Scottish Health Council

Thu 12 September 2024, 10:00 - 12:30

MS Teams

Agenda

10:00 - 10:15
15 min

1. OPENING BUSINESS

1.1. Welcome, Introduction and apologies

10:00-10:05 *Chair*

1.2. Draft Minutes of Meeting (23/05/2024)

10:05-10:10 *Chair*

Paper

- Item 1.2 SHC Draft minutes.pdf (8 pages)

1.3. Review of Action Point Register

10:10-10:15 *Chair*

Paper

- Item 1.3 SHC Action Point Register.pdf (2 pages)

10:15 - 11:00
45 min

2. HIS STRATEGIC BUSINESS

2.1. Engagement on Service Change:

10:15-10:25 *Director, Clare Morrison/ Head of Assurance, Derek Blues*

Strategic considerations on HIS's statutory duty to assure NHS boards'/IJBs' duties on public involvement

Paper

- Item 2.1.1 Eng on service change.pdf (4 pages)
- Item 2.1.1 Appendix 1.pdf (9 pages)
- Item 2.1.2 Eng on service change.pdf (6 pages)

2.2. Governance for Engagement:

10:25-10:35 *Director, Clare Morrison/Associate Director, Tony McGowan*

Ensuring HIS meets its public involvement duties

Paper

- Item 2.2 SHC - Governance for Engagement Cycle 3 update.pdf (5 pages)
- Item 2.2 Appendix 1.pdf (5 pages)

2.3. Equalities, Diversity & Inclusion:

10:35-10:45 *Director, Clare Morrison /Equalities, Diversity & Inclusion Manager, Rosie Tyler-Greig*

Ensuring HIS meets its equalities duties

Paper

- Item 2.3 SHC Equality, Inclusion & Human Rights.pdf (4 pages)

Item 2.3 Appendix 1.pdf (2 pages)

2.4. Role of Public Partners:

10:45-10:50 *Director, Clare Morrison/Associate Director, Tony McGowan*

Strategic co-ordination of Public Partners across HIS

Paper

Item 2.4 SHC Public Partners.pdf (3 pages)

10:50-11:00 Comfort Break

11:00 - 11:00
0 min

3. COMMUNITY ENGAGEMENT BUSINESS

3.1. Evidence Programme

11:00-11:10 *Head of Evidence-Engagement Practice, Christine Johnstone*

Evidence strategy including planned activities and research

Paper

Item 3.1 SHC - Engagement Practice - Evidence.pdf (7 pages)

3.2. Improvement Programme

11:10-11:20 *Head of Improvement-Engagement Practice, Diane Graham*

Improvement strategy including learning system, innovation and volunteering

Paper

Item 3.2 SHC - Engagement Practice - Improvement.pdf (6 pages)

3.3. Assurance Programme

11:20-11:30 *Head of Assurance-Engagement Practice, Derek Blues*

Current service change activity (other items covered in section 2)

Paper

Item 3.3 SHC - Engagement Practice - Assurance.pdf (7 pages)

3.4. Strategic Engagement

11:30-11:40 *Strategic Engagement Leads, Lisa McCartney & Sharon Bleakley*

Engagement across Scotland: maintaining and building local relationships

Paper

Item 3.4 SHC - Strategic Engagement Leads.pdf (5 pages)

3.5. Operational Plan Progress

11:40-11:50 *Operations Manager, Richard Kennedy McCrea*

Paper

Item 3.5 SHC - Operational Plan Q1 cover paper.pdf (3 pages)
Item 3.5 Appendix 1.pdf (5 pages)

11:00 - 11:00
0 min

4. SHC GOVERNANCE

4.1. Risk Register

11:50-12:00 *Director, Clare Morrison*

Paper

- Item 4.1 SHC - Risk register.pdf (3 pages)
- Item 4.1 Appendix 1.pdf (1 pages)

4.2. Key Performance Indicators

12:00-12:10 *Director, Clare Morrison*

Paper

- Item 4.2 SHC - KPIs paper.pdf (4 pages)
- Item 4.2 Appendix 1.pdf (1 pages)

4.3. Business Planning Schedule 2024/25

12:10-12:15 *Chair*

Paper

- Item 4.3 Business Planning Schedule.pdf (1 pages)

11:00 - 11:00
0 min

5. RESERVED BUSINESS

5.1. Service Change Sub-Committee Draft Minutes of Meeting 22/08/24

12:15-12:20 *Head of Assurance-Engagement Practice, Derek Blues*

Paper

- Item 5.1 Service Change Sub-Committee Meeting.pdf (5 pages)

11:00 - 11:00
0 min

6. ADDITIONAL ITEMS of GOVERNANCE

6.1. Key Points for HIS Board

12:20-12:25 *Chair*

Verbal

11:00 - 11:00
0 min

7. CLOSING BUSINESS

7.1. AOB

12:25-12:30 *All*

Verbal

11:00 - 11:00
0 min

8. DATE OF NEXT MEETING

14 November 2024 10.00-12.30 via MS Teams

Draft MINUTES – 0.1

Meeting of the Scottish Health Council at
23 May 2024,10.15-12.45, MS Teams

Present	**In Attendance**
Suzanne Dawson, Chair (SD)	Clare Morrison, Director of Community Engagement & System Redesign (CM)
Nicola Hanssen, (Vice Chair) (NH)	Tony McGowan, Associate Director Community Engagement (TM)
Michelle Rogers, HIS Non-Executive Director, Member (MR)	Derek Blues, Head of Assurance of Engagement (DB)
Dave Bertin, Member (DB)	Christine Johnstone, Head of Evidence of Engagement (CJ)
Jamie Mallan, Member (JM)	Carole Wilkinson, (CW), Chair of Healthcare Improvement Scotland (HIS)
Nicola McCardle, Member (NMC)	Duncan Service, Employee Director (DS)
Emma Cooper, Member	Ben Hall, Head of Communications (BH)
	Lynda Nicholson, Head of Corporate Development Chief Executive Office (LN)
	Richard Kennedy McCrea, Operations Manager (RKM)
	Rosie Tyler Greig, Equalities, Diversity & Inclusion Manager (RTC)
	Sharon Bleakley, Strategic Engagement Lead (SB)
	Lisa McCartney, Strategic Engagement Lead (LMC)
Observer	
Board/Committee Support	**Apologies**
Susan Ferguson PA (SF)	Gina Alexander, Member (GA)
	Wendy McDougall (WMD)

1.	**Opening Business**
1.1	**Chair's Welcome, Introductions and Apologies**
	The Chair (SD) welcomed everyone to the meeting, extending a warm welcome to Carole Wilkinson, (CW) Chair of Healthcare Improvement Scotland (HIS), Duncan Service, Employee Director (DS), Ben Hall, Head of Communications (BH) and Lynda Nicholson, Head of Corporate Development, (LN). Apologies were noted as above. It was noted that the Declaration of Interest item has been previously omitted from the Scottish Health Council's Agenda and should in future be included. SD noted there was no declarations of interest. **Action(s): Declaration of Interest to be included in all Agendas-SF**
1.2	**Draft Minutes of Meeting**
	The draft minutes of the meeting held on 29 February 2024 were accepted as an accurate record.

	There were no matters arising. **Decision: The SHC approved the minutes from 29 February 2024.**
1.3	**Review of Action Point Register**
	The SHC reviewed the Action Point Register with updates being provided for each action point for assurance. It was proposed to close the following two action points; 2.6 from 30/11/2023- A draft workplan and further update to be shared with SHC, along with other HIS governance committees, early in the new year. 3.1/3.2 from 24/08/2023- CM and Head of Evidence (once appointed) to contact SB on how to progress this in terms of good quality engagement and evaluation process. **Decision: The SHC agreed to close action points 2.6 and 3.1/3.2 and were content with the remaining actions noted.** **Action(s): Close action 2.6 30/11/2023 and action 3.1/3.2 24/08/2023 - SF**
2.	**HIS STRATEGIC BUSINESS**
2.1	**Engagement on Service Change**
	CM provided the Director's update on service change and provided the rationale for the new format of the meeting agenda and paper layout. It was noted that feedback from the SHC on the agenda format and paper layout would be welcomed. The following key points were highlighted to the SHC; a) The Scottish Government's (SG) *Planning with People* (PWP) guidance on community engagement and participation had now been signed off by the Cabinet Secretary with communication to Boards being sent out today. (23/05/2024) b) Defining Engagement responsibilities for different types of national service changes which is important in relation to NHS reform, advised that this work is ongoing with SG. c) Acknowledged the work of the Head of Assurance (DB) and the Team who worked tirelessly on this. Recognition and thanks for this work was also echoed by the Chair and the SHC. The SHC raised the following points; a) Pleased that the PWP had now been signed off. b) Found it helpful to see the definitions of nationally provided, determined, and planned service changes. c) Concern around the balance of work plan priorities and if there are the resources within the directorate to respond to the asks. d) Referred to Page 11/73 of SHC papers and the lack of person-centred approach which raised a concern that due to other priorities, electronic communication via emails and letter maybe relied on which could lose the importance of talking to people. e) National decision making – queried what was the balance of rural and urban views? f) Nationally planned services guidance-queried how is awareness raised once developed? In response to the points raised by the SHC, CM provided the following points for assurance; a) Concern around balance of priorities – assured the SHC, advising that with the new directorate structure agreed and now in place, the directorate have the flexibility built in to accommodate this. It was noted that going forward the workload would be monitored.

	b) Lack of person-centred approach- highlighted the importance of meaningful engagement and that the directorate are focussed on ensuring all engagement channels are being used to prevent this from happening. c) Balance of rural and urban views-advised that the guidance that is being put together on national changes includes the use of impact assessments as part of the recommendations. d) Nationally planned services- noted that all communication for this will be handled by SG with HIS having a robust communication plan to follow. **Decision: The SHC noted the content of the paper.** **Further to feedback on the Director's Update paper incorporating the four agenda items into one paper, the SHC decided for ease of reading, minuting and ensuring good governance, the papers should be presented as individual papers going forward.** **Action(s):** **1. Papers to be prepared as separate agenda items. – All**
2.2	**Governance for Engagement (GfE)**
	An update was provided to the SHC on the progress of revising the GfE process since the last SHC meeting on 29 February 2024. It was highlighted that following reflections on the engagement within the HIS Responding to Concerns process (RTC), the plans for revising the GFE process were accelerated. It was noted that all meetings and dates for each of the directorates where now in place with Community Engagement & System Redesign being the first to present to the GfE Sub-Committee on the 25 July 2024. It was highlighted that each of the directorates will be supported through the new process which involves using a new self-assessment tool which aligns to the HIS Quality Framework for community engagement and participation. The following point was raised by the SHC concerning the RTC process and if gaps in engagement would be able to be picked up by the new GfE process and what if this was missed? Assurance was provided that the HIS Executive Senior Leadership Team are highly focussed on the processes within the organisation. Alongside the heightened awareness around this, there is more assurance any gaps will be captured with the new GfE process. **Decision: The SHC welcomed the progress of the GfE process and were assured to hear directorates were already engaging in the new approach to changes made.** **Actions:**
2.3	**Equalities, Diversity & Inclusion:**
	An update was provided to the SHC with the following highlights being discussed; a) Compliance on Equality Impact Assessments (EQIAs)- Highlighted the progress on achieving outcomes in the current Equality Mainstreaming Report with the majority of HIS programmes that required an EQIA now had one in place. For assurance, it was noted that any gaps in this were being addressed by the Equalities team. b) To enhance equalities work going forward, it was noted that a SHC member, Dave Bertin (DBe), had joined the HIS Equality, Inclusion and Human Rights Group to support its role in advising SHC. The SHC raised the following points;

	a) Highlighted the importance of consistency in the use of language as this can lead to confusion. b) Human Rights Bill – concerns around the resources for this. In response to points raised the following assurance was provided; a) Confirmed that the team's name had been changed from Equalities, Diversity & Inclusion, and is now called Equality, Inclusion and Human Rights which fits the remit of the team better. It was noted that more care will be needed when preparing papers to ensure old terminology is not used. b) Advised that SG will be progressing the Human Rights Bill. Following a discussion on the balance between SHC and the Staff Governance Committee on the governance of equalities duties, it was agreed a joint development session between the two governance committees would be useful to discuss this further. **Decision: The SHC and DS agreed that a joint development session would be useful for both governance committees.** **The SHC noted the update to use the terminology Equalities, Diversity, and Human Rights** **Thanks was noted to DBe on joining the HIS Equality, Inclusion and Human Rights Group.** **Action(s): Joint development session on equalities responsibilities to be set up. Meeting to be arranged to explore the potential opportunities for this session and discuss content - SD, CM, DS, TMG and RTG**
2.4	**Role of Public Partners:**
	CM provided an overview of the role of the Public Partners (PPs) and advised that in line with the CE organisational change, changes had been made on how PPs and Peoples Experience Volunteers (PEVs) are supported. It was highlighted that both now sit under the remit of the Assurance Programme and in conjunction with the regional Engagement Advisors - Community. It was highlighted that based on feedback from the last PPs event, there would be a strategic approach on how roles of PPs are co-ordinated across the whole of HIS with a more consistent approach on how their involvement is managed. It was advised that a new policy is currently being developed and will be brought to a future SHC meeting. SHC asked for some clarity on the Volunteering Policy, on allowing staff company time off for Volunteering. It was advised that there was no plan in place to allow staff time off for volunteering in their working day at this moment in time. **Decision: The SHC noted the overview of the Role of Partners.** **Actions:**
2.5	**Directors Update**
	A Directorate update was provided to the SHC, noting that the 30-day engagement staff exercise on the new structure had now been completed. Findings were considered at the HIS Transformation Oversight Board on Monday 20 May 2024, with the directorate structure being confirmed. It was noted that the implementation date for this will be 1 June 2024. Also noted was the proposed Directorate name had now been changed to *Community Engagement and Transformational Change Directorate* with a strapline of 'Delivering e*ngagement led change.'*

	The SHC raised the following points; a) Made a request to be provided with an updated organisational chart to include names as well as positions. b) Assurance was sought that no gaps were left due to the removal of posts. c) Funding of the Volunteering Management System (VMS), who is providing this? In response to the points raised the following assurance was provided; a) Advised that a new updated organisational chart is currently being produced and will be sent out when completed. b) Advised that the removal of these posts was planned where there had been reprofiling of work and the combining of teams from the two former Directorates. To provide further assurance, it was noted that recruitment is still taking place with the current vacancies within the directorate. c) Noted that funding for VMS is external from SG by allocation which is yet to be confirmed. **Decision: The SHC noted the Director's update and were assured with progress made.** **Actions: To produce and send the SHC members the new Community Engagement and Transformational Change (CETC) organisational chart with names included. - RKM**
3.	**COMMUNITY ENGAGEMENT BUSINESS**
3.1	**Evidence of Engagement Programme**
	The Head of Evidence of Engagement (CJ) provided the SHC with an update on the current activities in the Evidence of Engagement programme. It was noted that the format of the paper had changed and advised this was a look forward. It was also noted that feedback on the paper was welcomed. The following key highlights were shared with the SHC; a) Citizens' Panel 13 is due to be published on 28 May 2024. It was highlighted that the findings of this CP report on environmental sustainability and health will be included in the Chief Medical Officer's Annual Report and shared at the NHS event on 11 June 2024. b) Team is looking into artificial intelligence (AI) and how it could be used in analysing data. c) Gathering Views topics - work has started with the Mental Health Portfolio to consider a topic on mental health. d) The SHC raised the following points; a) The new format and improved layout of the paper was welcomed b) AI – concerned that AI would introduce a bias. c) Felt encouraged to see the Gathering Views topics including mental health. In response to the points raised, the following assurance was provided; a) AI – advised that they are working collaboratively with other directorates within HIS. Noted that this was at the exploring stage which will also include a lot of testing to ensure it is robust when analysing data. After some discussion on additional external funding for research, a note of caution was expressed around the avoidance of duplication of work across the whole organisation. And in the spirit of One Team, all directorates should be working collaboratively when required. For assurance, it was noted that the directorate are working collaboratively, advising that both the CESR and Evidence Directorates worked jointly on a sustainability project that was submitted for grant funding. **Decision: The SHC noted the update from the Evidence Programme** **Action(s):**

