Healthcare Improvement Scotland

Scottish Health Council Meeting

Agenda 1.0

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

Date: 23 May 2024
Time: 10.15-12:45
Venue: Via MS Teams
Contact: Susan Ferguson
07866 130791
Joining via Teams

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

Item	Time	Agenda item	Lead Officer	Report
1.		**OPENING BUSINESS**		
1.1	10.15	Welcome, Introduction and apologies	Chair	Verbal
1.2	10.20	Draft Minutes of Meeting (29/02/2024)	Chair	Paper
1.3	10.25	Review of Action Point Register	Chair	Paper
2.		**HIS STRATEGIC BUSINESS**		
2.1	10.30	**Engagement on Service Change:** Strategic considerations on HIS's statutory duty to assure NHS boards'/IJBs' duties on public involvement	Director/ Head of Assurance *Clare Morrison/Derek Blues*	Director's Report section 1
2.2	10.45	**Governance for Engagement:** Ensuring HIS meets its public involvement duties	Director/Associate Director *Clare Morrison/Tony McGowan*	Director's Report section 2
2.3	11.00	**Equalities, Diversity & Inclusion:** Ensuring HIS meets its equalities duties	Director/Equalities, Diversity & Inclusion Manager *Clare Morrison/Rosie Tyler Greig*	Director's Report section 3
2.4	11.10	**Role of Public Partners:** Strategic co-ordination of Public Partners across HIS	Director/Associate Director *Clare Morrison/Tony McGowan*	Director's Report section 4
	11.20	*Comfort Break*		
3.		**COMMUNITY ENGAGEMENT BUSINESS**		

NHS SCOTLAND

3.1	11.25	**Evidence Programme** Evidence strategy including planned activities and research	Head of Evidence *Christine Johnstone*	Paper
3.2	11.35	**Improvement Programme** Improvement strategy including learning system, innovation and volunteering	Associate Director *Tony McGowan*	Paper
3.3	11.45	**Assurance Programme** Current service change activity (other items covered in section 2)	Head of Assurance *Derek Blues*	Paper
3.4	11.50	**Strategic Engagement** Engagement across Scotland: maintaining and building local relationships	Strategic Engagement Leads *Lisa McCartney, Sharon Bleakley, Wendy McDougall*	Paper
4.	**SHC GOVERNANCE**			
4.1	12.00	Risk Register	Director *Clare Morrison*	Paper
4.2	12.10	Operational Plan Progress Report	Operations Manager *Richard Kennedy McCrea*	Paper
4.3	12.20	Business Planning Schedule 2025/26	Chair	Paper
5.	**RESERVED BUSINESS**			
5.1	12.25	Service Change Sub-Committee Draft Minutes of Meeting 23/04/2024	Head of Assurance *Derek Blues*	Paper
6.	**ADDITIONAL ITEMS of GOVERNANCE**			
6.1	12.30	Key Points for HIS Board	Chair	
7.	**CLOSING BUSINESS**			
7.1	12.35	AOB	All	
7.2	12.45	Meeting Close		
8.	**DATE OF NEXT MEETING**			
8.1		12 September 2024 Via Teams		

MINUTES – Draft 0.1

Meeting of the Scottish Health Council at
29 February 2024,10.00-12.30, 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)
Gina Alexander, Member (GA)	Robbie Pearson, Chief Executive of Healthcare Improvement Scotland (RP)
Nicola McCardle, Member (NMC)	Richard Kennedy McCrea, Operations Manager (RKM)
Emma Cooper, Member	Rosie Tyler Greig, Equality & Diversity Advisor (RTG)
	Angela Moodie, Director of Finance, Planning and Governance. (Item 2.2)
	Lisa McCartney, Strategic Engagement Lead, North (LMC)
Observer	
Charles Vincent, NHS Greater Glasgow & Clyde NXD	
Board/Committee Support	**Apologies**
Susan Ferguson PA (SF)	Jamie Mallan, Member (JM)

1.	Opening Business
1.1	**Chair's Welcome, Introductions and Apologies**
	The Chair (SD) welcomed everyone to the meeting, extending a warm welcome to Christine Johnstone, Head of Evidence of Engagement, (CJ) and Lisa McCartney, Strategic Engagement Lead, (LMC) who was attending her first Scottish Health Council (SHC) meeting. An introduction was made to Charles Vincent, (participant on the Aspiring Chairs Programme and Non-Executive Director with NHS Greater Glasgow & Clyde) who was in attendance as an observer. Apologies were noted as above. The following points were shared with the SHC for information. a) The successful presentation to the Board Chairs Group on 26th February by the Director of Community Engagement & System Redesign (CM) b) Dates for noting,13 June 2024 for the SHC development day and 29 May 2024, HIS Board Seminar which will be focussed on Community Engagement. It was noted that both were face to face events. A date of 19 March 2024 was also highlighted to give the SHC members an opportunity to attend the hybrid Public Partners event. c) The current financial pressures and the impact this is likely to have on service provision across health and care.
1.2	**Draft Minutes of Meeting**

