understand the different audiences that HIS communicates with (e.g. clinicians, politicians, media, public), the need to communicate with them in different ways, and the need for communication to be accessible. The sub-committee requires to see demonstration of good engagement practice that underpins all communications and public affairs activities.
- The team reflections on the need to develop dialogue in communication, not just broadcasting HIS news, were well-received. A wider conversation about understanding how different platforms could be used to enable two-way conversations was useful and mirrored discussions in other directorates.
- The team is ambitious in wanting to improve HIS communications. Offers of support were provided, and include helping to change mindsets and culture across the organisation if that is required. In addition, practical support was also offered from the Community Engagement directorate, such as the use of Public Partners and People’s Experience volunteers to directly inform communications and public affairs activities.

<p>Cycle 3 look ahead</p>	<p>The Communications team is encouraged to consider further their approach to user engagement to directly inform their communications and public affairs activities. This includes:</p> <ul style="list-style-type: none"> • working with the Community Engagement directorate to address the gaps highlighted in EQIA processes, including the opportunity to provide some training or other learning interventions to support team staff build confidence in the use and application of EQIAs; • use of staff across HIS, Public Partners and People’s Experience Volunteers to test communications and public affairs strategies and approaches prior to their release to gain understanding of what matters to colleagues and the general public, and the optimal ways for messaging to be delivered and received; and • considering effective ways to ensure the team is closing the feedback loop with staff and the general public who contribute their views to help inform communications and public affairs strategies and approaches – the Community Engagement directorate can offer support in these considerations. <p>It is anticipated that the Communications team will use the Quality Framework to self-assess their progress during Cycle 4 (2024/25).</p>
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3.10 **ihub**

The sub-committee were positive about the content of the proforma which provided assurance that the commitment to good and consistent engagement practice was evident in the examples provided.

In terms of specific feedback, the sub-committee:

- Appreciated the presentation and candour offered during the subsequent conversation which highlighted a number of examples of good engagement practice but also recognised the work still to be done, for example making better use of local contacts, rather than relying on larger national organisations, and continuing to increase the reach, scope and scale of involving people with lived and living experience.
- Noted that there were lessons for the Community Engagement directorate in respect of the links made with a range of third sector organisations, and in particular the development of Memorandums of Understanding (MoUs) with patient representative groups to ensure reliable access to the views of people with lived and living experience.
- Encouraged ihub to share their learning on embedding engagement across the whole organisation, with support being provided by the Community Engagement directorate if required.

- Appreciated the need for a review of guidance in remuneration to support engagement of people with lived and living experience and their involvement in work programmes.

<p>Cycle 3 look ahead</p>	<p>ihub programmes are encouraged to continue developing and build upon their established engagement and equalities approach, and to maintain their collaboration with the Community Engagement directorate. This includes:</p> <ul style="list-style-type: none"> • potential further deployment of Public Partners to bring the voice of the general public to help inform specific priority areas; • collaboration with the Community Engagement directorate on the development of proposals to provide appropriate remuneration to people with lived and living experience who contribute their views and time in support of ihub work programmes and those across the wider HIS; • targeted use of the Citizens’ Panel, Gathering Views, and People’s Experience Volunteers to gain a deeper understanding of the opinions of people with lived and living experience, and the general public. <p>It is anticipated that ihub programmes will use the Quality Framework to self-assess their progress during Cycle 4 (2024/25).</p>
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3.11 People, Workplace & Organisational Development

It was acknowledged that there has been a large volume of work undertaken with regards to staff engagement. The sub-committee also understood that in being an internally focused directorate there is difficulty in completing the proforma template in the same way as externally focused directorates. However, the sub-committee continues to express its keenness to understand the ways in which the directorate considers user engagement approaches to inform its internally focused work.

In terms of specific feedback, the sub-committee:

- Encouraged the team to work with the Community Engagement directorate to understand the latter’s wider role across HIS. It was noted that the team had a gap in understanding the range of services the Community Engagement directorate offers.
- Noted that the team have been supported by the Equality and Diversity Working Group to increase the understanding of the EQIA process and the value this brings to the organisation’s work. An example given was the use of an EQIA to drive forward the Ways of Working programme.

- Encouraged the team to reflect upon and gain improved understanding of good engagement practice in order to ensure user (staff) views and ideas can underpin the development of key activities such as the production of the HIS Workforce Strategy, and inform developments relating to recruitment practice.
- Highlighted the potential for the People, Workplace & Organisational Development directorate to gain direct input into making the transition to using the Quality Framework for Community Engagement.