3.2	**Improvement of Engagement Programme**
	The Associate Director of CE (TMG) provided an update to the SHC and highlighted the following points; a) A shortlist of internal candidates for the Head of Improvement of Engagement, will be going through the assessment process on 31 May 2024. b) Highlighted the What Matters to You day (WMTY) which takes place on 6 June 2024, noting that the team had been providing support across the Boards and partnerships in preparation of the day. **Decision: The SHC noted the update with no further comments.** **Action(s):**
3.3	**Assurance of Engagement Programme**
	The Head of Assurance of Engagement (DB) provided the SHC with an update from the Assurance of Engagement programme. a) As the work of the Assurance programme was covered extensively in the Director's update, DB took the opportunity to acknowledge the input from two of the SHC members MR and DBe on the work they supported with in producing the process charts. b) Advised that close working links still exist with the former Service Change Advisors (now Engagement Advisors – Service Change in the regional teams) with a weekly meeting being held due to their involvement in some of the Assurance programmes work. c) It was highlighted that there was still a plan for a schedule of workshops for boards and partners to take place and noted the opportunity to present a session on Assurance for Engagement in service change at the HIS Board Masterclass on the 29 May 2024. The SHC sought assurance on the capacity to deal with the volume of service change and how will this be prioritised. In response to the point raised the following assurance was provided; It was advised that this would be a key part of the Strategic Engagement Leads (SELs) role to build strong relationships with senior Board/Partners and gain the early intelligence. To avoid duplication of work, a Ways of Working document has been develop ensuring that there is linkage between SELs, Engagement Advisors Service Change and the Assurance programme. **Decision: The SHC noted the Assurance of Engagement update.** **Action(s):**
3.4	**Strategic Engagement**
	The SELs provided an update to the SHC and highlighted the following points; a) Noted that from the 1 April there was now a full complement of colleagues in the regional team which comprises of three SELs, three Engagement Advisors for Community, three Engagement Advisors for Service Change and one Admin Officer. b) Advised that the SELs have already started having early conversations with the Boards and Partnerships around the country and feedback from these has been3 very positive. c) Highlighted that planning for the current year is in place, considering the short-, medium- and long-term plans which will help to provide the SHC with a fuller update in the next quarter. The SHC raised the following points; a) Providing an early indication of any themes from the Boards/Partnerships would be helpful. b) How is all the Engagement work promoted through communications? In response to the point raised on communication of community engagement work and across the whole organisation, the Head of Communications (BH) advised that work is

	currently in place to deliver a revised Comms Plan for the coming year, this will include looking at providing a communication framework to enable directorates to produce comms more effectively. For further assurance, it was noted that with the completion of the Directorate's structural changes, a plan is now in place for communicating the work of the new Community Engagement & Transformational Change Directorate through different media networks and reaching out to people by attending events in person and capturing the moment using different links. **Decision: The SHC noted the update from Strategic Engagement Leads** **Action(s):**
4.	**SHC GOVERNANCE**
4.1	**Risk Register**
	CM provided an update on the Risk Register and noted that Risk 1163, Service Change had been slightly reduced to reflect the updates to PWP which will enable the directorate to fulfil the assurance role. It was highlighted that the risk still remains high due to the volume of service change that is anticipated. It was noted that Risk 1239 CE Organisational Change has now been closed. It was also noted that a plan was in place for the new directorate to have directorate level risks with workforce being included. Clarity was sought by DS, on whether the new workforce risk should be reported to both SHC and Staff Governance Committee. It was agreed that both CM and DS would meet up to discuss. **Decision: The SHC noted the Risk Register and were assured with the reduction in risks.** **Action(s): CM and DS to arrange a meeting to discuss new workforce risk for the new CETC Directorate and agree who this will be reported to. -CM/DS**
4.2	**Operational Plan**
	The Operations Manager RKM provided the Q4 update which reviews the work achieved in the last quarter. Clarity was provided on the purpose of the Operational Plan, noting that this report is a focus on work achieved in Q4 to provide assurance to the SHC. It was noted the three Engagement programme reports will focus on looking ahead to avoid duplication or crossover in the reporting going forward. From the report it was highlighted that Q4 was more focused on internal activity due to the organisation change process. The SHC recognised the Team on the work achieved throughout the organisational change and in keeping the continued drive for improvement. **Decision: The SHC noted the operational plan and highlighted there is now a better balance on the reporting so avoiding duplication.** **Actions:**
4.3	**Business Planning Schedule**
	The SHC were presented with changes to the 2024/25 Business Planning Schedule. For assurance, rationale was provided for the amendments made and the SHC were asked for any feedback on the content. It was noted that the Role of Public Partners is listed to be presented at each meeting, but this may

	reduce as time progresses. **Decision: The SHC approved the changes to the 2024/25 Business Planning Schedule with no further comment.** **Action(s):**
5.0	**RESERVED BUSINESS**
5.1	**Service Change Sub-Committee Draft Minutes of Meeting 23/04/2024**
	The draft minutes from the previous Service Change Sub-Committee meeting held on 23 April 2024 where shared with the SHC for information. **Decision: The SHC noted the draft minutes highlighting the following;** **a) Date of the meeting was incorrect showing February's meeting date.** **b) Michelle Rogers (MR) sent apologies to April's meeting.** **Action(s): The draft minute of the Service Change Sub-Committee to be corrected to reflect points highlighted. -TMG**
6.0	**ADDITIONAL ITEMS of GOVERNANCE**
6.1	**Key Points for HIS Board**
	The below key points were suggested to take forward to the HIS Board meeting; a) Progress on engagement on Service Change (including *Planning with People*) b) Governance for Engagement c) Equalities, Diversity, and Inclusion **Decision:** K**ey points were agreed by the SHC to report to the HIS Board** **Action(s):**
7.0	**CLOSING BUSINESS**
7.1	AOB
	No other business was discussed.
7.2	Meeting Closed
8.0	**DATE OF NEXT MEETING :12 September 2024 via MS Teams**

Approved by:
Date:

Next meeting:

ACTION POINT REGISTER

Meeting: **Scottish Health Council**
Date: **23 May 2024**

Minute ref	Heading	Action point	Timeline	Lead officer	Status
Committee Meeting 25/05/2023 2.4	Risk Register	CC to check the organisational risk and then update the risk 1239 as appropriate.	14/12/2023	CC	Complete – risk closed and transferred to new Directorate risk register (see below).
Committee Meeting 1.2 23/05/2024	Opening Business	Declaration of Interest to be included in all Agendas	23/05/2024	SF	Verbal update to be given at the meeting.
Committee Meeting 1.3 23/05/2024	Review of Action Point Register	The SHC agreed to close action points 2.6 and 3.1/3.2	Immediate	SF	Complete – Actions 2.6 and 3.1/3.2 now closed
Committee Meeting 2.0 23/05/2024	HIS Strategic Business	Further to feedback on the Director's Update paper incorporating the four agenda items into one paper, the SHC decided for ease of reading, minuting and ensuring good governance, the papers should be presented as	12/09/2024	ALL	Complete-Individual papers will be presented at SHC meetings.

		individual papers going forward.			
Committee Meeting 2.3 23/05/2024	Equalities, Diversity & Inclusion:	Joint development session on equalities responsibilities to be set up. Meeting to be arranged to explore the potential opportunities for this session and discuss content	12/09//2024	SD, CM, DS,TMG & RTG	Complete- After discussion a SHC/SGC Development Day is planned for 5th September 2024. Invite and Agenda has now been sent.
Committee Meeting 2.5 23/05/2024	Director's Update	To produce and send the SHC members the new Community Engagement and Transformational Change (CETC) organisational chart with names included.	12/09/2024	RKM	In progress and should be complete before the meeting on 12/09/2024.
Committee Meeting 4.1 23/05/2024	Risk Register	CM and DS to arrange a meeting to discuss new workforce risk for the new CETC Directorate and agree who this will be reported to.	12/09/2024	CM/DS	Complete – updated risk (1409) added to risk register to be reported to QPC as it relates to the whole CETC Directorate.
Committee Meeting 5.1 23/05/2024	Service Change Sub Committee Draft minutes	The draft minute of the Service Change Sub-Committee to be corrected to reflect points highlighted.	Immediate	TMG	Complete

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**12 September 2024**
Title:	**Engagement on Service Change**
Agenda item:	**2.1.1**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement & Change**
Report Author:	**Derek Blues, Head of Engagement Practice (Assurance)**
Purpose of paper:	**Discussion**

1. Situation

To provide the Scottish Health Council with an update on key strategic issues relating to engagement on service change, including proposals for a consistent approach where a service change takes place but has not followed the *Planning With People* guidance.

2. Background

Healthcare Improvement Scotland has statutory duties to oversee the engagement on service changes undertaken by NHS Boards and Integration Joint Boards (IJBs). In the current climate of financial and workforce pressures, there is a risk that NHS Boards and IJBs may look to make service changes quickly and without undertaking engagement in line with the *Planning With People* guidance.

3. Assessment

Non-compliance with the *Planning With People* guidance

The volume of service change has been steady however, over recent months, we have noted a small increase in service changes that are proceeding without following the *Planning With People* guidance in which a proposal for change has been approved without meaningful engagement around the impact of the change having taken place. In these situations, it has been necessary to write to NHS Boards and IJBs to highlight that the guidance had not been followed and to suggest remedial actions with a requirement to report back to HIS to set out the actions taken within a specific timescale. In one case we have had ongoing communication with a member of the public who had expressed

concerns that a service change had been agreed and implemented without the *Planning With People* guidance being followed.

However, it is important to recognise that in other areas we have had early dialogue with NHS Boards and IJBs who are keen to move forward with service changes but who recognise the importance of following the *Planning With People* guidance.

It is therefore important and timeous that we undertake the following actions to support partners and communities in delivering meaningful engagement in service change which meets the requirements of the *Planning With People* guidance.

1. Continue to reach out to partners through a variety of methods to raise awareness of the requirements for meaningful engagement in service change to meet the requirements of *Planning With People*. This work includes;

    - Direct support on known service changes from our Strategic Engagement Leads and their teams
    - Advice and support from the Engagement Practice – Assurance team
    - Providing our programme of workshops
    - Providing a variety of guidance documents, flowcharts and animations
    - Discussion about the application of the guidance through the Engagement Practitioners Network (including the recent provision of a Q&A document after a recent session on the *Planning With People* guidance). The recent Q&A document is attached as Appendix 1 for information.
    - Discussion about the application of the guidance with strategic leads for engagement in NHS Boards and Health and Social Care Partnerships at a quarterly meeting.

2. Develop an agreed approach and wording for use in situations where service changes are proceeding without following *Planning With People guidance* based on the following parameters;

    - HIS has a legal duty to support, ensure and monitor the discharge of health bodies' duties in respect of public involvement, including quality assurance of changes to delegated health services being made IJBs.
    - Early communication with senior officials in the NHS Board, HSCP or IJB for individual service changes is beneficial to highlight shortcomings in compliance with the requirements of the *Planning With People* guidance.
    - Ongoing engagement with senior officials in the NHS Board, HSCP or

IJB to develop, support and monitor an agreed action plan to mitigate the impact of a specific service change which is proceeding and is not in line with the *Planning With People* guidance.

- HIS does not have the authority to block a decision made by an NHS Board or an IJB.
- HIS retains the right to escalate individual situations for service changes to the Scottish Government.

The development of this approach and associated wording for communication will be led by the Head of Engagement Practice – Assurance, supported by the Strategic Engagement Leads and a small, short life working group including members of the Scottish Health Council service change sub-committee. This work will take place in September and October 2024.

Assessment considerations

Quality/ Care	Assurance of engagement in relation to Service Change is a legislative requirement in line with existing statute and the *Planning with People* guidance.
Resource Implications	There are no financial implications for the directorate in the reporting of Assurance activity.
	There are no negative implications for the directorate in the reporting of Assurance of Engagement activity relating to resources, capacity and capability.
Clinical and Care Governance (CCG)	The assurance of meaningful engagement in service change supports high quality health and social care.
Risk Management	Community Engagement in Service Change is included within the HIS corporate risk register.
Equality and Diversity, including health inequalities	Community representation (including people with lived experience) on project groups will assist organisations in meeting the Public Sector Equality Duty, the Fairer Scotland Duty and Board's Equalities Outcomes.
Communication, involvement, engagement and consultation	Information on the topics included within the report have been/will be presented to the following: • Presented to Scottish Health Council and shared with Scottish Government

4 Recommendation

The Scottish Health Council is asked to:

- Note and discuss on the contents of this report.
- Agree the recommendation to proceed with developing an agreed approach for service changes that do not follow the *Planning With People* guidance.
- Accept the following Level of Assurance:

MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

5 Appendices and links to additional information

Appendix 1: Engagement Practitioners Network – Planning With People Q&A document

Healthcare Improvement Scotland

Engagement Practitioner Network session | 04 July 2024

Updated *Planning with People* guidance – Q&As and participant feedback

The Q&As, participant feedback and associated responses provided within this document should be read and considered in conjunction with the updated *Planning with People* guidance.

Key actions for Healthcare Improvement Scotland (HIS) from the session

- HIS will host two follow-up sessions on the "major" and "non-major" service change assurance processes – one session will be for NHS board colleagues, and the other for colleagues within Health & Social Care Partnerships (HSCPs). Details to follow.
- HIS will also update and develop new resources to support the application of the *Planning with People* guidance.
- HIS can offer tailored workshops for colleagues within health & social care organisations on engagement in service change. Details can be found here - Public involvement in service change and redesign - workshops | HIS Engage

Key HIS contacts

If you have any queries relating HIS' advice and assurance role with respect to service change process, please contact your designated Strategic Engagement Lead in the first instance.

- North of Scotland, Highland, Tayside, Grampian, Western Isles, Shetland, Orkney, NHS Education for Scotland - Lisa Mccartney - lisa.mccartney1@nhs.scot
- East of Scotland, Borders, Fife, Lothian, Golden Jubilee, NHS 24, SAS, State Hospital, NSS - Sharon Bleakley - sharon.bleakley@nhs.scot
- West of Scotland, Greater Glasgow & Clyde, Lanarkshire, Ayrshire & Arran, Forth Valley, Dumfries & Galloway, Public Health Scotland – at the time of writing (July 2024) this post is currently being recruited to – in the interim please contact Sharon or Lisa.
- Queries can also be emailed to his.engageservicechange@nhs.scot

Q&As	Definitions & proportionality
What is '**service change**'?	As noted in the *Planning with People* guidance, service change can occur at local, regional and national level and in degrees of scope. It can involve reviewing existing services and planning new services, or it may be consulting people on changes to the way in which services are delivered. It is essential that all planned service change or design, including temporary arrangements, must be communicated clearly and at the earliest opportunity, to the people affected potentially by the service. We have produced a short animation explaining this - What is Service Change? | HIS Engage
Does HIS provide a **framework document for major / minor changes** that is to be completed and sent back to HIS for quality assurance / audit / feedback?	HIS provides a template that can be completed to help identify major service change - https://www.hisengage.scot/service-change/resources/identifying-major-service-change/ As noted above, when an NHS board or Integration Joint Board proposes any service change, it must work with HIS; to ensure that the Board (NHS or IJB) is engaging proportionately; and that local people and communities potentially affected have the information and support they need to play a meaningful part in the process. They should work with HIS from the earliest opportunity to discuss advice on engagement and to allow HIS to quality assure the process as it develops. HIS can give a view on the status of proposals after option(s) / proposal(s) have been developed with communities. The completion of the template should be informed by discussion with HIS and after the relevant equality impact assessments are completed.
If the particular service change is **not 'major'**, is proportionate engagement still needed?	When an NHS Board or an Integration Joint Board proposes any service change, it must work with HIS; to ensure that the Board (NHS or IJB) is engaging proportionately; and that local people and communities potentially affected have the information and support they need to play a meaningful part in the process. A proportionate engagement approach will include consideration of timescales and content that is proportionate to the level of change and of the impact the proposed change may have on the people and communities accessing the service(s). It may include a form of consultation for proposals not considered to be "major". Please contact HIS about all potential service change at an early stage so we can provide advice on proportionate engagement.

How can we distinguish regarding the national and regional when we are **unable to influence**?	This is clarified on pages 29-31 of the *Planning with People* guidance. The written notice from the Scottish Government of a nationally determined service change will clarify this and it is emphasised, in order to ensure local engagement is appropriate, meaningful and proportionate; local Boards should contact HIS at the earliest opportunity.
Should we be using the HIS **Communication & Engagement Plan** template?	Yes, you can use the template on our website. However, you can equally use your own templates. It is important that any draft communication and engagement plans are shared with HIS in order for us to provide advice and feedback.
Where are the **timelines** published, is there a link?	The timelines can be found within the flowcharts, published on our website. The flowcharts were also shared with NHS boards and Health & Social Care Partnerships in the letter from the Scottish Government in May 2024 to Chief Executives and Chief Officers about the updated *Planning with People* guidance. If you have any queries relating to the process and timescales, please contact your HIS Strategic Engagement Lead. • North of Scotland - Lisa Mccartney - lisa.mccartney1@nhs.scot • East of Scotland - Sharon Bleakley - sharon.bleakley@nhs.scot • West of Scotland – at the time of writing (July 2024) this post is currently being recruited to – in the interim please contact Sharon or Lisa.
There needs to be **clarity and consistency in the use of language** when describing the roles of NHS boards, Integration Joint Boards, and HSCPs.	We agree, and the updated *Planning with People* guidance seeks to make this clear. Integration Joint Boards have governance & decision-making responsibilities, while HSCPs are required to undertake public engagement and consultation. NHS boards have responsibilities both for decision-making, and public engagement & consultation.

Q&As	Healthcare Improvement Scotland's role
Can I clarify that we need to **go through HIS for ALL service changes** whether they be major, minor or anything in between?	Yes, please contact HIS about all potential service change at an early stage so we can provide advice on proportionate engagement. The majority of changes are not major service changes. When an NHS Board or an Integration Joint Board proposes any service change, it must work with HIS; to ensure that the Board (NHS or IJB) is engaging proportionately; and that local people and communities potentially affected have the information and support they need to play a meaningful part in the process.
"Must" involve HIS – is there legislation that says this, and why has there not been messaging that **HIS must work with HSCPs**?	The wording comes directly from the updated *Planning with People* guidance published on 29 May 2024, and we reached out to HSCPs via our awareness session in June and at a local level. Now there is greater clarity on parts of the guidance, we can discuss how HIS can support you. During the Q&A session, Clare Morrison (Director of Engagement & Change) referred to HIS' advisory and assurance role. As noted in the guidance, HIS has a legal duty to support, ensure and monitor the discharge of health bodies' duties in respect of public involvement, including quality assurance of changes to delegated health services being made by Integration Joint Boards. This approach is also recommended as best practice in corporate governance as outlined in Scottish Government: The Blueprint for Good Governance in NHS Scotland (second edition) (sections 4.26 and 4.27) in recognition of the key role of HIS, in supporting NHS Boards and Integration Joint Boards to meaningfully engage with people and communities to shape national policies and health and social care services; and the requirement on NHS Boards and Integration Joint Boards to collaborate with HIS in support of the statutory duty to review existing services and planning new services or care pathways, ensuring appropriate engagement with local communities throughout changes to services.
There has been limited contact between HIS and our IJB - is there a **consistent level of HIS support across all IJBs**?	HIS has worked with Health & Social Care Partnerships since they were established. Our contact with Health & Social Care Partnerships during this time has varied across the country. However, following stakeholder feedback, we have now established Strategic Engagement Leads for all health & care statutory bodies within each region to link in with. Our Strategic Engagement Leads are supported by a team of Engagement Advisors (Service Change) who provide operational subject matter expertise in support of our statutory roles to provide advice and assurance of service change activities.