	The draft minutes of the meeting held on 29 November 2023 were accepted as an accurate record. There were no matters arising. **Decision: The SHC approved the minutes from 29 November 2023.**
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 action 3.2 from 19/05/2022, as plans to develop a series of workshops for non-execs would be brought forward after the NHS Board Chairs Group meeting on 26 February 2024. **Decision: The SHC agreed to close action 3.2 and gained assurance from the progress with the remaining action points.** **Action(s): Close action 3.2 from the Action Point Register - SF**
2.	**SHC GOVERNANCE**
2.1	**Proposed Business Planning Schedule 2024/25** **Draft Annual Report 2023/24 & Committee's Terms of Reference**

	The Chair presented the proposed Business Planning Schedule for 2024/25, the draft SHC Annual report and the SHC Terms of Reference (ToR) for comment and approval.
	
	The following points were highlighted by the SHC
	    a) For the ToR, under the heading *Remit*, suggested an additional bullet point was to be added around support for the Directorate Leadership Team (DLT)
	    b) For the draft SHC Annual Report
	      -Section E- Advised that a risks overhaul is due to happen organisation wide
	      -Section F- Under the heading *Priorities*, bullet point one. Suggested a change of wording to *'We will assess and prioritise.'*
	
	Decision: The SHC gained assurance from the content of the draft SHC Annual report, the ToR and the Proposed Business Planning Schedule and approved subject to the additional amendments being made to the ToR and Draft Annual report. Once changes are made, SHC members will be sent the full Annual report with appendices included.
	
	Action(s):
	1. Additional Bullet to be added to ToR around support for the Directorate's DLT – CM
	
	2. Amendment to be made in Section F (Priorities) bullet point one. Wording to be change to 'We will assess and prioritise.' - SF
	
	3. SHC Annual report and ToR to be sent to all SHC members with appendices once changes are made. - SF

2.2	**Finance update**

	The Director of Finance, Planning and Governance (AM) provided the SHC with an update on the Annual Delivery Plan (ADP) for HIS and highlighted the following;
	    a) Advised that there is a commitment to remain focussed on safety, quality and statutory functions, and being responsive to changing pressures and risks in the system.
	    b) Advised that to accommodate these commitments within a more challenging financial climate, some of the existing work within HIS has had to be stopped, paused or repurposed to deliver this plan.
	    c) Provided a summary on the key points from the paper and highlighted the priorities which

	will be the new areas of focus for 2024/25.
	d) Highlighted that additional allocations would be scaled back with some being self-funded from the relevant directorate's budget.
	e) Noted that further changes to the ADP would be likely and agility would be needed to deliver this.
	The SHC raised the following points;
	a) The update provided a stark reminder on the financial pressures for HIS.
	b) Asked for information on the reference to HIS One Team to gain a better understanding of its function and impact.
	c) Sought assurance on what self-funding of the Volunteering System and Citizens' Panel meant.
	In response to the points raised AM provided the following assurance;
	a) Information on One Team will be sent to the new members of the SHC.
	b) Provided an explanation of what self-funding would entail for both Volunteering and Citizens' Panel
	To provide further assurance to the SHC, it was highlighted that the new community engagement structure was nearing completion, and additional posts have been put in place to support both Citizens' Panel and Volunteering Systems work which should help with the shortfall of allocations.
	Decision: The SHC noted the update of the ADP
	Action(s): AM to source information on One Team which will be sent to the new members of the SHC
2.3	**Director's Update and updated strategic vision**
	CM provided an update to the SHC and highlighted the following points;
	a) Advised that due to the current financial pressures, a more urgent timeline for creating a new directorate structure was necessary. To provide assurance to the SHC, it was highlighted that in doing this it will unify both halves of the directorate, providing clarity and focus and the much needed stability for staff.
	b) Asked the SHC for their thoughts and comments on the updated directorate vision.
	c) Considering the financial pressures across health and care and the implications for a significant volume of service change, views were sought from the SHC to review the process for major service change, including potentially shortening the timeline. Assurance was provided that this proposal would involve engagement with the Boards and Scottish Government (SG). It was noted that once a proposal was agreed with the Boards and SG a formalised paper would be brought to the SHC meeting for approval.
	The following points were raised by the SHC;
	a) Felt assured that both the directorate structure and the updated vision were heading in the right direction.
	b) After discussion on the timeline for major service change the SHC agreed to the following;
	a. Review internal processes for assuring engagement on major service change to shorten timelines
	b. Consider with Scottish Government whether any other changes to the major service change engagement process are possible
	c. Launch a new process for assuring engagement on service change that does not meet the major threshold
	d. Work with Scottish Government to finalise guidance on engagement on nationally determined service changes.
	Decision: The SHC were assured with the Director's update and agreed to hold an extraordinary meeting in the next month to discuss a more formalised proposal on any changes to the major service change process.
	Action(s):