<p>Cycle 3 look ahead</p>	<p>The People, Workplace & Organisational Development team will use the Quality Framework to self-assess its work, drawing upon the experience of the first two cycles of the Governance for Engagement process, in order to highlight successful activities and their impacts, and areas for further focus and development. This will include drawing upon the self-assessment statements to help bring focus to the ways in which the team does, or could potentially engage more meaningfully with users (staff), and the impact of this input in accordance with the directorate’s overall aims and the HIS strategy.</p> <p>The sub-committee will consider the Quality Framework self-assessment as part of its deliberations when the team’s senior management joins for their programmed session in Q4 2023/24.</p>
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4 Directors' reflections

4.1 Following each session, the participants were asked by the Lead Officer to share their reflections on the process. These highlights will be taken into consideration for future planning of the sub-committee.

4.2 What has gone well?

- Having the pro-forma supplied in advance of the meeting, which contained details of the previous submission;
- Pre-meeting support from the Lead Officer and Community Engagement directorate;
- Open and honest conversation with the sub-committee;
- Receiving positive feedback;
- Feeling there was genuine interest from the sub-committee on the work of the various directorates;
- A requirement to respond to specific directorate feedback was useful, as it has pinpointed additional areas for the team to focus on for improvement and consider how we progress;
- Metrics section has supported the team to identify gaps in reporting on engagement;
- Relevant questions asked which enabled a good discussion; and
- Good ideas shared and helpful to discuss opportunities to continue to work together in the future.

4.3 What could be improved?

- Sharing examples of good practice that have been identified by the sub-committee through the year in submissions from different directorates;
- An added space on the proforma for the HIS Public Involvement team to record any additional comments or observations;
- Request to make the information being presented more concise and visually easier to navigate, as opposed to adding updates to previously submitted information;
- Short introductions from the sub-committee members at the start of each session to include their professional role and specific areas of governance interest within the sub-committee; and
- Potential to consider additional ways to promote the 'supportive scrutiny' elements of the sessions so that Directors and senior managers participating feel less 'put on the spot'.

4.4 What should be done differently?

- An update given on the outcome and impact of the engagement with Public Partners to find out what their experience had been like and what could be improved in order to share that learning across HIS;
- Include an update on impact from previous EQIAs;
- Provide an agenda for the session in advance so that there is an awareness of how the time will be utilised during the session, together with the names and designations of those on the panel; and
- Building upon the sub-committee's less formal approach to ensure greater collaborative engagement with the participants.

5 Proposed next steps

- 5.1 At the time of writing, the Community Engagement directorate is undertaking a formal organisational change process with a view to forming a new programme function-based structure, along with regional engagement teams, in line with the new directorate vision and aims.

The [Quality Framework for Community Engagement & Participation](#) was launched by the HIS – Community Engagement in May 2023. This 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 envisaged that the formal organisational change process will be finalised during autumn 2023, at which point the planning for Cycle 3 including the arrangements for testing the Quality Framework with a selection of directorates will resume. Those directorates are:

- Community Engagement;
- Evidence; and
- People, Workplace & Organisational Development.

Follow-up with all directorates during 2023/24 will continue as outlined in the highlighted 'Cycle 3 Look ahead' information provided throughout section 3 of the report.

- 5.2 The sub-committee and the support team are committed to responding to the feedback received throughout the Cycle 2 process, and suggested focus for inclusion in the Cycle 3 planning arrangements will include:

- Routes for more active sharing of examples of good engagement practice both across HIS and with external stakeholder partners;
- Ensuring the application of the Quality Framework during its testing with the three highlighted directorates includes making information requests more concise and reduces time and resource demands in providing supporting evidence; and
- Further development of the 'supportive scrutiny' approach, sharing experience with other HIS governance groups and sub-committees to help influence improvements.