The guidance states "care services" – **is this "care" only, or "health & social care"**?	The *Planning with People* guidance states: 'Planning with People' applies to all care services; for children, young people and adults. It should be followed not only by health and social care providers, but also by local, regional, and national planners, special health boards and all independent contractors and suppliers, such as care homes, pharmacies and general practices. HIS's statutory role to provide advice and assurance extends only to health services provided by NHS boards, and delegated health services provided by Health & Social Care Partnerships.
When HIS say "how do we support you", **who is the "you"**?	NHS boards and HSCP staff undertaking engagement.
Would HIS be doing the engagement for an NHS board or HSCP?	Due to our statutory role of providing advice and assurance of engagement on service change, HIS cannot undertake *any* engagement on behalf of NHS boards or HSCPs. However, we do undertake engagement at a national level on topics with Scotland-wide interest. Where relevant, this national engagement may add to or inform local engagement.
Does **HIS have an organisation chart** to help NHS boards and HSCPs **understand its new structure and how to access the support** needed?	Yes, will shortly distribute our new organisational chart to colleagues within NHS boards and HSCPs.

Q&As	Assurance
If a change is deemed "non-major" what is the **reliability of the HIS determination if there is a judicial review or challenge**?	HIS has developed guidance to help identify major service change. HIS: Guidance: Identifying major health service changes. NHS Boards and Integration Joint Boards (for delegated health services) can categorise proposals as major service change themselves, informed by the HIS guidance. HIS can offer a view (not a decision) on whether proposals are major or not based on the completed template and associated discussions. In the absence of an agreed consensus (i.e. following discussion, should HIS consider the proposals to be major, whilst the relevant NHS Board or Integration Joint Board does not), the NHS Board or Integration Joint Board should seek a final decision on designation from the Health Sponsorship Division at the Scottish Government.
Could we see **worked examples for the flowcharts** so we can see how it works in real life?	For major service changes, you can review the major service change reports on the process on our website - Major service change reports | HIS Engage
Are there two flowcharts and do the timescales on each differ?	Yes, there are two flowcharts, one for NHS boards and one for HSCPs. There are different timescales for major and non-major change but not a difference between the timescales for NHS boards and HSCPs - Overview of Engagement Process | HIS Engage
Can **HIS still prevent consultation from taking place** until it has reached its determination or decided work to date complies with PwP, **even if we determine we want to do that regardless** of HIS' determination, and get going as soon as we're able?	There is a specific requirement for NHS boards and Integration Joint Boards (for delegated health services) to consult formally on issues which are considered to be 'major' service change. As noted in the guidance, for any service changes that are considered to be major, NHS boards and Integration Joint Boards (for delegated health services) should not start the consultation stage until HIS has confirmed that their engagement to that point has been in accordance with the *Planning with People* guidance. We would advise NHS boards and HSCPs to wait for our determination to ensure that there is clarity on expectations of the process, to inform planning, and to inform communities of the consultation and decision-making process.
Is there further **clarity about the threshold for 'major'** service change?	NHS boards and Integration Joint Boards must contact HIS at the outset of engagement to agree on the required approach in each specific case of service change. HIS have developed guidance for identifying major service change- Guidance on identifying major health service changes | HIS Engage

Q&As	Capacity
Given the pressures and capacity in the system, can **clarity be provided around expectations** for inform, engage and consult?	The *Planning with People* guidance has been updated to take into consideration the current challenges being faced by NHS boards and Integrated Joint Boards, to ensure that all parties are clear on respective roles, responsibilities and processes, while reinforcing the importance of statutory duties for engagement in the context of financial and other pressures.
There is a worry about NHS boards and HSCPs' **capacity to undertake this level of engagement**, and the proportionality of engagement.	HIS can give advice on proportionate engagement to help ensure that NHS boards and HSCPs meet their statutory duties.

Q&As	Informing the guidance
How is the **guidance being informed by future planning** and potential organisational changes (e.g. within HSCPs and the National Care Service)?	The *Planning with People* guidance has been updated to take into consideration the current challenges being faced by NHS boards and Integration Joint Boards to ensure that all parties are clear on respective roles, responsibilities and processes, and to reinforce the statutory duties for engagement regardless of financial and other pressures. *Planning with People* was originally published following a review of community engagement guidance to make sure it meets the needs of those for whom it is designed, and is aligned to the recommendations of The Independent Review of Adult Social Care in Scotland. Also, *Planning with People* was previously updated in 2023 following public and service user consultations, (feedback of those consultations can be found here) and feedback from the wider Scottish public, individuals, organisations representing the equality sector, and health and social care engagement professionals.

Participant feedback	Capacity within NHS boards, HSCPs, and HIS
Feedback	**Response**
Acknowledgement that there will be rapid and significant change coming. Capacity is an issue – within NHS boards and HSCPs, with associated concerns expressed about HIS' capacity to meet the anticipated level of demand (one of the main concerns from HSCPs was around capacity and potential bottlenecks in HIS to work with all HSCPs, especially as other major reviews operate within a similar timeframe (e.g. strategic plan reviews). We need to move on a lot of areas with great clarity, and we cannot be waiting for weeks for determinations if there is indeed a larger number to be considered.	HIS has increased its capacity in relation to assuring service change. Most services changes are not deemed "major" change, as can be seen from the reports on our website. We have developed a process for "non-major" change to provide assurance to NHS boards, HSCPs and communities on engagement on service change. We have revised our timescales with respect to our processes and these are set out within the flowcharts - Overview of Engagement Process | HIS Engage These timescales can only be met where there has been early & ongoing dialogue with HIS, and the relevant information is shared with us in a timely manner, in order for us to then provide a fully informed view.

Participant feedback	The issue of integrated services
Feedback	**Response**
HIS's role in relation to a 'health' function is not straightforward in integration. Integration means that health functions and services in many places have merged with care services, and what was a distinct health function 10 years ago has now become a care function – this was a key expectation of health & social care integration. Separating the health functions contradicts the ethos of integration. How do situations where this has been achieved interface with HIS' statutory assurance role with respect to health services only?	Planning with People states: "NHS Boards and Integration Joint Boards have a statutory duty to involve people and communities in the planning and development of care services, and in decisions that will significantly affect how services are run. HIS has a legal duty to support, ensure and monitor the discharge of health bodies' duties in respect of public involvement, including quality assurance of changes to delegated health services being made by Integration Joint Boards." It adds: "This approach reflects the requirements of guidance and advice supporting the implementation of the Public Bodies (Joint Working) (Scotland) 2014 Act and in particular, the expectations on partners across the health and social care landscape, and their stakeholders to focus together on their joint responsibility to improve outcomes for people." Therefore, in service change situations where health & care functions have been integrated, and it is not possible to readily identify the specific health components of the integrated service being affected by the change, HIS' statutory duty to undertake quality assurance of the supporting engagement must be applied.

Participant feedback	Challenges – financial & public
Feedback	**Response**
Financial constraints and public expectations are significant additional challenges. Availability of funding to do meaningful engagement. Money to run sessions, surveys or work with the third sector. Without this it's difficult and time-consuming to do this properly. Increase in engagement with the same populations might lead to saturation – how can a bank of engagement be developed and shared where there are common themes? Patient & Public Voice Partners (PPVs) are funded in England but not in Scotland. PPV lay-chairs are remunerated, but there is no equivalent policy in Scotland.	The updated *Planning with People* guidance notes, that an inclusive consultation process should encourage and stimulate discussion and debate. While it may not result in agreement and support for a proposal from all individuals and groups, it should demonstrate that the NHS listens, is supportive and genuinely takes account of views and suggestions. Ultimately, NHS Boards and Integration Joint Boards should demonstrate that there has been a wide-ranging consultation, which has taken all reasonable steps to take account of differences of view. The length of time it will take to engage the community, and the budget required, is dependent on a range of factors, including the level of impact, level of public participation required, and the community engagement tools and techniques chosen for each stakeholder group. The higher the level of impact and more stakeholders there are, the more time and resources will need to be allocated to community engagement. Existing stakeholder feedback should be taken into account when developing the materials for engagement. NHS boards and HSCPs should seek to build on existing and ongoing engagement. The updated guidance notes the need for collaboration between organisations, and that partnership working should be embraced to help promote the efficiency and effectiveness of engagement. In addition, the more NHS boards and HSCPs interact with HIS, the more information is built up on national and regional service change, aiding our ability to provide advice on where shared engagement between organisations on similar issues might become possible. On the subject of paid public participation, current Scottish Government guidance applies only to activities undertaken by them. There is no applicable NHS Scotland policy.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**12 September 2024**
Title:	**Engagement on Service Change**
Agenda item:	**2.1.2**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement & Change**
Report Author:	**Clare Morrison, Director of Engagement & Change; Tony McGowan, Associate Director of Community Engagement; Derek Blues, Head of Engagement Practice (Assurance)**
Purpose of paper:	**Discussion**

1. Situation

To provide the Scottish Health Council with an update on key strategic issues relating to engagement on service change, specifically on how HIS may appropriately support the public engagement aspects of the process of NHS reform, including the approach to nationally planned service changes, and what the potential implications of this would be for HIS in terms of its service change assurance role, and in supporting good engagement practice.

2. Background

2.1 The NHS in Scotland currently faces an unprecedented set of service-related challenges including the availability of skilled clinical workforce, financial pressures, and sustainability of some specialty provision in parts of the country (including within rural and island communities).

2.2 As a direct consequence, the Scottish Government is seeking to rapidly adopt a responsive planning approach within the NHS. This will include actions to improve the sustainability of services, including services being planned on a Scotland-wide population basis. It is critical that all decisions should be underpinned and directly informed by meaningful engagement with communities.

2.3 National service changes can originate in three ways:

- Nationally **provided** services – such services are provided by a national NHS board rather than a territorial board. Engagement responsibilities for national NHS boards are the same as for territorial boards. These are set out in the Scottish Government's Planning with People guidance and engagement is assured by HIS.

- Nationally **determined** services – such services are defined by Scottish Government and delivered by NHS boards / Integration Joint Boards. Engagement responsibilities for Scottish Government are defined in its Participation Handbook and are assured by Scottish Ministers. This will then be followed by local engagement responsibilities which are set out in the Planning with People guidance, and this engagement is assured by HIS.

- Nationally **planned** services – such services are planned by or on behalf of the 'NHS Scotland Planning & Delivery Board' and delivered via a number of different models. It has been anticipated that the engagement responsibilities for nationally planned services should follow the Planning with People guidance. However, it is currently unclear whether 'NHS Scotland' has a legal status (i.e. can it be viewed as equivalent to an NHS board, or is it in fact a *de facto* term for the Scottish Government), and so the arrangements for the assurance of engagement of nationally planned services is unclear.

3. Assessment

The information provided within this paper reflects the situation at the time of writing (29 August 2024). Advice from Scottish Government is expected imminently, and this will have a direct bearing on HIS' potential role. A verbal update will be provided at the SHC meeting.

3.1 HIS has the potential to contribute significantly to the engagement processes for nationally planned services in two main ways. However, the question of the legal status of 'NHS Scotland' has a direct bearing on any potential course of action.

Directly supporting engagement activities

Our Engagement Practice – Evidence unit could potentially support the 'NHS Scotland Planning & Delivery Board' with their engagement activities across identified geographical communities, and people with lived experience of relevant health conditions. This support could involve working with NHS boards and Health & Social Care Partnerships to co-ordinate available resources and capacity at a national / regional level in order to ensure effective engagement takes place that directly informs planning and decision-making (e.g. via *Gathering Views*).

3.2 'NHS Scotland' has legal equivalence to an NHS board

In this situation, however, it may be inappropriate for our Engagement Practice – Assurance unit to then assure these engagement activities as HIS would, in effect, be 'marking its own homework', and could open the engagement process and HIS to criticism from communities, and considerable reputational risk. The question becomes who would assure the engagement processes undertaken. If 'NHS Scotland' has legal equivalence to an NHS board, HIS would need to gain advice from the Central Legal Office (CLO) to ensure that, in not undertaking the assurance of engagement, the organisation would not be failing to meet its statutory duties.

3.3 'NHS Scotland' has no legal status

If 'NHS Scotland' is deemed to have no legal status, HIS could still provide direct support to engagement activities, with the assurance of engagement potentially undertaken by the Scottish Government and Scottish Ministers (i.e. in the same way as nationally determined services).

Focus on assurance of engagement

3.4 In the event that HIS determines that it should focus on assuring the engagement undertaken by the 'NHS Scotland Planning & Delivery Board', the extent of HIS' assurance of engagement responsibilities again rests on the question of the legal status of 'NHS Scotland'.

3.5 'NHS Scotland' has legal equivalence to an NHS board

In this situation all engagement responsibilities for nationally planned services undertaken by the 'NHS Scotland Planning & Delivery Board' should follow the Planning with People guidance, and HIS would retain its assurance of engagement responsibilities for all aspects of the engagement as it would for any NHS board. Legal advice from the CLO would be required to confirm that this is a correct interpretation of the legislation.

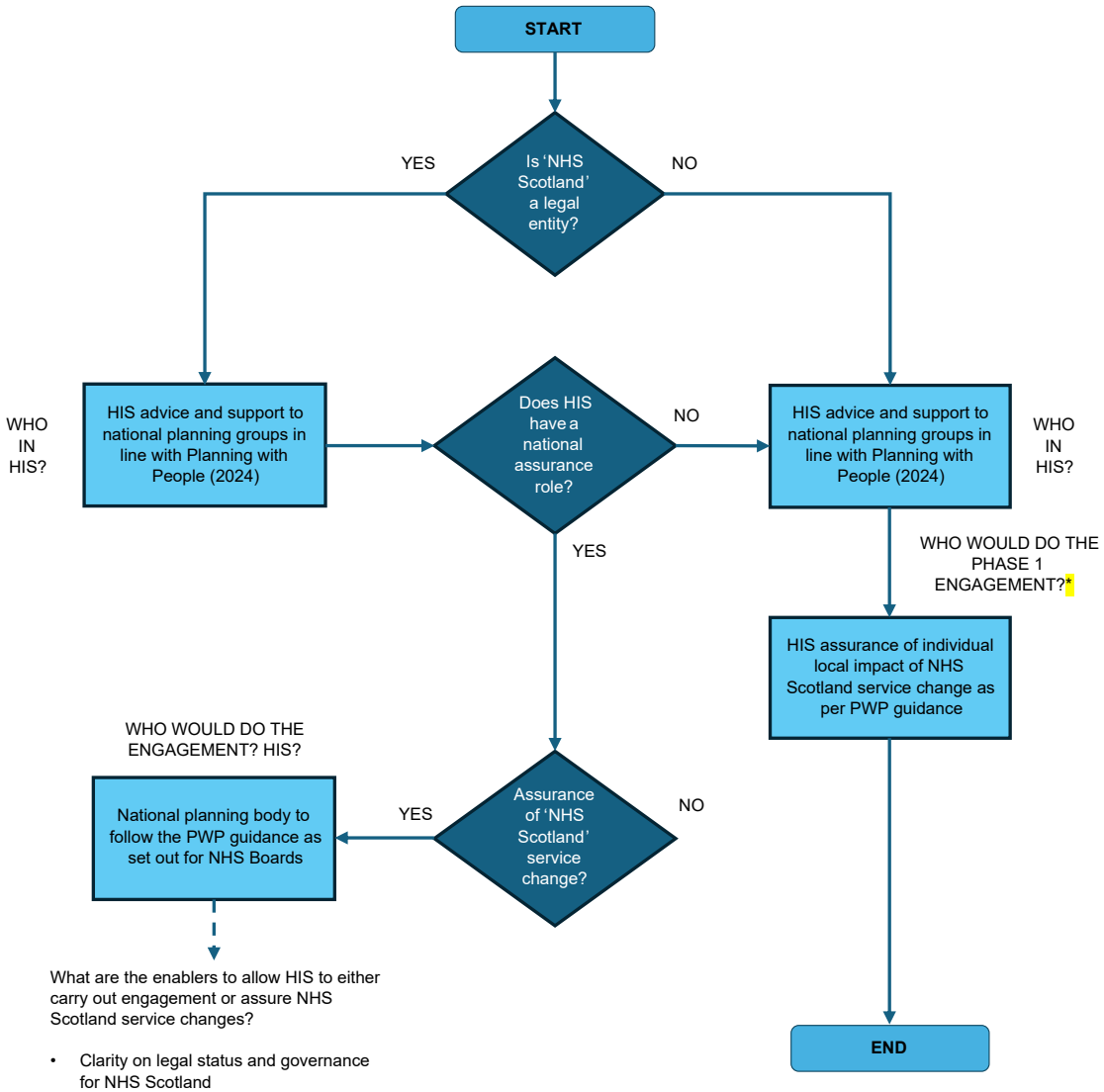
3.6 'NHS Scotland' has no legal status

If it is determined that 'NHS Scotland' does not have any legal status then all engagement for nationally planned services would in effect follow the same arrangements for nationally determined services, with HIS' assurance of engagement responsibilities being applied only to local NHS board / Integration Joint Boards implementation. Clarity would be needed on who would be providing the assurance of the national engagement (so that this was clear to the public) and how HIS could raise concerns with this body should problems in local engagement arise from inadequate national engagement.

3.7 The flow chart overleaf seeks to set out the potential courses of action for HIS, along with key questions for consideration.

Nationally planned service changes

The potential role of Healthcare Improvement Scotland



What are the enablers to allow HIS to either carry out engagement or assure NHS Scotland service changes?