2.4	**Risk Register**
	CM presented the directorate's Risk Register to the SHC and highlighted that due to the increased volume of service change resulting from financial and workforce pressures Boards are experiencing, the level of service change risk 1163 has been increased. It was also highlighted that a slight change to wording was made to reflect that of the Strategic Risk Register for continuity.

A point was raised by the SHC on what volume of service change would be happening.

It was noted that the expectation is, there will be a high volume but at this moment cannot quantify how high the increase would be.

Decision: The SHC noted the content of the Risk Register and agreed to the increased level of Risk 1163.
Actions: |
| 2.5 | Operational Plan Progress Report |
| | The Operations Manager (RKM) presented the Operational Plan for Q3 which provided the SHC with an update on the previous quarter's activity within the directorate and provided some highlights from the report;
    a) Continued work with Boards and more building on the learning with new tools and practical resources that can be downloaded from the website.
    b) Positive feedback received on the impact of the Citizens' Panel and Gathering Views work.

Decision: The SHC noted the content of the Operational Plan Progress report.
Actions: |
| 2.6 | **Equality Mainstreaming Report Update** |
| | The Equality and Diversity Advisor (RTG) provided the SHC with an update to the Equality and Mainstreaming Report for 2021-25 which is due to be published in April 2025.

The SHC discussed the anticipated areas this will cover to support the planning of the report's production. This will include support for the HIS workforce, training, use of equality impact assessments and priorities for protected characteristic groups. The equality outcomes reported will be aligned with the priorities in the HIS strategy.

Decision: The SHC noted the Equality Mainstreaming Report update.
Actions: |
3.	**STRATEGIC BUSINESS**
3.1	**Evidence of Engagement Programme overview**
	The Head of Evidence of Engagement (CJ) provided the SHC with an update on the current activities in the Evidence of Engagement programme;
    a) Recruitment going well for the new Evidence team which provides additional capacity to pick up on new ideas going forward.
    b) Citizen Panel (CP), confirmation now received that National Conversation will be part of CP 14.
    c) Gathering Views, changes to publication dates. National Care Service Charter aiming for publication around 18 April 2024 and Implantation of Medical Devices will be published late April.

SD invited the SHC for comments on the formatting of three reports for Evidence, Improvement and Assurance. |

	Decision: The SHC noted the update with no further comments. **Action(s): SHC Members to provide any comments re formatting of the reports which they feel would improve it.**
3.2	**Improvement of Engagement Programme overview**

	The Associate Director of Community Engagement (TMG) provided the SHC with an update from the Improvement of Engagement programme noting that the Equalities, Inclusion and Human Rights programme would move to the Assurance Overview from 1st April 2024.
	
	The following highlights were shared;
	    a) Involvement with the working groups relating to the Humans Rights Bill.
	    b) Volunteering- disappointment around the current position of a lack of funding for the new volunteering management system but will maximise the old system for now and focus on providing wider quality improvement support.
	    c) Positive feedback from the What Matters to You event on 17 Jan with a lot of potential new case studies that can be used in future.
	
	Decision: The SHC noted the update with no further comments.
	Action(s):

3.3	**Assurance of Engagement Programme overview**

	The Head of Assurance of Engagement (DB) provided the SHC with an update from the Assurance of Engagement programme.
	
	The following highlights were shared;
	    a) Continue to work with Public Partners who have been supporting Service Change. Providing support to the lead of Public Partners to help recruit for those whose term ends in March.
	    b) Engagement Practitioner Network continues to meet, this will be moved to the Improvement programme on completion of the Organisational change.
	    c) A paper setting out the plans to develop an expectations paper for engaging on nationally determined service changes was presented at the last Service Change sub-committee.
	    d) NHS Greater Glasgow & Clyde (GGC) GP Out of Hours -Response from HIS has been sent on the GGC report and the completed report will be presented at the next GGC Board meeting in April 2024.
	