Governance for Engagement support team

Lead Officer

Tony McGowan
Head of Engagement & Equalities Policy

Sharon Bleakley
Engagement Programmes Manager

Susan Ferguson
PA to Chair & Director

August 2023

Appendix A

Healthcare Improvement Scotland

Governance for Engagement sub-committee membership

Membership

Suzanne Dawson, Chair of the Scottish Health Council (Chair)

Simon Bradstreet, Council Member

Emma Cooper, Council Member

Elizabeth Cuthbertson, Council Member

Jamie Mallan, Council Member

In attendance

Clare Morrison, Director of Community Engagement

Tony McGowan, Head of Engagement & Equalities Policy

Sharon Bleakley, Engagement Programmes Manager (South & East regions)

Committee support

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

Appendix B

Healthcare Improvement Scotland

Governance for Engagement background and remit

A1 Background

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

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

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

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

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

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

A6 Timelines for the delivery of the work were impacted by the COVID-19 pandemic. In June 2020 a development session afforded an opportunity for the Scottish Health Council to discuss what it considered to be the main areas of focus for the remit and design of the governance approach. Cycle 1 of the approach reported in June 2022 and was positively received by HIS senior management.

B1 **Remit**

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

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

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

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

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

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

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	24 August 2023
Title:	Assurance of the engagement of people in the work of Healthcare Improvement Scotland (HIS)
Agenda item:	3.6
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report Author:	Tony McGowan, Head of Engagement & Equalities Policy
Purpose of paper:	Discussion and Decision

1. Situation

The Governance for Engagement Cycle 2 (2022/23) draft report sets out the process and findings from the second year of operation of HIS' Governance for Engagement process including feedback from the sub-committee (consisting of general themes, specific directorate findings and 'look ahead' information for each directorate for Cycle 3), Directors' reflections on the process, and next steps as the process moves to testing the Quality Framework for Community Engagement & Participation with a selection of directorates.

2. Background

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

Cycle 2 (2022/23) saw a full cycle of sub-committee meetings completed with each HIS directorate participating in the process.

3. Assessment

The draft report provides general thematic feedback and then more specific reflections on each of the directorates and teams, with look ahead information for each pertaining to Cycle 3. The draft report also provides reflections from HIS Directors on aspects of the process that have gone well, where there have been challenges, and what the future focus should be. Proposed next steps for Cycle 3 are also provided.

Quality/ Care	Everything we do as an organisation has the potential to be informed and improved by listening to those who may in the future or currently use health and care services as well as those who are impacted by the decisions we make and the work programmes we offer. Therefore, effective governance of how the organisation engages with people and communities will have a direct positive impact in supporting HIS to ensure its delivery areas and work programmes are successful.
Resource Implications	No financials out-with existing core funding.
	No workforce out-with existing core resources.
Risk Management	An absence of effective governance for engagement and equalities arrangements risks the organisation moving forward with an inconsistent and sub-optimal approach to engagement with people and communities and monitoring our equalities activities.
Equality and Diversity, including health inequalities	The Community Engagement directorate has a specific role in supporting equality and diversity within HIS which is reflected in our objectives. The governance for engagement process directly supports the organisation in meeting its Public Sector Equality Duty , the Fairer Scotland Duty and the Board's Equalities Outcomes .
Communication, involvement, engagement and consultation	The arrangements to support governance for engagement were originally considered during the Scottish Health Council review process, and then by the Scottish Health Council and HIS Executive Team during summer 2020.
	2021/22 saw a full cycle of sub-committee meetings completed with each HIS directorate and corporate team participating in the process. The learning from this informed the planning for Cycle 2.

4 Recommendation

The Committee is asked to:

- Consider the content of the draft Governance for Engagement Cycle 2 (2022/23) report; and
- Approve the draft report including the proposed next steps in section 5.

5 Appendices and links to additional information

The following appendices are included with this report:

1. [HIS Governance for Engagement Cycle 2 \(2022/23\) report](#)

Healthcare Improvement Scotland

Meeting:	Scottish Health Council
Meeting date:	24 August 2023
Title:	Engagement across Scotland: maintaining and building local relationships
Agenda item:	3.7
Responsible Executive/Non-Executive:	Clare Morrison, Director of Community Engagement
Report Author:	Christine Johnstone, Engagement Programmes Manager
Purpose of paper:	Awareness / Discussion

1. Situation

In line with the directorate's new vision, the purpose of this paper is to provide assurance to the Council that across all regions with NHS boards and Health & Social Care Partnerships relationships have been re-established since the end of emergency measures in May 2022, and significant progress has been made to ensure that the Community Engagement directorate is best placed to provide a strategic-level relationship with a senior role in the directorate (rather than the operational-level relationships that have tended to exist previously).