- Clarity on legal status and governance for NHS Scotland
- Clarity (CLO) on our legal status for assurance of NHS Scotland
- Agreement from SHC, HIS and SG on the parameters of the assurance work
- Clarity of communication with Boards and HSCPs. If we are assuring NHS Scotland changes, what do we expect of Boards & Partnerships?
- If HIS does the engagement, who does the assurance – is our involvement enough or should there be an independent assurer (who)? Risk here in the outcomes not being palatable and the process and our involvement being scrutinised/criticised

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Phase 1 engagement relates to stakeholder mapping & early involvement of people in taking ideas into proposals and involving them in option appraisal + who would do the EQIA?

Assessment considerations

Quality/ Care	HIS has a duty to monitor, support and assure engagement on service change in NHS boards and Integration Joint Boards within existing legislation and the *Planning with People* guidance.
Resource Implications	There are no financial implications for the directorate at this stage.
	There are no workforce implications for the directorate at this stage.
Clinical and Care Governance (CCG)	Meaningful engagement in service change supports high quality health and social care.
Risk Management	Community Engagement in Service Change is included within the HIS corporate risk register.
Equality and Diversity, including health inequalities	Community representation (including people with lived experience) on project groups will assist organisations in meeting the Public Sector Equality Duty, the Fairer Scotland Duty and Board's Equalities Outcomes.
Communication, involvement, engagement and consultation	The content of this report has been discussed with Scottish Government.

4 Recommendation

The Scottish Health Council is asked to consider and discuss the content of this paper.

We understand that Scottish Government is currently seeking advice on the question of whether 'NHS Scotland' has legal equivalence to an NHS board and therefore whether HIS would have a statutory responsibility with respect to assurance of engagement for nationally planned services.

The key areas for consideration by SHC are:

Directly supporting engagement activities including engagement activities (e.g. *Gathering Views*) and co-ordinating NHS boards undertaking engagement at national / regional level.

- If 'NHS Scotland' has legal equivalence to an NHS board, advice would be required from the CLO regarding the interface with HIS' statutory responsibilities on assurance of engagement.

- If 'NHS Scotland' has no legal equivalence to an NHS board, HIS could be involved in directly supporting engagement activities relating to nationally planned services.

There would be no assurance of engagement role for HIS in this situation.

Focus on assurance of engagement would see HIS not being involved in any direct support of engagement activities.

- If 'NHS Scotland' has legal equivalence to an NHS board, the *Planning with People* guidance should be followed and HIS would retain its assurance of engagement responsibilities.

- If 'NHS Scotland' has no legal equivalence to an NHS board, HIS' assurance of engagement responsibilities would be applied only to local NHS board / Integration Joint Boards implementation of nationally planned services and not at a national level.

Finally, there is a wider question for the Scottish Health Council to consider: if there is no clarity on the legal status of 'NHS Scotland' and there is an opportunity for HIS to influence whether it follows the route of supporting engagement activities or focusing on assurance, which route should it take?

The Scottish Health Council is asked to accept the following level of Assurance:

LIMITED: some assurance from the systems of control in place to manage the risk(s) but there remains a significant amount of residual risk which requires action to be taken.

This is level is due to the uncertainty of the current situation but recognises that early action was taken by HIS to raise this issue with Scottish Government which demonstrates systems of control are in place.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**12 September 2024**
Title:	**Governance for Engagement**
Agenda item:	**2.2**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement & Change**
Report Author:	**Tony McGowan, Associate Director of Community Engagement**
Purpose of paper:	**Assurance**

1. Situation

This paper provides an update on the implementation of Cycle 3 (2024/25) of the Healthcare Improvement Scotland (HIS) Governance for Engagement process.

2. Background

The HIS Governance for Engagement process aims to provide assurance that the organisation meets its legislative and other duties on engagement and equalities-related matters. The process seeks to identify and improve on good engagement practice through examination and discussion of practical examples. All HIS directorates have taken part in the Governance for Engagement process since its establishment in 2021 and improvements to engagement practice have been observed.

For Cycle 3 (2024/25) the Governance for Engagement process has adopted the Quality Framework for Community Engagement & Participation. This is the framework that HIS uses as part of the discharge of its statutory duties with NHS boards and Health & Social Care Partnerships (HSCPs), and it is important for our own organisation to hold itself to these same standards.

A planned programme of Cycle 3 Governance for Engagement sub-committee meetings has been established, with each HIS directorate completing a self-assessment tool based on the Quality Framework. This is then considered by the sub-committee, including a 'supportive scrutiny' discussion with the relevant Director and their team. Subsequent to the meeting a 12-month directorate improvement plan is developed with supporting actions. At the end of Cycle 3, an overall HIS report will be formulated summarising areas

of good engagement and equalities practice, areas for further development focus, and incorporating each directorate improvement plan.

3. Assessment

The first sub-committee meeting of Cycle 3 took place on 25 July 2024, with the Community Engagement & Transformational Change directorate sharing their self-assessment, discussing examples of good practice, and areas for further focus. Key points from the meeting:

- New unified directorate strategic vision created by engaging staff and external stakeholders (including the Scottish Government), focusing on meaningful, quality assured engagement being at the centre of all directorate activities;
- Implementation of a new unified directorate structure to enable the vision to be effectively delivered;
- 100% of work programmes have an established Equality Impact Assessment (EQIA), or through discussion and agreement deemed not to require one;
- Continued application of *Citizens' Panel* and *Gathering Views* in gaining a representative Scottish public view on important health & care topics, and in support of targeting people and communities who are often underrepresented, thereby enriching the informing of health & care policy and associated decision-making by the Scottish Government;
- Examples of good engagement practice within the directorate's Mental Health and Drug, Alcohol & Housing portfolios (including working with partner organisations and people with lived experience to map peoples' journeys and bring insights into how services are designed and improved);
- Demonstrable positive influence on the Scottish Government over improvements to the *Planning with People* guidance for NHS boards and HSCPs with respect to their responsibilities to engage with communities on service change issues; and
- Further potential to ensure good engagement and equalities practice is identified and shared across NHS boards and HSCPs via the development of a national learning system including development of existing networks such as the Engagement Practitioners' Network.

Areas for improvement focus

A 12-month improvement plan (see appendix) has been developed to support the directorate to focus on the following headline areas:

- Systematic and cohesive approach to ensure public views are explicitly factored into decision-making processes;
- Clarity on areas of work that the directorate will not be involved in;

- Review of team coffee trials and other measures to support shared understanding of team and directorate roles;
- Directorate-wide contributions to the new learning system for community engagement & participation;
- Deliberate work to demonstrate the impact of the Engagement Practitioners' Network;
- Proactive action to support commissioners in improving their engagement practice; and
- Review of EQIA process to ensure quality and intended impact on health inequalities.

Governance for Engagement process

The sub-committee shared the view that the process for the first meeting had been positive, logical and well-structured. Sub-committee members who had experienced previous cycles indicated that the self-assessment approach represented good progress.

For subsequent meetings, the Lead Officer is continuing to offer HIS Directors and their teams pre-meeting support including meeting with Directorate Leadership Teams and the review of draft self-assessment submissions. Where these offers are being taken up, the emphasis is being placed on concise narrative, relevant supporting evidence, and a sustained focus on impact.

The sub-committee is also continuing to have a pre-meeting session in advance of the full meeting in order to consider the self-assessment submissions, including areas of focus for the 'supportive scrutiny' discussion.

Assessment considerations

Quality/ Care	Effective governance of how the organisation engages with people and communities has a direct positive impact in supporting HIS to ensure its delivery areas and work programmes are successful.
Resource Implications	No financials out-with existing core funding.
	No workforce implications out-with existing core resources.
Clinical and Care Governance (CCG)	Evidence gained through the Governance for Engagement process links directly to Dimension 3 of the CCG framework ('People and communities are involved in all our programmes of work').
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 & Transformational Change 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 are overseen by the Scottish Health Council. An annual report is also shared with the Quality & Performance Committee.

4 Recommendation

The Scottish Health Council is asked to note and discuss the update provided in this paper.

It is recommended that the Council accept the following level of assurance:

MODERATE: meaning reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

This is because the Cycle 3 process is new and, at the time of writing, has only been applied to one HIS directorate.

5 Appendices and links to additional information

Appendix 1: HIS Governance for Engagement – Community Engagement & Transformational Change directorate 12-month improvement plan (July 2024)

Governance for Engagement Cycle 3 (2024/25)
12-month Directorate Improvement Plan (DRAFT v02)

Community Engagement & Transformational Change (CETC) Directorate

This improvement plan follows the meeting of the Governance for Engagement sub-committee on **25 July 2024**. It details the risks, resources, timescales, leads for each action, and intended outcome / impact that achieving the improvements will provide.

Focus for improvement	Associated risks	Action & resources required	Timescale	Lead(s)	Intended outcome / impact
Systematic & cohesive approach to ensure public views are explicitly factored into decision-making processes	• Failure to deliver outcomes that meet public & wider stakeholder expectations • Failure to demonstrate openness & transparency • Uninformed decision-making • Inability to demonstrate impact	• SLT & DLT require to demonstrate in all governance papers including SBARs where the public view has been taken into account / evidenced in supporting the specific proposal / work programme update • To facilitate this, the approach requires to be embedded within Divisions and at Unit level	Q4 2024/25	CM, DH & TMG	By end March 2025, the directorate can readily demonstrable enhanced decision-making that reflects public & stakeholders views and priorities, evidenced within DLT and governance meetings

Clarity on areas of work that the directorate will not be involved in **Review of team coffee trials and other measures to support shared understanding of team & directorate roles**	• Failure to provide clarity on role, remit and areas of focus may cause confusion and misunderstandings with stakeholders including statutory health & care bodies, and the public. • A lack of clarity may similarly have an adverse impact upon directorate staff	• DLT to discuss and agree areas of work that are not in scope for the directorate • This will be informed by the directorate vision & aims, and the extant HIS strategy. • A strategic comms plan should be developed & implemented providing coherent messaging about the directorate's role, remit and areas of focus, including a stakeholder mapping exercise, and consideration of appropriate communications channels	Q3 2024/25	DLT	By end December 2024, clarity shared by staff and stakeholders regarding the directorate's role, remit and areas of focus
Directorate-wide contributions to	• Insufficient content for the learning system	• All Units within the directorate must	Q1 2025/26	DG	By end June 2025, a learning system for community

the new learning system for community engagement & participation	representing the diversity of the directorate's offerings, leading to a failure to support the delivery of community engagement improvement within the health & care system	commit to developing and contributing appropriate resources for the learning system including subject matter content and interactive case studies • The Engagement Practice – Improvement Unit will provide practical support to colleagues across the directorate to achieve this			engagement & participation has been fully established with a developing set of appropriate resources that are of practical benefit to the health & care system in improving engagement and equalities practice
Deliberate work to demonstrate the impact of the Engagement Practitioner's Network (EPN)	• Insufficient focus on the purpose and considerations of the EPN and associated impacts, leading to a failure to support the delivery of community engagement improvement within the health & care system	• Development of evaluation and follow-up approaches to ensure EPN members provide feedback on Network activities, suggestions for upcoming meetings, and capture practical examples of impact	Q4 2024/25	DLT	By end March 2025, a rolling programme of EPN meetings & events has been established along with supporting evaluation & follow-up approaches that readily demonstrate the Network's impact on improving community engagement practice
Proactive action to support commissioners in improving their	• Continued reliance on the directorate to plug gaps in the engagement activities	• Directorate develops & offers bespoke learning opportunities to commissioners that	Q4 2024/25	CJ, DG	By end March 2025, bespoke learning opportunities for commissioners have been established to support the

engagement practice	of commissioners, tying up directorate resources	draws upon the experience gained from previous engagement work to help readily identify gaps at an earlier stage, including a focus on improvements to EQIA processes, and signposting to wider communities with lived experience			quality & depth of their own engagement activities
Review of EQIA process to ensure quality and intended impact on health inequalities	• Failure to effectively undertake equality and other impact assessment activities to directly inform work programmes, leading	• Equality, Inclusion & Human Rights team within the Engagement Practice – Assurance Unit undertakes a full	Q1 2025/26	DB	By end June 2025, a full review of directorate and HIS EQIA practice is completed including recommendations for improvement and more specifically on practical ways

	to insufficient understanding and poor outcomes • Related inability to fully understand health inequalities and their impacts with respect to areas of focus, also leading to poor outcomes	review of current directorate and HIS practice with respect to equality and other impact assessments, reporting findings and providing recommendations for improvement • Specific focus within the review regarding how health inequalities aspects can be mainstreamed within EQIA practice within HIS			for consideration of health inequalities aspects can be mainstreamed

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**12 September 2024**
Title:	**Equality, Inclusion and Human Rights: ensuring HIS meets its equalities duties**
Agenda item:	**2.3**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement and Change**
Report Author:	**Rosie Tyler-Greig, Equality Inclusion and Human Rights Manager**
Purpose of paper:	**Awareness**

1. Situation

Over the last quarter, the Equality, Inclusion and Human Rights (EIHR) Team has continued to monitor and progress Healthcare Improvement Scotland's fulfilment of legal equality duties and best practice. Key to this has been the ongoing development of draft equality outcomes for 2025-29 which include themes of anti-racism, perinatal health and workplace equality for different staff groups including those experiencing symptoms of the menopause and disabled employees.

2. Background

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 guides how HIS meets its equality duties. We must report on how we have mainstreamed equality; publish equality outcomes and report on progress; carry out equality impact assessments for new or revised activities; gather, use and publish employee information including our gender pay gap; and have an equal pay statement.

On 11th March 2024, Fiona Hogg, Chief People Officer in Scottish Government's Health Workforce Directorate, wrote to all NHS Chief Executives, Chairs and Human Resource Directors (see Appendix 1). Her letter set out that all boards must 'develop and deliver against their own anti-racism plan'. This was in recognition of NHS Scotland's 'commitment to equality, diversity and inclusion across workforce and service delivery', and is being developed concurrently alongside equality outcomes.

3. Assessment

The EIHR Team has continued to promote knowledge and understanding around legal equality and human rights duties and best practice and monitor compliance across HIS.

Equality mainstreaming and workforce reporting

As in Quarter 4 of 2023/24, a majority of HIS programmes which require an equality impact assessment (EQIA) have one in place. At Quarter 1 of 2024/25, out of a total of 80 eligible work programmes, 63 had a full EQIA in place and a further 8 had carried out initial screening. Nine programmes were yet to progress an EQIA, and the main reason was the programme being paused and / or awaiting resource capacity.

HIS is working jointly with several other boards to review NHS equal pay statements, due for refreshed publication in April 2025. We will seek to incorporate recent learning from the Equally Safe at Work NHS Pilot, in which HIS participated, and develop a consistent approach together.

Reasonable Adjustment Passports

On 24 July 2024, the Partnership Forum approved a Reasonable Adjustment Passport and accompanying guidance for HIS. This was developed by a cross-organisational working group established in August 2023 and undertaken in partnership with NHS Golden Jubilee. The passport will empower disabled employees and their managers to fulfil the requirements of the Equality Act (2010) section 20, meet best practice standards and avoid unnecessary duplication of paperwork and repeat disclosures for disabled staff. A new working group is now being facilitated to develop launch communications, an evaluation approach and a manager training offer.

Equality outcomes development

Collaboration across HIS and with national boards continues as we develop a refreshed set of equality outcomes for publication in April 2025. A connected HIS anti-racism plan is being developed concurrently. The following equality outcomes are currently under review and development:

- Women going through the menopause and disabled people experience an inclusive work environment that promotes wellbeing and provides opportunities for professional development.
- We continue to deliver our commitment to the Pride Badge Initiative, promoting good relations for and among LGBT+ communities.
- We champion clear approaches to improve the quality of perinatal care for women with minority ethnic and minority religious backgrounds.
- Anti-racism is embedded in our workplace culture and system leadership.

Significant engagement has taken place with HIS teams, committees and networks. Resources to support engagement around the anti-racism objective and connected plan have been developed by the EIHR Team and Engagement Practice – Evidence team. The timeline for engagement here is contingent on priority work supporting the review of Greater Glasgow and Clyde (GGC) emergency departments and is not expected to occur before October. It is anticipated the engagement will contribute evidence to support national NHS boards in the development of their own anti-racism plans. Further

requirements for external stakeholder engagement around our equality outcomes remains under consideration as evidence needs and timescales are reviewed.

Equality development sessions

Four equality and human rights focussed development sessions have been successfully delivered, including for:

- Scottish Health Council on 20 June 2024 – workshop, 'Equality and Human Rights – Towards Conscious Inclusion'.
- Equality, Inclusion and Human Rights Working Group on 8 August 2024 – inclusive engagement focus with contributions from the NHS Education for Scotland (NES) Equality Team, the HIS Transformational Change Team; followed by an equality outcomes workshop facilitated by the Lead Health Services Researcher.
- HIS staff on 22 August 2024 – Children and Young People Key Delivery Area Network hosted a session with NES exploring the new United Nation's Convention on the Rights of a Child (Incorporation) (Scotland) Bill, and what it means for HIS staff including senior leaders.
- Scottish Health Council and Staff Governance Committee on 5 September 2024 – session exploring equality, inclusion and human rights in respect of HIS work and culture.