	Decision: The SHC noted the update, welcoming the completion the work on the GGC GP Out of hours.
	Action(s):

3.4	**New process for assessing engagement on service change (that does not meet the major threshold)**
	DB presented a paper for approval and provided the rationale for seeking the new assurance process. After discussion, the SHC approved a new assurance process for engagement on service changes which do not meet the "major" threshold. The process was developed in partnership with six NHS boards and two Health and Social Care Partnerships (HSCPs), and live tested with one NHS board. The new process comprises three key components: HIS assuring the board's proposed engagement plan; the board self-assuring the engagement activities undertaken through its own corporate governance structure; and HIS undertaking a proportionate review of the process. **Decision: The SHC were content to approve the paper and thanks was extended to all who were involved.**

	Action(s):
3.5	**Governance for Engagement – conclusion of Cycle 3 proposal**
	TMG presented a proposal to conclude the Governance for Engagement Cycle 3, noting that due to the delay in the directorate's organisational change, there had not been the capacity to deliver to timeline as originally set out.
	The proposal set out was for the Cycle 3 process to be concluded in March, April, and May 2024, with the report of the testing process being presented to the convened Governance for Engagement Sub Committee in June 2024.
	Decision: The SHC were content to approve the proposal.
	Action(s):
4.	**RESERVED BUSINESS**
4.1	**Service Change Sub-Committee Draft Minutes of Meeting 08/02/2024**
	DB presented the Service Change Sub-Committee draft minutes for noting.
	Decision: The SHC noted the Service Change sub-committee draft minutes.
	Action(s):
5.0	**ADDITIONAL ITEMS of GOVERNANCE**
5.1	**Key Points for HIS Board**

	The below key points were suggested to take forward to the HIS Board meeting;
	   a) Service Change concerns and how to take forward
	   b) Approval of a new assurance process for engagement on service change
	   c) Equality Mainstreaming Report

	Decision: Key points were agreed by the SHC to report to the HIS Board **Action(s):**
6.	**CLOSING BUSINESS**
6.1	AOB
	No other business was discussed.

Approved by: [Signature]   [Name], Board/Committee Chair
Date:

Next meeting: [Date and time of next meeting]

ACTION POINT REGISTER

Meeting: **Scottish Health Council**
Date: **29 February 2024**

Minute ref	Heading	Action point	Timeline	Lead officer	Status
Committee Meeting 29/02/2024 1.3	Review of Action Point register	SF to close action point 3.2 (19.05.2022) as plans to develop a series of workshops for non-execs would be brought forward after the NHS Board Chairs Group meeting on 26 February 2024.	23/05/2024	SF	Complete- Action Closed
Committee Meeting 29/02/2024 2.1	Proposed Business Planning Schedule 2024/25 Draft Annual Report 2023/24 & Committee's Terms of Reference	Additional Bullet to be added to ToR around support for the Directorate's DLT	23/05/2024	CM	Complete- Bullet point added around support for the Directorate's DLT
Committee Meeting 29/02/2024 2.1	Proposed Business Planning Schedule 2024/25 Draft Annual Report 2023/24 & Committee's Terms of Reference	Amendment to be made in Section F (Priorities) bullet point one. Wording to be change to 'We will assess and prioritise.'	23/05/2024	SF	Complete – Amendment made

Committee Meeting 29/02/2024 2.1	Proposed Business Planning Schedule 2024/25 Draft Annual Report 2023/24 & Committee's Terms of Reference	SHC Annual report and ToR to be sent to all SHC members with appendices once changes are made.	23/05/2024		Complete- Amended, SHC Annual report and ToR complete with appendices sent by email 24/04/2024.
Committee Meeting 29/02/2024 2.2	Finance update	Director of Finance, Planning and Governance to source information on One Team which will be sent to the new members of the SHC	23/05/2024	AM	Complete – Oneteam overview has been sent to both new members of SHC.
Committee Meeting 29/04/2024 3.1	Improvement of Engagement Programme overview	SHC Members to provide any comments re formatting of the reports which they feel would improve it.	23/05/2024	NH, MR, DB, EC, GA,NMC	Complete- No changes required to the template.
Committee Meeting 30/11/2023 2.6	New Annual Planning Process update	A draft workplan and further update to be shared with SHC, along with other HIS governance committees, early in the new year.	29/02/2024	CM/AM/JI	Ongoing- discussed with Board on 24 January and Partnership Forum on 6 February. Following this, to discuss with QPC (at scheduled meeting on 7 February) and SHC (paper to be sent by email ahead of discussion at scheduled meeting on 29 February). AM presenting a paper to SHC at meeting on 29 Feb 2024