2. Background

As part of organisational reviews, feedback from NHS boards has indicated a preference and need for named individual strategic-level relationships within the directorate. Historically, the level of relationships across NHS Scotland has been mixed, with many areas functioning at an operational-level, and this has resulted in local staff providing more of a 'doing' of engagement activities on behalf of NHS boards rather than offering guidance and support on 'how' best to carry out public involvement.

Moving forward, it is also crucial for the directorate to have a clear understanding of the extent of public involvement across NHS Scotland, and to ensure that intelligence from these new strategic relationships is used to shape the directorate's work. It is envisaged that gathering this level of detail about the development of, and changes to, services will be more readily available to the directorate through strategically-led discussions.

The intention is to do this through establishing expert, credible and authoritative senior strategic relationship holders (i.e. the new Strategic Engagement Lead roles) who lead our relationships with each NHS board, Health and Social Care Partnership and Regional Planning Group in order to gather and share intelligence that enables the directorate to discharge its statutory duties to support, monitor and assure health bodies' duties of public involvement.

3. Assessment

Since the end of emergency measures in May 2022, Engagement Programme Managers have been re-connecting and re-establishing strategic level relationships with NHS boards and Health & Social Care Partnerships across all existing four regions. This has proved productive in terms of 'scene setting' for the new structure and will stand the directorate in good stead for fulfilling its vision going forward. In most areas, this work has been productive but in some areas there has been challenges, which are highlighted in the region sections.

Engagement Programme Managers have also been supporting the development of testing improvements in assuring service change and, as part of that, have been collating, through a variety of mechanisms, details of service changes that tend not to come through normal intelligence processes. This is very much classed as 'work in progress' which will start to ensure that in future we have a complete picture and details of all service changes across Scotland.

A brief summary of the position in each of the existing four regions is noted below together with some examples of the level of strategic relationships which have been developed and progressed of late.

North region

NHS Shetland, NHS Orkney, NHS Highland, NHS Western Isles and NHS The State Hospital

Positive relationships exist in all areas and contact has been re-established with strategic leads within each of the five NHS boards. This includes for example working relationships with the Head of Communications and Engagement (NHS Highland), Director of Nursing (NHS Orkney), Assistant Director of Nursing and Director of Nursing (NHS Shetland), Director of Nursing (NHS Western Isles) and the Person Centred Engagement Lead (The State Hospital).

Highly productive working relationships exist with the Health & Social Care Partnerships in Argyll & Bute (NHS Highland) through the Director of Public Health, Business Improvement Manager and Head of Service for Older Adults, with the emphasis going forward in making a shift from operational, local discussions to more strategic conversations.

With the exception of Argyll & Bute, further work is required to connect further with some Health & Social Care Partnerships and Regional Planning Groups. Meetings currently are on an *ad hoc* basis and more emphasis needs to be given to nurturing relationships where there has been changes in responsibility for public engagement, for example in NHS Orkney where that has changed from the Chief Executive (who also covered NHS Shetland) to a new Director of Nursing (from January 2023) who will prove to be a more appropriate contact going forward.

There is also a need within the North region to ensure exit arrangements are in place where the directorate has traditionally tended to provide a more 'hands on' role to engagement in some NHS board areas. Strategic leads have acknowledged their dependence on engagement office colleagues (such as in NHS Shetland and NHS Western Isles), and are willing to support a shift in that arrangement.

Consideration needs to be given to how support is provided to the national boards to specifically acknowledge their differing requirements from the directorate. This is 'work in progress' in relation to The State Hospital where engagement with communities and service users can be somewhat unique. A positive relationship exists and there is a willingness to engage with us going forward.

North-East region

NHS Grampian, NHS Tayside, NHS Fife, NHS Scottish Ambulance Services, NHS Education for Scotland

Positive relationships continue with most partners and there are regular meetings with engagement leads. The exception to this is NHS Tayside where effective relationships exist with some corporate staff but the directorate has not been able to engage with the Director of Communications and Engagement. However, a meeting with the Allied Health Professional Director who has responsibility for Person Centred Care including the 'What Matters To You' programme in Tayside took place recently.

There has been good progress in linkage with the Health & Social Care Partnerships in Tayside through joint working. Bi-monthly meetings with the Head of Engagement for NHS Grampian continues and are scheduled for the remainder of 2023. Regular meetings have been taking place with the Head of Strategic Planning with Fife Health & Social Care Partnership along with the Service Manager for Participation and Engagement. There are also regular meetings the Engagement and Involvement Manager, NHS Scottish Ambulance Service.