Assessment considerations

Quality/ Care	To improve the quality of NHS Scotland services it is integral that HIS meets its Equality Act duties. Assessing work for equality impact and setting and working towards equality outcomes assures ongoing understanding of the needs of Scotland's diverse population, and effective services in that context.
Resource Implications	The engagement requirement of developing equality outcomes requires directorate resource at a time of competing resource demands. We are confident however we can operate flexibly to meet our evidence requirements.
	Engagement Practice – Assurance and Engagement Practice – Evidence teams are collaborating to identify a suitable engagement period per capacity.
Clinical and Care Governance (CCG)	The work described aligns positively with all seven CCG principles.
Risk Management	The work outlined manages organisational risk by assuring HIS meets the legal requirements of the Public Sector Equality Duty and continues to develop good stakeholder relationships with equality groups. Progress of the work will be monitored by the HIS Equality, Inclusion and Human Rights Working Group. The workstream

	will report to the Scottish Health Council and Staff Governance Committee via the Equality, Inclusion and Human Rights Manager.
Equality and Diversity, including health inequalities	The work outlined forms the core contribution to Healthcare Improvement Scotland's approach to equality mainstreaming per the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. Equality outcomes set strategic direction for the equality contribution of HIS internally and externally. The measurement of EQIA compliance provides assurance that HIS teams are routinely considering the needs of the Public Sector Equality Duty (PSED) and how they can reduce health inequalities through their work.
Communication, involvement, engagement and consultation	The has included engagement with HIS staff, NHS partners and external stakeholders. Undertaken to date: • Equality, Inclusion and Human Rights Working Group, 2nd May 2024 • Scottish Health Council, 23rd May 2024 • Transformational Change in Mental Health, 10th June 2024 • HIS Senior Leadership Group, 11th June 2024 • QARD DMT, 19th June 2024 • Engagement Practice – Improvement, 19th June 2024 • Engagement Practice – Evidence, 24th June 2024 • HIS Perinatal Quality Management System, 19th July 2024 • Equality, Inclusion and Human Rights Working Group, 8th August • HIS Perinatal Quality Management System, 3rd September • National Boards collaboration anti-racism planning, established June • Staff equality networks, survey June – July, plus follow-up meetings with individual networks.

4 Recommendation

Council members are asked to **note** the updates provided.

It is recommended that the Council accept the following Level of Assurance:

SIGNIFICANT: reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.

5 Appendices and links to additional information

Appendix 1: Letter to Chairs BCEs anti-racism plans

Health Workforce Directorate
Fiona Hogg
Chief People Officer

E: fiona.hogg2@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

To

NHS Board Chief Executives
NHS Board Chairs
NHS Board HR Directors

* Boards are asked to forward a copy of this letter onto their Remuneration Committees

Dear Colleagues,

2024/25 Objective Setting for Executives within NHS Scotland

As we approach the start of a new financial year, I know you will already be well advanced in the planning process and, as such, I wanted to take this opportunity to remind you all about objective setting requirements for our Executive and Chief Executive colleagues.

We will be issuing more detail in the coming weeks, in relation to the appraisals and arrangements for National Performance Management Committee oversight of performance year 2023/4, which will include additional guidance and information aiming to speed up the process and reduce the level of queries and follow up by the Committee.

In relation to the objective setting for the Executive and Chief Executive cohort, guidance is set out in the following circular: https://www.publications.scot.nhs.uk/files/pcs2019-esm-01.pdf This part of the process is critical, to ensure that the objectives set align to the Board's priorities and plans, are SMART (specific, measurable, agreed, realistic and timed). This will create the basis for a balanced and effective performance appraisal.

In summary, each Executive's objectives (Including proposed weightings) should be entered into the TURAS appraisal system with the relative weightings, in addition to the agreement of the line manager. The discussion should be minuted for future reference and any concerns or challenges addressed, before the objectives are finalised and fully approved. Remuneration Committees should also be satisfied that the objectives and weighting are appropriate for the role and grade and that individually and collectively the objectives will deliver the performance desired.

For the 2024/25 reporting year I wanted to make you aware of an additional requirement within Executive objectives. The original commitment to have anti-racism objectives was made in 2021 following the recommendations of the Expert Reference Group on Covid-19 and Ethnicity. And embedding anti-racism across all Boards is a vital part in service recovery following the pandemic. That is why this is a key focus within the Nurture strand of our National Workforce Strategy and our commitment to addressing racialised health inequalities in health and social care across Scotland through an anti-racism approach.

Within each individual set of Executives objectives for 2024/25, there should be a commitment that the Board will develop (if not already in place) and deliver against their own anti-racism plan, which covers both workforce and racialised healthcare inequalities. This does not have to be a specific objective, but to be contained within the overall objectives, in the most appropriate place.

Board Anti-Racism Plans should be co-produced with input from stakeholders, including forums representing ethnic minority colleagues and minority ethnic communities themselves and the progress with delivery should be discussed and scrutinised at relevant forums and committees and report with the quarterly updates to the Board annual delivery plans.

Recognising that every board will have different populations and priorities and will be at a different stage in their plans, the approach is not prescriptive in what should be in the plans. However, colleagues in Scottish Government Population Health and Health Workforce Teams will work with others to produce guidance and resources for Boards, to support them in this, where this is helpful.

We know that all Boards will already have a strong commitment to Equality, Diversity and Inclusion across their workforce and service delivery, including a specific objective for Board Chairs in this area and we appreciate all of the excellent work to drive forward improvements. However, we also know that having a specific focus on key areas will drive sustained improvement and progress, towards our vision of reducing inequalities.

We appreciate your support in this matter. If you have any questions about this letter or the objective setting process, or if you would like support or advice in the development of your plans, please contact me at fiona.hogg2@gov.scot.

Kind regards

Fiona Hogg
Chief People Officer, Health Workforce Directorate
Scottish Government

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**12 September 2024**
Title:	**Role of Public Partners: Strategic co-ordination of Public Partners across HIS**
Agenda item:	**2.4**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement and Change**
Report Author:	**Rosie Tyler-Greig, Equality Inclusion and Human Rights Manager**
Purpose of paper:	**Awareness**

1. Situation

Public Partners support a variety of teams and committees across Healthcare Improvement Scotland (HIS) and recent recruitment has helped keep pace with new and emerging public involvement requirements. A longer-term approach to recruitment, support and training for all volunteer roles remains in development through a HIS volunteering and participation policy.

2. Background

The Public Partner volunteer role is about bringing a public perspective to HIS's work. This is achieved through Public Partners contributing to activities where it has been identified that a public perspective will help promote quality in delivery. For example, this could be assisting one of our inspection teams, advising on a programme of work or contributing to a governance group.

Public Partner volunteers are initially recruited for a four-year term and have the option to complete an additional four-year term thereafter. While Public Partner volunteers may join to assist a specific team, committee or piece of work, opportunities to input to additional work across HIS during their term will also arise.

Public Partner volunteers are recruited and managed by the Public Involvement Advisors within the Equality, Inclusion and Human Rights (EIHR) Team (Engagement Practice – Assurance).

3. Assessment

The EIHR Team has continued to facilitate and develop the support of Public Partner volunteers across HIS.

Current numbers and recruitment

HIS currently has 13 Public Partners working across the following areas: Scottish Medicines Consortium, Scottish Health Technologies Group, Scottish Intercollegiate Guidelines Network, Death Certification Review Service, Data Measurement & Business Intelligence, and the Queen Elizabeth Emergency Department Review. We have recently recruited one new Public Partner for a role within Medicines and Pharmacy's National Review Panel. Further recruitment is anticipated this October to fill two Public Partner requirements within Engagement Practice – Assurance and / or the Service Change Committee and one in the Death Certification Review management board. Further recruitment in January 2025 is anticipated for upcoming Public Partner vacancies in the Scottish Medicines Consortium and the Scottish Health Technologies Group.

Development of volunteering policy

A draft HIS Volunteering Policy has been completed. The policy clarifies the HIS ambition around working with volunteers and sets out a consistent process for managing a high-quality volunteering experience across all HIS volunteer roles, including Public Partners and People's Experience Volunteers (PEVs). PEVs are managed by our Engagement Advisors (Community).

A development workshop on 10 September 2024 will seek discussion and feedback from HIS colleagues who are experienced in working with our volunteers. The workshop is being co-facilitated by the EIHR Team (Engagement Practice – Assurance) and the Volunteering Team (Engagement Practice – Improvement). A final draft of the policy will be shared with Council members when available.

Communications

Since April 2024, the EIHR Team has continued to provide a fortnightly round-up of news and opportunities to our Public Partners. This has enabled us to streamline communications, creating a regular opportunity for staff teams who wish to advertise volunteer opportunities that may be suitable for existing Public Partners. It also enables the regular sharing of organisational news and learning opportunities. This is led by our Public Involvement Advisors and is well received by Public Partners.

Assessment considerations

Quality/ Care	As part of NHS Scotland our purpose is to drive the highest quality care for everyone in Scotland. To achieve this, we need to hear from a wide range of people about their experiences of health and social care. Volunteers play an essential role in helping us better understand and represent public views in our work.
Resource Implications	None – advertising of new volunteer roles is free via Volunteer Scotland and our local / regional networks.
	Volunteer roles are managed within our current staff complement.
Clinical and Care Governance (CCG)	Volunteer roles within HIS support delivery across all seven CCG principles.
Risk Management	Some ongoing risk exists around failing to satisfy requests for Public Partner input due to low response rates to new opportunities. This is being mitigated via clear communication of lead-in times for recruitment, maximising opportunities for existing or potential Public Partners to apply.
Equality and Diversity, including health inequalities	Through recruitment and role development we aim to ensure our volunteers represent Scotland's diverse communities. We are particularly keen to recruit Public Partners from younger age demographics and are discussing approaches to this with the teams seeking Public Partner input. Reasonable adjustments will be made to the recruitment and selection process to suit the individual access requirements of any volunteers who let us know they are disabled.
Communication, involvement, engagement and consultation	Regular communications are in place between HIS Public Partners and the EIHR Team through: • Fortnightly newsletter • Annual conversations • Annual event • 1-2-1 meetings with Public Involvement Advisors • Induction training

4 Recommendation

Council members are asked to **note** the updates provided.

It is recommended that the Council accept the following Level of Assurance:

SIGNIFICANT: reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**12 September 2024**
Title:	**Evidence Programme Update**
Agenda item:	**3.1**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement & Change**
Report Author:	**Christine Johnstone, Head of Engagement Practice - Evidence**
Purpose of paper:	**Awareness**

1. Situation

This paper provides a brief overview of current activities within the Engagement Practice - Evidence Unit.

2. Background

The purpose of the Engagement Practice – Evidence Unit is to provide evidence from engagement to inform service and policy development and how to engage meaningfully. This evidence base helps to ensure citizens' voices are heard in the design and delivery of health and care services; influences Scottish Government and other organisations' policies; and provides an evidence base on best practice in engagement.

Following the introduction of a new structure, activities have concentrated on building the Team, developing ways of working and producing the Unit's work plan and supporting processes. Further discussions will take place across the Directorate to ensure that the format of work plans is both consistent and works for each Unit. The activities of Engagement Practice – Evidence have been grouped into 4 workstreams which are also aligned to Healthcare Improvement Scotland Our Strategy 2023-28 Priorities:

Evidence from Engagement
Covering developing and expanding our evidence base, Gathering Views and Citizens' Panel Programmes, using feedback from engagement and undertaking our own bespoke research, etc

Evidence for Engagement
Covering producing research guidance and support and the development of toolkits, guidance and associated resources, etc

Learning, building relationships and maximizing impact
Covering promoting innovation in engagement, collaboration with stakeholders and information sharing including the re-establishment of a Participation Research Network and external networks, analysis of Gathering Views and Citizens' Panel reports, etc

Aspirational Engagement
Includes the Team working towards future ambitions such as generating bespoke research, expanding Gathering Views and Citizens' Panel commissions, exploring the potential for publication of our outputs in relevant medical journals and improving the processes for our outputs, etc.

3. Assessment

Below is a summary of current work activities within the Evidence Practice – Engagement Unit along with background where needed and timescales for various project.

Evidence from Engagement	Background and Status	Timescales
Citizens Panel 13 How people prefer to access health and care services and NHSScotland Climate Emergency and Sustainability	In total 589 panel members responded to the survey representing a 57% response rate. Infographic and report published. Led by Engagement Practice – Evidence Social Researcher	First round of impact measurement – November 24
Citizens' Panel 14 Realistic Medicine, Value Based Health and Care and NHS Reform	This survey was issued to Panel Members in June 2024 – whilst the fieldwork is still ongoing, the current response rate is sitting at around 50%. Led by Engagement Practice – Evidence Social Researcher	• Findings - mid September • Draft report - early October • Conclusions and recommendations developed - October-November • Report publication - November
Citizens' Panel 15 Medicines Safety Strategy, Pre-conception Health and either Prevention or experience of being a Panel member	Currently scoping and discussing the detail of the topics and starting the design of the question set. Led by Engagement Practice – Evidence Social Researcher	• User testing – mid October • Issue to Panel early November
Citizens' Panel Refresh	A refresh of the Citizens Panel membership is underway. We will focus on younger people (under 44 years old), ethnic minorities and people who are private renters or live in social housing/housing associations. For this work we are mobilising our Engagement Practice – Evidence Projects Officers who are working with the Engagement Advisors – Community.	Target potential panel members - September and October
Gathering Views on the use of Sodium Valproate	In March 2018, the UK's Medicines & Healthcare Products Regulatory Agency (MHRA) strengthened its regulatory position on the use of Valproate medicines and said that it must no longer be used in any woman or girl able to have children unless she had a pregnancy prevention programme, including a signed risk acknowledgement form in place.	• Engagement with people during September – October • Draft report – early January 25

	Engagement Practice – Evidence is supporting gathering some lived experience views from people to gain an understanding of the needs of the affected population including those most at risk of health inequalities. The outcome of this work will be reported back to the Scottish Government Teratogenic Medicines Advisory Group which is hosted by the Chief Pharmaceutical Officer. Led by Engagement Practice – Evidence Project Officers who are working with the Engagement Advisors – Community to identify people who would be willing to take part in this piece of work.	
NHS Boards' Anti Racism Plans	This is a joint engagement approach with NHS Education for Scotland, The Golden Jubilee, NHS24 and Public Health Scotland to contribute to a community engagement piece to inform NHS Board's anti-racism plans. Gathering views from communities on topics such as how fairly people have been treated and how well their cultural background was understood/accommodated. This project is being led by the Equalities & Human Rights Manager (Assurance), Social Researcher (Evidence) and Programme Manager (Evidence) with Project Officers from both Teams supporting the engagement activities.	• Development of question set – July -September • Engagement activities – September- October • Draft report – November
NHS Greater Glasgow & Clyde Review of Emergency Departments	Engagement Practice – Evidence is conducting a review of patient experience of NHS Greater Glasgow & Clyde emergency departments at the Queen Elizabeth University Hospital, Glasgow Royal Infirmary and the Royal Alexandra Hospital (Paisley). It involves surveying circa 1,800 patients through a postal questionnaire and telephone/video conversations.	• Development of question sets – August • Planning logistics for sending and receiving patient questionnaires – August • Production of patient information and letter – August • staff briefings – end August • Engagement - September and October

	This work is being led by the Engagement Practice – Evidence and involves all members of the Team, supported by Assurance and Improvement Projects Officers for conducting the engagement activities.	
Evidence for Engagement	**Background and Status**	**Timescales**
Evaluation Toolkit Refresh	This toolkit been developed to support the evaluation of public involvement and community engagement in health and care services. It is a stand-alone guide for assessing the way in which engagement has been undertaken (*process*) and the results of that activity (*outcomes*). The Toolkit has now ben refreshed and is being finalised for publication. Led by Engagement Practice – Evidence (Social Researcher and Research Analyst).	Publication, comms and dissemination - September
Learning, building relationships and maximizing impact	**Background and Status**	**Timescales**
Participation Research Network	This network will be open to practitioners, policy makers, researchers and everyone with an interest in sharing evidence on participation (public involvement, engagement, co-production) in health and social care. The network is a forum for sharing the latest information and evidence and updates on UK and international practice. It connects researchers, practitioners and policy makers. Led by Engagement Practice – Evidence Social Researcher and Research Analyst. Project Officers will be involved in forthcoming events.	• Scoping, planning and selection and promotion – August – October • First events – January 2025
Impact Measurement	Contacting commissioners of Gathering Views on Waiting	• 12 month feedback due August • 18 month feedback due January 25

	Time Guidance for details of impact. Led by Engagement Practice – Evidence Social Researcher with support from Research Analysts.	

Assessment considerations

Quality/Care	The Engagement Practice - Evidence unit work programme enabling 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. All costs for the work are aligned within the current allocation.
Resource Implications	All costs for the work are aligned within the current allocation. Additional funding may be required from central funding to support the review of NHS Greater Glasgow & Clyde emergency departments patient experience activity.
Clinical and Care Governance (CCG)	The activities outlined, in particular Gathering Views work, will be recorded through the Clinical and Care Governance Framework.
Risk Management	No risks identified. Specific risks associated with the NHS Greater Glasgow & Clyde Review of emergency departments are included in an associated risk register for the programme.
Equality and Diversity, including health inequalities	The overall directorate vision acknowledges our 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 this programme.
Communication, involvement, engagement and consultation	People involved in the workstreams will be kept informed about how their views are being used and provided with regular updates. Internally, mechanisms are in place to ensure staff and teams working on various projects are kept informed at all stages.

4 Recommendation

The Scottish Health Council is asked to note the summary of current activities of the Engagement Practice – Evidence Unit.

It is recommended that the Scottish Health Council accept the following level of assurance:

SIGNIFICANT: meaning that reasonable assurance that the system of control achieves or will achieve the purpose that is is designed to deliver. There may be insignificant amount of residual risk or note at all.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**12 September 2024**
Title:	**Engagement Practice – Improvement Programme**
Agenda item:	**3.2**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement and Change**
Report Author:	**Diane Graham, Head of Engagement Practice – Improvement**
Purpose of paper:	**Awareness**

1. Situation

This paper provides a brief overview of planned activities for the Improvement of Engagement programme.

2. Background

The Engagement Practice – Improvement Programme's purpose is to lead demonstrable improvements in the engagement and volunteering practices of HIS and health and social services in Scotland.

The programme delivers four workstreams, which focus on:

1. Building an Engagement Practice Learning System
2. Leading and supporting planned improvements
3. Volunteering transformation, and
4. Responsive improvement support (internal and external)

3. Assessment

The Head of Engagement Practice Improvement was appointed on 10th June 2024 and began developing the team and programme. There are however a few key posts still to be appointed, including an Improvement Advisor and a Project Officer who will support the Learning Systems workstream. The recruitment processes are underway for these two roles

The programme benefits from the knowledge and experience brought together from team members from the former HIS Community Engagement and Transformational Redesign Units.

Below is a summary of and 'forward look' at planned activities for the Engagement Practice – Improvement Programme. A phased work plan will be implemented to carry out activities. Here, the timelines have been defined in three categories: short-term (within six months), medium-term (six to 12 months), and long-term (twelve to 24 months).

Workstream	Projects	Timescales and comments
Learning System	What Matters to You? (WMTY)	**Short-to-medium term** Providing NHS Boards and Health and Social Care Partnerships advice and available resources. Co-ordinating national social media communications. Planning and delivering a national network event and presenting the Jane Davies Award. Working with the Alliance and Scottish Government on WMTY video. **Medium term** Prototyping and testing an evaluation toolkit in collaboration with HIS Excellence in Care Programme to establish a reliable approach to measuring the impact of What Matters to You? activities.
	Care Experience Improvement Model (CEIM) Leaders (Learning Component)	**Short term** Delivering two cohorts in partnership with NES, SSSC and Care Inspectorate during 2024 (approx.20 health, social services and 3rd sector organisations involved) **Medium term** Delivering three cohorts during 2025
	Engagement Practice Learning System	**Short-to-medium term** Establishing an evidence base, create an internal to HIS and external programme of learning spaces and training (including Voices Scotland) and gather and share good practice/case studies
	Engagement Practitioners Network (EPN)	**Medium term** This will be transitioned to the Engagement Practice Improvement Programme once the vacant Improvement Advisor post has been filled.

Workstream	Projects	Timescales and comments
	Engagement Practice Improvement (EPI) Collaborative	**Medium term** Gathering insights from evidence and stakeholders to inform understanding about the learning needs of health and social care organisations. Working with the EPI Improvement Workstream to co-design an engagement practice improvement change package (see below). **Medium-to-long term** Working with the Improvement Workstream to design and co-ordinate a learning collaborative to support health and social care organisations to improve focused areas of engagement practice determined by the evidence and change package developed.
Improvement	People-led Transformational change project: CHAS (Kinross) admissions process	**Short-to-medium term** Redesigning the admissions process before the hospice rebuild, the project team at Children's Hospitals across Scotland (CHAS) are being coached and given practical help in applying user research, engagement, co-design, improvement and human learning system methods.
	Specialist advice to HIS programmes	**Short-to-medium term** Providing feedback data collection and analysis guidance, mentoring, and coaching around the involvement of people with lived and living experience in HIS improvement programmes. These programmes currently include Focus on Frailty, SPSP Perinatal and Paediatric and Primary Care Improvement Programmes.
	Care Experience Improvement Model (CEIM) Leaders (Implementation Component)	**Medium-to-long term** Co-designing ongoing support for implementation, spread and capture of impact with in-house CEIM Leaders, in collaboration with the Care Inspectorate.
	Engagement Practice Improvement change package	**Medium-to-long term** Leading the delivery of a 90-day process to inform the co-design of an engagement practice improvement change package. **Medium-to-long term** Working with the Learning Systems Workstream to deliver and provide practical improvement support to health board and social care organisations that participate in a learning collaborative focused on evidence and the change package.

Workstream	Projects	Timescales and comments
Volunteering	Maintaining and supporting the use of the Volunteer Information System (VIS)	**Short-to-medium term** Maintaining the system and ensuring training to use the system is undertaken with new users.
	Delivering the Volunteering Practitioner's Network and Volunteer and Volunteer Manager's Learning system	**Short-to-medium term** Co-designing Network development with members and utilising quality improvement approaches to understand and make improvements based on evidence of learning needs.
	Leading the development of a new Volunteer management system (VMS)	**Medium-to-long-term** Funding from the Scottish Government has now been received and the business case approved by the HIS Executive Team. Finalising next steps to deliver two-year project to establish and roll-out new system.
	Building the evidence base for volunteering	**Medium-to-long-term** Establishing a sub-group of the National Volunteering Advisory Board to provide subject matter expertise and advice on the building of evidence that readily demonstrates the impact of volunteering within NHS Scotland.
Responsive improvement support	Engaging with people and communities	**Short-to-medium term** Supporting other CETC units in gathering views, and service change assurance.
	Specialist advice to HIS programmes	**Short-to-medium term** Providing engagement, person-centred practice, and improvement input as part of a multi-disciplinary redesign team (Systems Change Portfolio). Currently working in North Lanarkshire HSCP.
	Engagement Practice Improvement capacity building	**Short-to-long term** Responding to need and requests for training and workshop content relating to improving engagement practice.
	Strategic consultancy	**Short-to-long term** Providing input and guidance for the development of strategic and operational improvement plans relating to engagement, person-centred care and patient experience.

Assessment considerations

Quality/ Care	All our work is focused on involving and engaging people with lived and living experience, communities and health and social care staff in continuously improving the quality of care and support services. This is in line with the Healthcare Quality Strategy for NHSScotland (2010), The Public Bodies (Joint Working) (Scotland) Act 2014; National Standards for Community Engagement (2020) and the Patient Rights (Scotland) Act 2011.
Resource Implications	All costs for the work of the Engagement Practice Improvement Programme will be aligned within the current allocation for 2024/25.
	We follow the most up-to-date policies and guidance to ensure the health, safety and wellbeing of our staff – particularly to support individuals who have come together as a new team and are undertaking new activities and learning.
Clinical and Care Governance (CCG)	This programme is at the early stages of building a clearly defined governance structure that ensures openness and accountability for all its work. This is being done by involving the programme team and other HIS staff in shaping decisions about how our work is conducted and how it can best support safe, effective and person-centred services.
Risk Management	Risks in relation to delivery of this programme are captured on the strategic and operational risk registers.
Equality and Diversity, including health inequalities	Project planning routinely includes the completion of Equality Impact Assessments (EQIAs) and Data Protection Impact Assessments (DPIAs) to make sure our initiatives minimise disparities, increase accessibility, and address people's equality and diversity needs so they can participate.
Communication, involvement, engagement and consultation	Engagement, co-design and collaboration is integral to this programme. The stakeholders for each project are engaged to shape and inform the improvement work undertaken. Specific stakeholder groups include: The Volunteering Advisory Board: National Partner Organisations CEIM Leaders Strategic Leads Group, What Matters to You? Working Group.

4 Recommendation

The Scottish Health Council is asked to note the contents of the paper and provide comment.

It is recommended that the Council accept the following level of assurance:

MODERATE: meaning reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

This is because the programme work plan is currently being finalised, and the key role of Improvement Advisor, which will lead one of the programme workstreams is yet to be filled.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**12 September 2024**
Title:	**Assurance Programme**
Agenda item:	**3.3**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement & Change**
Report Author:	**Derek Blues, Head of Engagement Practice (Assurance)**
Purpose of paper:	**Discussion**

1. Situation

To provide the Scottish Health Council with an update and overview of the Evidence Practice – Assurance programme.

2. Background

The Engagement Practice – Assurance programme was established as a new programme as part of the Community Engagement & Transformational Change (CETC) Directorate to provide support for assurance of ongoing engagement and service change activity, provide leadership for the Equality Inclusion and Human Rights work within Healthcare Improvement Scotland (HIS), and ensure continued support and development of Public Partners and other volunteers within HIS.

The Assurance of Engagement programme aims to;

- Fulfil our statutory role to support, ensure and monitor NHS boards' duty to involve the public;
- Provide strategic support and governance on engagement to our partners across health & care; and
- Plan and prioritise our work and resources in a clear and consistent way, including assuring the approach HIS takes to engagement, equality and diversity.

3. Assessment

Assurance Programme

Below is a summary of activities for the Assurance of Engagement Programme during Quarter 1 of 2024/25 and future planned activities.

Subject	Activities	Timescale & comments
Planning With People	Support the use of the Planning With People guidance to bring forward clearer direction for NHS Boards and Integration Joint Boards and provide greater clarity of the role of HIS in assuring the engagement that takes place for service changes (major and non-major changes)	Short term Planning With People was published in May 2024. Ongoing work to raise awareness of the engagement requirements set out in the guidance continues.
Flowcharts	Publish the approved process flowcharts for assurance of engagement on service change for NHS Boards and Integration Joint Boards	Short term Our process flowcharts were published in May 2024 following the publication of the Planning With People guidance. They are now being used to guide our approach for assurance of all service changes across NHS Boards and Integration Joint Boards.
National Service Changes	Reinforce the requirements for; • Nationally provided services (National Boards) • Nationally determined services (Scottish Government) • Nationally planned services (National Planning bodies).	Short term Nationally provided and determined services are included in the revised version of Planning With People (May 2024) Nationally planned services guidance has been developed by HIS and Scottish Government

		Publication is on hold pending further discussions about the role HIS has in nationally planned services
Workshops	HIS Board Masterclass including content on statutory duties and service change Deliver a programme of workshops for NHS Boards and Integration Joint Boards	Short term Masterclass delivered on 29 May 2024 Ongoing – work sits with the Regional teams.
Engagement Practitioners Network (EPN)	Follow up activity to support the recent Planning With People EPN session alongside the Q&A document prepared	Short term Follow up sessions for NHS Boards and Integration Joint Boards scheduled for September and October 2024. Medium term Will transition to Improvement of Engagement Programme in Q4 of 2024.

Service changes	There are currently 27 active service changes being supported including 9 significant changes and a further 18 other active changes. 34 service changes are on hold or are impacted upon by the Capital funding position. Major service change in Dumfries & Galloway for Right Care, Right Place. HSCP are proposing changes to the accessibility of services at four community hospitals in the area (Newton Stewart, Kirkcudbright, Thornhill and Moffat). Link here. The 3-month formal consultation ends on 27 September 2024 and HIS will prepare a report to provide an assessment of the engagement undertaken in the consultation period. Service change ways of working document has been finalised with input from Strategic Engagement Leads, Engagement Advisors for Service change and Assurance Programme staff.	Short/medium term We anticipate a rise in the number of service changes in 2024 although there is no significant increase at this time. October 2024 October 2024
Governance for Engagement	Continue to support the implementation of a new HIS Governance for Engagement process aims to provide assurance that HIS meets its legislative and	Short term Community Engagement & System Redesign July 2024 (complete) Evidence & Digital

	other duties on engagement and equalities-related matters based on the three domains from the Quality Framework: 1. Engagement in the application of work 2. Engagement in the planning and design of work 3. Governance and leadership for engagement	August 2024 (complete) Medium term Nursing & Systems Improvement Finance, Planning & Governance October 2024 Quality Assurance & Regulation Medical & Safety December 2024 People & Workplace - Date to be confirmed
Equalities, Inclusion & Human Rights	Publish Equality Mainstreaming report Compliance with Equality Impact Assessment requirements. Gender pay gap reporting Anti-racism objectives to include development of an anti-racism action plan. Scottish Human Rights Bill	Long term April 2025 Medium term Ongoing. Of the 80 eligible work programmes, 63 have a full EQIA, 8 have carried out EQIA screening and 9 have not yet progressed. Monthly publication of People and Workplace flash report. 2024/2025 objectives. Long term April 2025. Need to begin early in making colleagues aware of key human rights principles and approaches to make the transition towards new duties manageable.

Public Partners	Embed the management of public partners in the Assurance of Engagement Programme	Medium term Development of a new policy for volunteering to establish a consistent approach to managing volunteers across all work programmes. Draft policy has been prepared for discussion in September 2024 prior to implementation and roll out.

Assessment considerations

Quality/ Care	Assurance of engagement in relation to Service Change is a legislative requirement in line with existing statute and the *Planning with People* guidance.
Resource Implications	There are no financial implications for the directorate in the reporting of Assurance activity.
	There are no negative implications for the directorate in the reporting of Assurance of Engagement activity relating to resources, capacity and capability.
Clinical and Care Governance (CCG)	The assurance of meaningful engagement in service change supports high quality health and social care.
Risk Management	Community Engagement in Service Change is included within the HIS corporate risk register.
Equality and Diversity, including health inequalities	Community representation (including people with lived experience) on project groups will assist organisations in meeting the Public Sector Equality Duty, the Fairer Scotland Duty and Board's Equalities Outcomes.
Communication, involvement, engagement and consultation	Information on the topics included within the report have been/will be presented to the following: • Presented to Scottish Health Council and shared with Scottish Government

4 Recommendation

The Scottish Health Council is asked to:

- Note and discuss on the contents of this report.
- Accept the following Level of Assurance:

MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**12 September 2024**
Title:	**Strategic Engagement**
Agenda item:	**3.4**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Engagement and Change**
Report Author:	**Sharon Bleakley, Lisa McCartney, Strategic Engagement Leads**
Purpose of paper:	**Awareness**

1. Situation

The Strategic Engagement Team commenced work from 1 April 2024. This paper will provide an overview of the work undertaken by the team during the reporting period April – June 2024.

2. Background

Following the conclusion of the organisational change process, the Strategic Engagement Team (SET) was established. The team comprises Strategic Engagement Leads (SELs), Engagement Advisors (Service Change) (EASC), Engagement Advisors (Community) (EAC) and an Admin Officer.

The purpose of the team is to gather and share intelligence and information from NHS boards, Health & Social Care Partnerships (HSCPs) and communities. This work will also contribute to and inform some of the future work carried out within the Community Engagement & Transformational Change Directorate.

3. Assessment

The Strategic Engagement Team's workplan has been developed in the past quarter and is supported by a workplan for the EACs. The workplans are year-long with activities phased across 2024-25 (so not all activities have started in Quarter 1).

A key priority is to make contact with NHS boards and HSCPs. During the first quarter of 2024/25:

- In the North region, all NHS boards have been met except NHS Shetland (being planned) and all HSCPs have been met. Ongoing contact now in place.
- In the East region, all NHS boards have been met, along with all but one HSCP (Edinburgh City). Ongoing contact now in place.
- For the West region, the links have not been established as planned due to the SEL post becoming vacant. Interim arrangements have been put in place to respond to any requests from NHS boards and HSCPs in the West, but proactive strategic contacts have not been made as they have been in the North and East regions.

In terms of engaging with community groups, the EACs have contacted all 44 local Third Sector Interface (TSI) groups with a view to organising introductory meetings. Of the 44 contacted, 29 have been met with to date. In addition, they have met with 22 community groups/local networks and attended three local community hubs to talk with members of the public about the role of HIS and how we can support patient involvement.

On service change, the EASCs continue to provide advice, guidance and support to a range of service change activities across the country. They are also supporting the Engagement Practitioners Network on a temporary basis while work is ongoing to transfer the network to the Engagement Practice – Improvement unit. A peer development session was held in June 2024 on the topic of Participation Requests.

The table below sets out the four elements of the Strategic Engagement Team's workplan and reports on progress in Q1:

Work Plan Area	Activities	Progress
1. Gather and share intelligence that enables the Directorate to discharge its statutory duties to support, monitor and assure health bodies' duties of public involvement.	(a) Liaise with NHS Board and HSCP colleagues (b) Gather and share intelligence on service change activity (c) Cross directorate intelligence sharing to influence workstreams through monthly situation awareness reporting and internal meetings	Ongoing progress made with both boards and HSCPs with Strategic Engagement Leads contacting all NHS Boards and Partnerships (as above). Strategic Engagement Leads and Engagement Advisors Service Change identifying service changes through regular communications with board/HSCPs colleagues and media channels. Made connections between Public Involvement Advisors from our Drugs, Housing and Alcohol Team with Edinburgh Carer Centre around support for their work. Situation Awareness reporting discussed with Directorate Leadership Team and pilot to begin at end of Q2.

2. Promote the culture and leadership around community engagement	(a) Regular informative contact with NHS Board and HSCP colleagues (b) Providing sessions on Planning with People (c) Informing topics for the Engagement Practitioners Network (EPN) (d) Sharing best practice (e) Promoting the Quality Framework	Ongoing conversations taking place with board and HSCP colleagues. Follow up meetings with senior leaders taken place. EPN session provided for 92 attendees. Follow up Q&A developed to address unanswered questions, shared with Scottish Government and participants. Requests for further information and support received from participants. Session provided as part of NHS Fife board development day. “Participation in health and social care services: Where do participation requests fit in?” session held 13 June 2024. Argyll & Bute HSCP have been working through the Quality Framework with a session about domain 2 on 20th May 2024. Midlothian HSCP have been working through the Quality Framework questions and developing an associated improvement plan.
3. Support NHS boards and HSCPs to achieve best practice in engagement, redesign, improvement	(a) Provide NHS boards and HSCPs with timely and proportionate advice (b) Sign post to operational advice on service change, improvement and redesign (c) Promote the use of evaluation tools for improvement	Ongoing service change support provided. Adhoc support given through operational teams. Adhoc advice given through regular communication.
4. Empower people, communities and the public to have their say in health and care	(a) Follow operational activity workplan for engagement with communities (b) Share knowledge and signpost (c) Share feedback with SELs and other programmes to help inform future work activity	Relationships formed with local third sector interface (TSIs) leads to understand pathways for community involvement in health and care services. Mapping of TSIs completed, 44 have been contacted and meetings taken place with 29. Meetings with colleagues from across HIS to establish a Public Involvement Advisor peer support network. To support their work, the EACs have developed the following resources for signposting: ➢ EAC Engagement and Mapping Plan ➢ EAC Presentation ➢ Signposting documents (by NHS board area) ➢ EAC Intelligence Log ➢ Information for use in partner newsletters/intro emails Feedback mechanisms being explored.

In terms of team development, a Ways of Working document has been developed with the Engagement Practice – Assurance programme. This has included the EASCs supporting the Project Officers with clarifying processes for a number of pieces of work, including those for major service change, non-major service change, the Quality Framework and workshop provision. Similar work will be undertaken in Q2 with the Engagement Practice – Evidence and Improvement programmes to determine the most effective ways of working.

SELs are also involved with the HIS-wide Healthcare Staffing Group, and a task and finish group regarding the HIS Core Indicators, providing intelligence where appropriate.