Discussions covering ongoing and emerging service change and transformational change are being planned with partners across the region, with regular interest in service change workshops.

West region

NHS Ayrshire & Arran, NHS Greater Glasgow & Clyde, NHS Lanarkshire, NHS24, Public Health Scotland

Positive relationships exist in all NHS board areas and regular liaison meetings are held with the respective strategic engagement leads.

There is involvement in strategic planning meetings for East and North Ayrshire Health & Social Care Partnerships and initial connection meetings with Glasgow City Health & Social Care Partnerships. An opportunity and willingness to meet strategic leads in the North and South Lanarkshire Partnerships will be pursued over the next few months.

Other strategic relationships have been developed with for example NHS Ayrshire & Arran's Director for Transformation and Sustainability, NHS Greater Glasgow and Clyde's Deputy Director of Public Engagement and NHS Lanarkshire's Director of Planning, Property and Performance. Meetings include representation from North & South Lanarkshire Health & Social Care Partnerships where connections have recently been re-established. Regular meetings are in place with two national boards, namely NHS 24

(Head of Stakeholder Engagement & Insights) and Public Health Scotland (Marketing Manager and Public Health Principal for Communities).

Initial connection meetings have been held with Glasgow City Health & Social Care Partnership and going forward opportunities to streamline engagement with all Health & Social Care Partnerships in the West is being explored.

South & East region

NHS Borders, NHS Lothian, NHS Forth Valley, NHS Dumfries & Galloway, NHS National Services Scotland, The Golden Jubilee University Hospital

Positive relationships exist in the majority of NHS board areas, however, further relationship building is required in NHS Forth Valley where the appointment of a new Head of Person Centred Care will allow for relationships to be fully established and maintained.

Regular connection meetings exist with a range of colleagues from many of the NHS board areas, including Heads of Communication and Engagement (NHS Borders and NHS Dumfries & Galloway), Director of Quality, Innovation and People (The Golden Jubilee), NHS Board Chair (NHS Dumfries & Galloway), Director of Strategic Planning & Transformation (NHS Dumfries & Galloway) and Deputy Head of Strategic Planning & Commissioning (NHS Dumfries & Galloway).

Discussions around the logistics of regular meetings with NHS Lothian are currently ongoing with the Director of Communications and Head of Engagement.

More recently, contact with the Head of Communications & Engagement in NHS Borders has resulted in an excellent and productive 'critical friend' working relationship which has been mutually beneficial. This will be developed further to ensure details of current and upcoming service change activity are shared as a matter of course.

There has been little progress with relationships, at a strategic level, with the Health & Social Care Partnerships within the South & East region and consideration will be given to how this is achieved as the directorate moves forward into the new structure.

Assessment considerations

Quality / Care	Establishing a subject matter expert who leads our relationships with each NHS board, Health and Social Care Partnership and Regional Planning Group to gather and share intelligence will enable the directorate to fully discharge its statutory duties to support, monitor and assure health bodies' duties of public involvement. It will also promote the directorate and ensure there is clear understanding of our vision, role and programmes.
Resource Implications	All costs for the work of the regional engagement teams will be aligned within the current allocation for 2023/24. This will be detailed further as the work progresses. No impact on staff resources, but consideration needs to be given on staff capacity and system pressures for colleagues within the NHS and HSCP structures.
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

	<p>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.</p> <p>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 <i>Planning With People</i> guidance), and then the directorate's vision and offer to stakeholders.</p>
Equality and Diversity, including health inequalities	<p>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 regional engagement teams.</p>
Communication, involvement, engagement and consultation	<p>This paper has been drafted by the Engagement Programmes Manager (North) with input during week commencing 07 August 2023 from Engagement Programmes Managers who cover the remaining regions.</p>

4 Recommendation

The work of the regional engagement teams will develop over the coming months as the directorate structure is finalised. The Council is asked to:

- Note progress made in relation to re-establishing connections with NHS Boards, Health & Social Care Partnerships and Regional Planning Groups in readiness for the introduction of the directorate's new regional engagement teams; and
- Note that this re-connecting activity is work in progress and future reports will provide a more in depth analysis of a 'state of the nation' relationships in each area together with intelligence on service changes and the types of support being provided to our stakeholders.

5 Appendices and links to additional information

N/A