Assessment considerations

Quality/ Care	SELs play a vital role in promoting active engagement of people and communities in healthcare design and delivery in Scotland. Through the strategic engagement efforts, the SELs work to promote accountability and ongoing improvement in healthcare quality. This is further supported by close collaboration with the regional Engagement Advisors in the Community and Service Change, enabling the sharing of valuable intelligence. However, challenges such as resource constraints may hinder progress.
Resource Implications	No negative financial impact as the work is core funded and within budget.
	The impact of two vacancies (SEL for the West and an Admin Officer) is felt across the SET, and has impacted negatively on external relationships and internal staff morale.
Clinical and Care Governance (CCG)	Positive impact on Principle 3 of the CCG - People and communities are involved in all our programmes of work.
Risk Management	Risk of stakeholders disengaging due to system pressures; this is being mitigated by relationship building to encourage ongoing dialogue.
Equality and Diversity, including health inequalities	EACs will continue to target protected characteristic communities, along with a range of underrepresented communities. Use of EQIA is strongly advised and recommended by SELs and EASCs during conversations with external stakeholders.
Communication, involvement, engagement and consultation	Conversations with stakeholders continue, as relationships are maintained and built. Engagement is at the core of the work of the SET, from promoting its value to NHS boards and HSCPs to empowering members of the public to be involved in the design and delivery of health and care services.

4 Recommendation

The Scottish Health Council is asked to note the contents of this paper.

It is recommended that the SHC accepts the following Level of Assurance:

MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

This level of assurance relates particularly to the SEL vacancy in the West region.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**12 September 2024**
Title:	**2024-25 Operational Plan Q1 Progress Report**
Agenda item:	**3.5**
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 Council with an update on the Directorate's progress with our work outlined in the Operational Plan for 2024-25, particularly noting impacts from Q1 of 2024-25. The Committee is asked to discuss the contents of the paper.

2. Background

The Community Engagement & Transformational Change 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 ten 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, even in the midst of

organisational change. During Q1 our teams settled into their new permanent structures and are developing their work programmes in earnest.

Although we did not carry out direct engagement with the public during Q1, largely due to the implementation of the new structure following the organisational change, this quarter saw the publication of a Gathering Views report, on people's feedback on a draft Charter of Rights and responsibilities for the National Care Service. We also tracked the eventual impact of our 9th Citizens' Panel report, published back in 2022.

Assessment considerations

Quality/ Care	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. We have embedded improvement methodologies within our own work to ensure we foster a culture of continual improvement.
Resource Implications	The resource implications for the directorate's work programmes have been reflected in the budget for 2024-25. Finances continue to be reviewed regularly and proactively, in line with the wider organisational approach, to ensure that the effects of the Scottish budget and upcoming financial reviews are anticipated and mitigated wherever possible. Additional funding was secured from Scottish Government in July 2024 to support the Citizens' Panel, a redevelopment of the Volunteer Information System and to promote What Matters to You? The Scottish Government has indicated that the funding for Citizens' Panel and What Matter to You will be included in baseline funding next year.
	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.
Risk Management	Strategic and operational risks associated with our work programmes and workforce are recorded and reviewed on a monthly basis by our Directorate Leadership Team.

Equality and Diversity, including health inequalities	The directorate has a specific role in supporting equality, diversity and inclusion within HIS. We maintain a central register of completed equality impact assessments relating to the work of the whole organisation, and completion of EQIAs is reported in quarterly Key Performance Indicators (KPIs). We have built in a requirement that external organisations which 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.
Communication, involvement, engagement and consultation	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. 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.

4 Recommendation

The Committee is asked to note and discuss the content of the 2024-25 Quarter 1 Update.

It is recommended that the Committee accepts a moderate Level of Assurance since there remains a residual risk around finalising the work plans that took place in Quarter 1 following the implementation of the organisational change.

MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

5 Appendices and links to additional information

The following appendix is included with this report:
Appendix 1: Community Engagement 2024-25 Quarter 1 Update

Healthcare Improvement Scotland | Community Engagement

Appendix 1

Quarter 1 Update: April – June 2024

This progress report describes the impact of our work noted between April and June 2024. 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

Resources were downloaded from our **website** a total of 895 times during Quarter 4 (a 26% increase from the previous quarter). The most-downloaded resources were templates to support Community Engagement Planning and the Quality Framework self-assessment, as well as the annual report of the NHS Scotland volunteering programme which was published in June.

Three **training** sessions on the national Volunteer Information System were held during Q1, to a total of 11 participants. During this quarter, volunteer managers across Scotland have successfully deployed volunteers in their boards to deliver 123,155 hours to health and care services.

64% of **webinar** attendees during Q1 (up 5% on the previous quarter) agreed or strongly agreed they had got practical tools or resources that they could use to inform their practice.

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 27 service changes across all board areas (see separate paper for more detail).

Our service change team continues to work on developing a new approach to the assurance of service changes that do not meet the threshold for *major* service change, as well as developing a proportionate engagement approach for the local implementation of national decisions.

In May we published flowcharts to guide NHS boards and Integration Joint Boards through the engagement and consultation processes for service changes. To date, the flowcharts have been accessed over 200 times from our website.

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

As of the end of June 20204, there are 89 members of the **NHS Scotland Volunteering Practitioners' Network**. This year several initiatives have been introduced to support NHS board volunteering staff: *Peer Circles* provide structured peer support in small groups. Only 2 people registered to participate in Q1, with the feedback being that the proposed structure was too formal. As a result, the planned sessions have been cancelled and a more informal approach will be introduced for the second cohort. The first of 3 planned half-day *virtual workshops* took place in April and included a presentation from The Restart Project in NHS Greater Glasgow & Clyde, a workshop on Quality Improvement in Volunteering delivered by Angela Rowe from HIS and a Peer Networking Session. This was positively received.

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

The **Engagement Practitioners' Network** held a peer learning session for 24 attendees in June to share learning and approaches around participation requests. Presenters from the Scottish Community Development Centre described the impact of participation requests since the introduction of the Community Empowerment (Scotland) Act 2015. Attendees discussed how communities could work more collaboratively with health and social care services to improve how services are designed and delivered. 100% of evaluation respondents agreed that the session had increased their knowledge about the topic, describing it as "interesting" and "informative". One attendee said:

- *"I've really valued this session, I'm more confident how to explain PRs to communities I work with and hopefully help them to have their voices heard"*

People and communities are empowered to participate in health and care

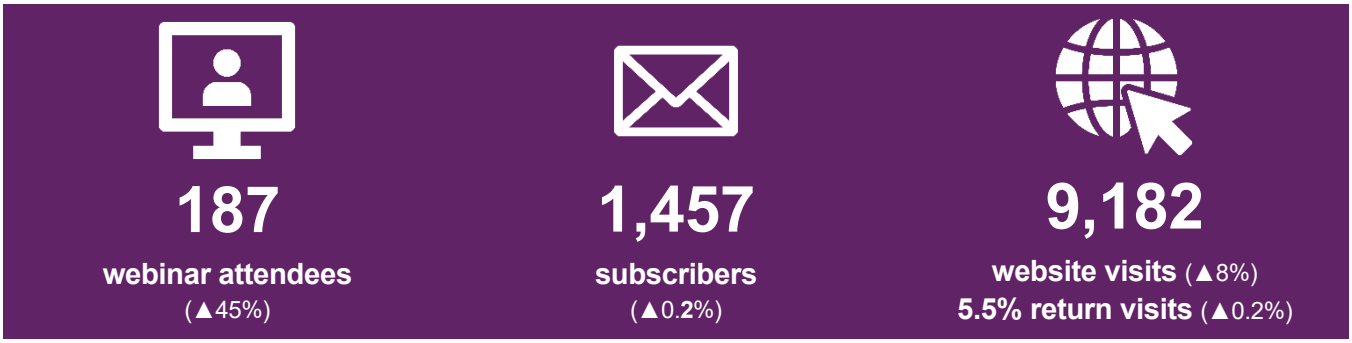
In April, the first of 3 planned **Voices Scotland** sessions was held with Dundee Community Health Advisory Forum (CHAF), members of the public who are keen to be involved in shaping how health and

care services are delivered in Dundee City. 85% of participants rated the session excellent or good. The topics which were considered most useful were Emotional Touchpoints, how to influence how care is provided and the benefits of involving individuals and communities. Feedback was very positive:

- *"Everything was done very well, it was good to have an opportunity to interact during the session"*
- *"Was really informative, was not aware of certain things so now aware and will be able to access this should I need it"*
- *"A very good informative workshop, well presented, short and to the point"*

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 1 **webinar** during Q1, on the topic of "Designing homes for healthy cognitive ageing: a co-productive approach" (187 attendees). Feedback from attendees was positive: 97% of respondents rated the webinar *excellent* or *good* (up 5% on last quarter) and 93% (up 13%) agreed or strongly agreed that they had increased their knowledge on the topic. Specific comments included:

- *"An interesting hour well spent. Very thought-provoking."*
- *"Very interesting and explained / detailed well. Highlighting the approach to improve these specific outcomes will need to be from all areas."*
- *"Was more wide ranging than anticipated which was good."*

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

This year, our directorate took 5 posters to the **NHS Scotland Event** in Glasgow on 10 June – out of a total of almost 200 posters selected for display:

- Public views from across Scotland on the Principles for Access to General Practices
- Public views from across Scotland on the Tobacco Action Plan
- Public views from across Scotland on the NHS Scotland Climate Emergency and Sustainability Strategy

- Quality Improvement in health partnerships; learning and sharing across Malawi, Zambia and Scotland
- CEIM Experience Improvement Model: a Scottish Health and Social Services person-centred improvement approach

The posters attracted a steady audience throughout the in-person event and were also viewable online. Statistics show that our posters were viewed over 100 times and favourited 20 times.

Publication of our **13th Citizen's Panel report** in May 2024, and feedback from the public on NHS sustainability, were shared "far and wide" by the Scottish Government who commissioned the survey. NHS National Services Scotland shared it across their social media sites and in a Sustainability Newsletter which was sent to all NHS boards and distributed widely within the Scottish Government. It has also been shared with the Sustainable Care Workstream and the Sustainability Network.

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

The 14th survey of the **Citizens' Panel** – covering NHS reform, Realistic Medicine and value-based health and care – was distributed to over 1,000 panel members in June. The survey will run over the summer months and is due to report in Q3.

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

Membership of the Citizens' Panel was refreshed between March and May ahead of the 14th Panel survey being distributed. An additional 48 members were recruited to replace gaps in the demographic composition – particularly younger people, minority ethnic people and people living in social housing.

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

During Q1 we published our report summarising people's views on a draft of the Charter of Rights and Responsibilities for the new National Care Service (NCS). Participants in this engagement work

commented on a draft of the Charter that was used between June and December 2023. An updated version has since been developed, which includes insights from the feedback we gathered as well as from other co-design work being carried out at the same time. The Charter will continue to be updated and refined until the launch of the NCS.

Our research team follows up with the Scottish Government commissioning teams after 6, 12 and 18 months to track the ongoing impact on policy and practice of feedback we have gathered. Our sponsors recently described the following impacts following publication of our **9th Citizens' Panel** survey in July 2022:

COVID Status Certification – The report provided valuable insight into experiences of domestic, mandatory COVID Status Certification, and the feedback supported an assessment on the effectiveness and impact of the policy. Evidence from the panel survey results has been incorporated into the technical guides for protective measures, which will form part of the evidence base should certification need to be reintroduced in the future.

Inclusive Vaccination – Following publication of the panel report, the Scottish Vaccination and Immunisation Programme (SVIP) has transferred overall responsibility for vaccinations in Scotland to Public Health Scotland (PHS), with territorial NHS boards continuing to have responsibility for local delivery.

The COVID-19 programme has transitioned from a pandemic response to that of routine immunisation and has been significantly scaled back, with only those members of the public at higher risk being offered vaccination at fewer venues, during seasonal campaigns. As COVID-19 settles into a seasonal pattern, NHS boards along with support from PHS will use the lessons learned from the COVID-19 programme to embed a long-term strategy for making vaccination venues as accessible and fit for purpose as possible.

The public are still able to source a flu and COVID-19 clinic anywhere in Scotland by using the national vaccination helpline and online booking portal. As part of SVIP, the Scottish Government is considering a new end-to-end digital system for booking and recording all vaccines.

The introduction of recording of ethnicity data through the COVID-19 programme has significantly enhanced the understanding of inequalities in vaccine uptake. Guided by the principles recommended by Citizen's Panel 9, the Scottish Government, PHS and NHS boards are collaborating to ensure inclusivity in all vaccination programmes, with particular focus on using vaccinations to tackle inequalities. PHS and NHS boards continue to collect and analyse ethnicity data and digital work is ongoing to understand the factors contributing to poor health outcomes. This will help target groups with low vaccine uptake more effectively.

As part of the SVIP there will be a dedicated workstream for inclusion and equity and PHS will build upon their third sector networks to engage key organisations and stakeholders in shaping how programmes are delivered.

Public Engagement – the questions about public engagement informed the 2023 review of *Planning with People* and the feedback has been included in the 2024 update of the national community engagement and participation guidance for health and social care.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**12 September 2024**
Title:	**Risk Register**
Agenda item:	**4.1**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Community Engagement & System Redesign**
Report Author:	**Clare Morrison, Director of Community Engagement & System Redesign**
Purpose of paper:	**Awareness**

1. Situation

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

2. Background

The extract from the risk register is provided in Appendix 1. This is extracted from the Healthcare Improvement Scotland (HIS) corporate risk management system which is held on Sharepoint. The full risk register is scrutinised at the HIS Audit & Risk Committee.

Risk 1163 relates to service change and the risk that financial and workforce pressures may increase the volume of service change and the ability of boards to meet their statutory duties of public involvement, with a subsequent reputational risk to HIS. Full details are provided in the extract in Appendix 1.

3. Assessment

The service change risk has been reduced since the last report to a risk rating of 12 (previous report 16). This comprises a likelihood of 3 and an impact of 4 – definitions are provided in the tables below.

The reasons for the reduction in risk are:

(a) The publication of the updated version of *Planning with People* in May 2024 by Scottish Government/COSLA which covers the new assurance process for

engagement on all service change activity, provides clarity on IJBs' engagement responsibilities, and provides clarity on engagement on national service change.

(b) Following the publication of *Planning with People*, we provided awareness raising sessions and follow up meetings with NHS boards and HSCPs (as described in other papers).

(c) Further progress in Quarter 1 of 2024/25 to establish our new Engagement Practice units and Strategic Engagement team, all of which contribute to increased awareness of engagement duties and supporting improvement of engagement.

The following definitions of risk used by HIS, with the selected levels for this risk highlighted:

Likelihood definitions

Score	Description	Chance of occurrence
1	Rare	Very little evidence to assume the event will happen – only in exceptional circumstances
2	Unlikely	Not expected to happen but definite potential exists
3	Possible	May occur occasionally, has happened before on occasions – reasonable chance of occurring
4	Likely	Strong possibility this could occur
5	Almost certain	Expected to occur frequently / in most circumstances

Impact definitions

Score	Description	Descriptor
1	Negligible	Rumours, no media coverage Little effect on staff morale Unlikely to be regulatory challenge
2	Minor	Local media coverage in short term Minor effect on staff morale/public attitude Could be regulatory challenge but defended
3	Moderate	Local media coverage with long term adverse publicity Significant effect on staff morale and public perception of organisation Could be regulatory challenge and need to be defended
4	Major	National adverse media publicity for less than 3 days Public confidence in organisation undermined Use of service affected Moderate breach of legislation
5	Extreme	National and international adverse media publicity for more than 3 days Court enforcement Public Inquiry Major breach of legislation with extreme impact

Assessment considerations

Quality / Care	Robust risk management helps identify quality issues.
Resource Implications	The plans for the assurance programme and strategic engagement teams are within budget for 2024/25.
	Workload and ways of working for the assurance programme and strategic engagement teams will be monitored to consider any mitigations.
Clinical and Care Governance	Risk management contributes to the CCG principles on identifying managing and acting upon risks; and on clear lines of accountability.
Risk Management	Risk Register attached in Appendix 1.
Equality and Diversity, including health inequalities	Inequalities that may arise from service changes are considered in all of our assurance of engagement on service change work.
Communication, involvement, engagement and consultation	Continual engagement with boards is a key role for our strategic engagement teams. The directorate's risks are being reviewed with the HIS Risk Manager.

4 Recommendation

The SHC is asked to note the updated risk register and accept a Moderate Level of Assurance that controls are in place, although some residual risk remains.

MODERATE: reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.

5 Appendices and links to additional information

The following appendices are included with this report:
Appemdix 1: Risk Register Extract

Risk Title	Risk Category	Category	Appetite	Risk No	Risk Director	Risk Description	Inherent Risk Score	Controls & Mitigations	Current update	Impact score	Likelihood score	Residual risk score	Modified
Service Change	Reputational / Credibility	Reputational	Cautious	1163	Clare Morrison	There is a risk that increasing financial pressures together with regional/national planning will substantially increase the volume of service change. This may reduce the available time for and the priority given to meaningful public involvement and engagement in service change. This may result in failure of Boards to meet their statutory responsibilities with the subsequent operational and reputational risk to HIS, and a risk that HIS may be unable to meet its statutory responsibilities due to the volume of service change activity.	20	The Scottish Health Council and its Service Change Sub-Committee continues to provide governance over the issue (discussed at each meeting). Regular discussions with Scottish Government to monitor the risks. Revised Planning with People and Quality Framework for Engagement to support its implementation published in 2023. Ongoing discussions with boards and partnerships to emphasise need for engagement and support available via HIS. Involvement in regional and national planning is helping to highlight the importance of engagement in planning decisions. This is being further enhanced by introduction of our new Strategic Engagement Leads to engage at board and regional level. Identifying options for delivery of core functions; and raising awareness through governance structures, via engagement with NHS boards, partnerships and SG.	There is a continued growing concern that financial and workforce pressures will lead to a high volume of service change and impact boards' ability to meaningfully engage. We have reviewed the support we provide to ensure relevant guidance is applied and the risks around failure to meaningfully engage are considered. In the first half of 2024 we have: appointed Strategic Engagement Leads and developed an Assurance of Engagement Programme to enhance our assurance processes; developed and tested a new assurance process for engagement on all service change activity; and worked with Scottish Government to update Planning with People to clarify this assurance process, engagement on national service changes, and IJBs' engagement responsibilities. These updates were approved by the Cabinet Secretary in May 2024 and the updated Planning with People guidance was published by SG/COSLA on 29 May 2024. We simultaneously published a new flowchart to provide clarity for boards on assurance of service change, including reducing our timelines by making our processes more efficient. We met with board engagement leads in June 2024 to discuss the updated Planning with People and flowcharts. We held an Engagement Practitioners Network session in July 2024 to share this information more widely and published follow up guidance in August 2024.	4	3	12	22.08.2024 19:15

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**12 September 2024**
Title:	**Key Performance Indicators**
Agenda item:	**4.2**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Community Engagement & System Redesign**
Report Author:	**Clare Morrison, Director of Community Engagement & System Redesign**
Purpose of paper:	**Awareness**

1. Situation

In 2024/25, all Healthcare Improvement Scotland governance committees have been assigned some key performance indicators (KPIs) to monitor on a quarterly basis.

2. Background

HIS tracks KPIs at a corporate level and at a committee level. The Quarter 1 performance report for the corporate KPIs is attached in Appendix 1. The committee-level KPIs are:

Scottish Health Council

Voices & Right of People & Communities
Governance for Engagement – percentage of Directorates supported to assess and improve their engagement
Engagement activities (Citizens Panel and Gathering Views) – number of policy areas influenced by people's views
Equality assessment – percentage of relevant projects/programmes with an initial screening completed

Quality & Performance Committee

Safety & Quality of Health & Care Services
Number of inspection reports published (NHS, multi-agency and IRMER)
Number of inspection reports published (IHC)
Healthcare staffing programme – tbc *(currently no. of new tools)*
Death Certification Review Service – % of Advance Registration requests approved within 2 hours

Assess & Share Intelligence & Evidence
Right Decision Service – % of project requests delivered
SIGN (guidelines published)
Scottish Health Technologies Group (no. of advice issued)
Scottish Medicines Consortium (no. of advice issued)
Standards & Indicators (no. developed & published)
Data Measurement and Business Intelligence (% requests delivered)
Practical Support for Sustainable Improvement
Drugs & alcohol – percentage of Alcohol and Drug Partnerships with redesigned residential rehabilitation pathways implemented
Mental health & Substance use protocol – number of sites supported to test and implement a good practice protocol
Mental health standards – percentage of NHS boards with an improvement plan against the standards
System Change – percentage of supported NHS boards with an implemented engagement led transformation plan
Learning events delivered (no. of)
Published improvement resources (no. of)
SPSP perinatal - % teams have increased their IHI improvement scale self-assessment score (option to include same score for SPSP paediatrics)

Staff Governance Committee

Organising Ourselves to Deliver
Staff turnover
Sickness absence
Time to recruit – advert to confirm a start date
Gender pay gap – median, male to female
Mandatory training completed

Audit & Risk Committee

Organising Ourselves to Deliver
Forecast under / (over) spend 24/25
Additional allocation confirmation by Q1
Website – movement of priority content from website archive to new site (100% by year end)
ICT service desk tickets resolved within SLA
Network and Information Systems Regulations audit compliance
Devices with up-to-date antivirus software
Freedom of Information – requests answered within timescales

3. Assessment

The Quarter 1 performance for the KPIs tracked by SHC is:

Voices & Right of People & Communities	2023/24 actual	2024/25 target	Quarterly target	Quarter 1 result
Governance for Engagement Percentage of Directorates supported to assess and improve their engagement	n/a	100%	Meetings scheduled to take place in Q2 (target 50%) and Q3 (target 100%)	Not started
Engagement activities Citizens Panel and Gathering Views – number of policy areas influenced by people's views	8	10	2-3	3
Equality assessment Percentage of relevant projects/programmes with an initial screening completed	56%	90%	90%	86%

Governance for Engagement

No meetings were scheduled for Quarter 1 so there is no result to report. Meetings have already taken place in Quarter 2 and this KPI will be reported at the next SHC meeting.

Engagement activities

Three reports were published in Quarter 1 and, with a further two already published in Quarter 2, this KPI is on track.

Equality assessment

The KPI target is a snapshot figure of 90% of projects having an initial equality assessment screening completed each quarter. However, in Quarter 1, the majority of programmes had a full equality impact assessment in place which exceeds the initial screening target. The Quarter 1 figure is based on 80 programmes.

Assessment considerations

Quality/ Care	Regular KPI performance tracking helps identify quality issues.
Resource Implications	Resource implications are reported within each work programme that contribute to the KPIs, there are no specific resource implications relating to tracking KPIs.
Clinical and Care Governance (CCG)	Regular KPI performance tracking contributes to the CCG principles on clear lines of accountability; and transparent and informed decision making.
Risk Management	Risks are reported within each work programme that contribute to the KPIs, there are no specific risks relating to tracking KPIs.
Equality and Diversity, including health inequalities	Having a KPI that tracks completion of equality impact assessments across HIS and is regularly reviewed by SHC is part of good governance around HIS achieving its equalities duties.
Communication, involvement, engagement and consultation	The KPI on engagement activities depends on achieving high quality external engagement. Continual engagement with other Directorates across HIS is essential for delivering the Governance for Engagement and Equalities KPI.

4 Recommendation

The SHC is asked to note the KPI report and accept a Significant Level of Assurance that the Quarter 1 performance is on target or very close to target.

SIGNIFICANT: reasonable assurance that the system of control achieves or will achieve the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.

5 Appendices and links to additional information

Appendix 1: Quarter 1 performance for HIS corporate KPIs

Corporate KPIs

This is an extract from the Quality and Performance Committee Q1 Performance Report

Corporate KPIs: RAG status	Number of KPIs	% of KPIs
Red (behind target >10%)	4	27%
Amber (with 10% of target)	2	13%
Green (ahead/on target)	6	40%
N/A (KPI to begin reporting next quarter)	3	20%

KPI title	KPI metric	24/25 target	Quarterly target	Q1	Notes for KPIs behind target
Safety & Quality of Health & Care Services					
NHS inspections	% of follow up inspections carried out within agreed timescales	100%	100%	100%	
Independent Healthcare inspections	% of services inspected within service risk assessment (SRA) timeframes	80%	80%	26%	In Q1 8 inspections were within SRA and 23 out with. This was due to a number of inspections being carried forward from 23/24 due to implementation of quality framework.
Adverse events	% NHS boards using the adverse events Community of Practice and sharing learning by April 2025	75%	20%	30%	
Assess & Share Intelligence & Evidence					
Responding to concerns	% of cases with initial assessment undertaken within agreed timescales	90%	90%	81%	Specific pressure points identified which are being reviewed and resilience support is being considered while we await the outcome of the independent review.
New medicines advice	% of decisions communicated within target timeframe	75%	75%	59%	Decisions deferred as a result of capacity issues. This has now improved, so anticipate increase for subsequent quarters.
Practical Support for Sustainable Improvement					
Responsive support	Number of commissions undertaken	4	1	1	Delayed Discharges scoping work.
Primary care improvement programme	Number of learning events held with demonstrator sites and collaborative teams	47	12	0	Result of limited capacity in the team due to vacancies.
Mental health reform	% of supported NHS boards with an improvement plan in place	80%	20%	N/A	Programme to launch in Q2
Voices & Right of People & Communities					
Service change engagement	Number of NHS board/IJB service change engagement plans influenced by advice & assurance	60		34	
Governance for engagement	% of directorate self-assessment engagement plans completed by agreed timescales*	100%	N/A	N/A	To commence in Q2
Annual stakeholder survey	Response rate*	50%	N/A	N/A	To commence in H2
Organising Ourselves to Deliver					
Complaints	% upheld with an improvement plan	100%	100%	100%	
iMatter	Employee engagement index (EEI) score	80	N/A	75	
Recurring savings	Recurring savings	£2.5m	£0.6m	£0.5m	Overall savings ahead due to non-recurring savings
Communications	70 broadcast pieces per annum	70	17	24	

** First year measure only while programme is established.*

Scottish Health Council: Business Planning Schedule 2024/25

Council Business	Lead Officer	23.05.24	12.09.24	14.11.24	20.02.25	Notes
HIS STRATEGIC BUSINESS						
Engagement on Service Change:						
Strategic considerations on HIS's statutory duty to assure NHS boards'/IJBs' duties on public involvement	Director/Head of Assurance of Engagement Programme					
Governance for Engagement:						
Ensuring HIS meets its public involvement duties	Director/Associate Director					
Equalities, Diversity & Inclusion:						
Ensuring HIS meets its equalities duties	Director/Equalities, Diversity & Inclusion Manager					
Role of Public Partners						
Strategic co-ordination of Public Partners across HIS	Director/Associate Director					
COMMUNITY ENGAGEMENT BUSINESS						
Evidence Programme						
Evidence strategy including planned activities and research	Head of Evidence of Engagement Programme					
Improvement Programme						
Improvement strategy including learning system, innovation and volunteering	Associate Director					
Assurance Programme						
Current service change activity	Head of Assurance of Engagement Programme					
Strategic Engagement						
Engagement across Scotland: maintaining and building local relationships	Strategic Engagement Leads					
SHC GOVERNANCE						
Draft Annual Report 2025/26 & Council Terms of Reference	Chair					
Directors update	Director					
Business Planning Schedule 2024/25	Chair					
Proposed Business Planning Schedule 2025/26	Chair					
Risk Register	Director					
Operational Plan Progress Report	Operations Manager					
Corporate Parenting Action Plan /Report	Pubic Involvement Advisor					
Equality Mainstreaming Report Update	Equality, Inclusion and Human Rights Manager					
RESERVED BUSINESS						
Service Change Sub-Committee meeting notes	Head of Assurance of Engagement Programme					
ADDITIONAL ITEMS of GOVERNANCE						
3 Key Points for HIS Board	Chair					
CLOSING BUSINESS						
AOB	All					

Sub-Committee MINUTES

Meeting of the Scottish Health Council Service Change Sub-Committee

Date: 22 August 2024
Time: 10:00am-12.00pm
Venue: MS Teams

Present
Suzanne Dawson, Chair (SD)
Nicola Hanssen, Member (NH)
Nicola McCardle, Member (NM)
Michelle Rogers, Member (MR)
Dave Bertin, Member (DB)
Gina Alexander, Member (GA)
Derek Blues, Head of Engagement Practice–Assurance (DBl)
Donald Crichton, Programme Manager, Community Engagement (DC)
Clare Morrison, Director of Community Engagement (CM)
Tony McGowan, Associate Director, Community Engagement (TMG)
Sharon Bleakley, Strategic Engagement Lead, Community Engagement (SB)
Lisa McCartney, Strategic Engagement Lead, Community Engagement (LM)

In Attendance
Louise Wheeler, Engagement Advisor (Service Change) (LW)
Carmen Morrison, Engagement Advisor (Service Change) (CmM)
Emma Ashman, Engagement Advisor (Service Change) (EA)

Service Change Sub-Committee support
Iain McClumpha, Assurance of Engagement Administration Officer (IM)

1.	**WELCOME AND APOLOGIES FOR ABSENCE**	**ACTION**
1.1	**Welcome, Introduction and Apologies**	
	It was noted that there were no apologies for this meeting.	
1.2	**Draft minutes of meeting (25/04/2024) Review action points and matters arising** The minutes from the Sub-Committee meeting on 25th April were discussed and the following points were noted: SB to be added to be added to list of attendees at the last meeting. MR and LM to be added to the list of apologies for the last meeting. It was noted that going forward a standard HIS minutes template and style is to be used for all meetings within the organisation. It was also stated that the Quality and Performance Committee require a level of assurance added to every item on the agenda	**IM to make amendments**

	within the minutes. NH noted that CM is to raise the Scottish Government template and asked what engagement would be required. CM replied that there would be a full update at the next full meeting of the Scottish Health Council in September. DBl reported that he is working with the Scottish Government and will pull the notes together with DC and IM. Minutes of the 25th April were approved subject to the changes noted above.	
2.	**STRATEGIC BUSINESS** **2.1. Assurance Programme** DBl shared an overview of the Assurance Programme including the Charter setting out the values and behaviours. Assurance Project Officers have also been attending training and induction workshops to build their knowledge of *Planning With People* and the duties and principles associated with engagement in service change. They work closely with the Engagement Advisors (Service Change) to support the assurance of advice, support and activity for service changes in their respective geographical areas. DBl provided an overview of a situation where an Integration Joint Board (IJB) had agreed changes to services where it was clear that *Planning with People* had not been followed. This was followed up with the IJB who would make the following recommendations: 1. Open and transparent communication on future decisions made to help people to understand the context and scope of the changes; 2. Proportionate wider engagement with potentially affected people and communities is carried out so that they are involved in developing any potential future options for the service provision. 3. Engagement should inform the decision-making process and be able to demonstrate the impact of community engagement on any future outcomes. 4. There is reassurance and clarity provided on scope and service provision for the public. Consideration is given to how any potential impacts will be mitigated before implementation. In this case, we have also been in regular communication with a member of the public in the local area who has highlighted their concerns around the lack of meaningful engagement in this service change. Through this communication we have also taken the opportunity to provide clarification on the role of HIS. In response to this situation, it is important that we undertake the following actions to support partners and communities in delivering meaningful engagement in service change which meets the	

	requirements of the national guidance. 1. Continue to reach out to partners through a variety of methods to raise awareness of the requirements for meaningful engagement in service change in order to comply with *Planning With People*. This work includes direct support on service changes from our Strategic Engagement Leads and their teams, and the Engagement Practice – Assurance programme including the provision of our programme of workshops, access to variety of guidance documents and animations and discussion about the use of the guidance through the Engagement Practitioners Network. A recent Q&A document was shared as Appendix 2 and the content of this document was welcomed by sub-committee members. 2. Develop an agreed approach and wording for use in these types of situations based on the following parameters; • HIS has a legal duty to support, ensure and monitor the discharge of health bodies' duties in respect of public involvement, including quality assurance of changes to delegated health services being made by Health and Social Care Partnerships (HSCPs) and their IJBs. • Provide clarity that HIS does not have the authority to block a decision made by an NHS Board or an IJB. • Early communication with senior officials in the NHS Board, HSCP or IJB for individual service changes to highlight shortcomings in compliance with the requirements of the *Planning With People* guidance. • Ongoing engagement with senior officials in the NHS Board, HSCP or IJB to develop, support and monitor an agreed action plan to mitigate the impact of the service change. • HIS retain the right to escalate individual situations and service changes to the Scottish Government. NH enquired whether the non-compliance with *Planning With People* was an oversight or a deliberate avoidance of the guidance. CM replied that in this case it has been viewed as an oversight, but future non-compliance would be viewed in a different light now that the matter had been highlighted to the IJB. MR asked about our role in the assurance of engagement on a service change that has already happened. She found the Q&A document very helpful and requested it was made more widely available. NM noted that *Planning With People* applied to all care services, including Social Care, but the role of HIS is to provide advice and assurance for health services provided by NHS Boards and delegated health services provided by HSCPs. DB commented that we have to hold the line on engagement where there is pressure on a service to make changes, to which DBI replied that he was in agreement, and that the learning from the highlighted case is being applied elsewhere.	**DBI to lead a short life working group to shape this approach. Members of the sub-committee to be invited to attend.** **DBI to prepare a short request for support document to be circulated to sub-group members** **DBI to consider approaches for sharing the content of the Q&A more widely.**

	GA enquired about whether the content of the Q&A paper could be used with the public, to which DBI replied that it may be possible but was intended for Engagement Practitioners and would require further work to simplify the content of the document for public consumption. **The Sub-Committee discussed the level of Assurance and agreed this to be moderate in line with the recommendation in the paper.** **2.2. Update on service change activity.** SB introduced a paper covering current service change activity. There are 27 active service changes with a further 34 on hold (Appendix 3). NHS Dumfries and Galloway (D&G) are midway through consultation for a major service change for their Right Care, Right Place proposals. The consultation ends on 27th September 2024 and D&G intend to take a paper to their IJB on the 27th October, meaning our Major Service Change report will need to be submitted by 17th October. This will require a two-week turnaround from HIS which will be challenging but is in line with our timescales set out in our Service Change process flowchart. There are emerging themes of service changes to various Out Of Hours services including Minor Injury Units. In anticipation of the number of upcoming service changes DB was concerned about capacity. DBI replied that our new Directorate structure has dedicated staff members to support assurance activity and that extra resources can be deployed to support the work if there are capacity issues. GA asked about GP practices and branch surgeries, to which DBI replied that following the publication of the Aberdeenshire GP practices report, we have had contact from Scottish Govt primary care division who are looking to incorporate reference to *Planning With People* in revised materials for closure of GP practices. DBI also suggested that for future sub-committee meetings an opportunity for a more detailed deep dive into service changes might be beneficial. This was agreed and Strategic Engagement Leads will facilitate that discussion taking one region at each meeting. **The Sub-Committee discussed the level of Assurance and agreed this to be moderate in line with the recommendation in the paper.**	

3.0	**CLOSING BUSINESS**	
3.1	**AOB** There was a discussion about capital investment monies and the impact this might have resulting in a number of unplanned service changes. DBI suggested that he, LM and SB get together with Boards' Senior Engagement Leads to have discussions with reference to Appendix 3 of the paper. Next Service Change Sub-Committee is at 10:00 on Thursday 24 October 2024.	**DBI to lead discussions about on hold service changes**