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Committee Meeting 24/08/2023 3.1/3.2	Evidence Programme overview / Evidence from engagement activities	CM and Head of Evidence (once appointed) to contact SB on how to progress this in terms of good quality engagement and evaluation process.	29/02/2024	CM/CJ	Update-CM to make further contact with SB. The Evidence for Engagement Programme is developing a process for how it captures evidence from our engagement activities so that it can be used to improve health and social care services. This will be taken forward in conjunction with the Improvement of Engagement Programme and progress will be reported through routine updates to SHC.
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	Ongoing -Revised draft risk updated for use once the final structure has been implemented.
Committee Meeting 25/05/2023 3.1	Focus on the new Vision – Evidence	HIS-CE communications strategy to be shared with the SHC.	29/02/2023	CM	Ongoing – to plan once new structure directorate leadership team is in place.
Committee Meeting 17/11/2022 2.5	Engaging People in the work of HIS	TMG to ascertain Non Executive training opportunities, in light of skills / knowledge required to inform committee decision making.	02/03/2023	TMG	Complete- Head of OD&L Sandra Flanigan and team are working on this.

Date: 29/02/2024

Committee Meeting 17/11/2022 3.3	Corporate Parenting	CT / TMG to ascertain Non Executive training opportunities, in light of skills / knowledge required to inform committee decision making. (linked to action above)	02/03/2023	CT/TMG	Complete- Head of OD&L Sandra Flanigan and team are working on this.

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Review Date:

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**23 May 2024**
Title:	**Director's Update**
Agenda item:	**2.1-2.4**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Community Engagement & System Redesign**
Report Author:	**Clare Morrison, Tony McGowan, Derek Blues and Rosie Tyler-Greig**
Purpose of paper:	**Discussion and approval**

1.   Situation

This paper provides an update to the Scottish Health Council (SHC) about the key Healthcare Improvement Scotland (HIS) strategic business items under the SHC's remit.

2.   Background

The SHC agenda has been restructured from May 2024 to provide greater clarity and assurance on the statutory duties under SHC's remit. These are:

- Engagement on Service Change: assurance on HIS's statutory duty to assure NHS boards'/Integration Joint Boards' duties on public involvement.
- Governance for Engagement: assurance that HIS meets its public involvement duties.
- Equalities, Diversity & Inclusion: assurance that HIS meets its equalities duties.

In addition, this paper covers the strategic co-ordination of Public Partners across HIS.

3.   Assessment

3.1   Engagement on Service Change

3.1.1 Planning With People
The _Planning With People_ (2023) guidance sets out the responsibilities NHS boards, local authorities and Integration Joint Boards (IJBs) have on community engagement when health and social care services are being planned or when changes to services are being considered,

and supports them to involve people meaningfully. The guidance also sets out the legal duty for HIS to support, ensure and monitor the discharge of health bodies' duties in respect of public involvement, including quality assurance of changes being made by IJBs and in primary and community health services.

Over recent weeks, extensive work to revise the content of *Planning With People* has taken place to provide clarity on engagement responsibilities in a number of areas previously discussed by SHC. This includes engagement responsibilities for service changes made at a national level and for IJBs, and also to reaffirm the role of HIS in assuring meaningful engagement takes place. These changes were discussed in detail at the SHC service change sub-committee meeting in April 2024. It is anticipated that the revised *Planning With People* guidance will be published in May 2024 and will link to the new HIS flow charts that set out the process of assuring engagement on all service changes (which will be published by HIS simultaneously).

3.1.2 National service changes

National service changes can originate in three ways:

- Nationally **provided** services – such services are provided by a national NHS board. Engagement responsibilities for national NHS boards are the same as for territorial boards. These are set out in *Planning With People* and engagement is assured by HIS.

- Nationally **determined** services – such services are defined by Scottish Government and delivered by NHS Boards / IJBs. Engagement responsibilities for Scottish Government are defined in its [Participation Handbook](#) and is assured by Scottish Ministers. This will then be followed by local engagement responsibilities assured by HIS. The revised *Planning With People* guidance incorporates a new section setting out the engagement responsibilities at a national and local level.

- Nationally **planned** services – such services are planned by or on behalf of the NHS Scotland National Planning Board and delivered in a number of different models. Engagement responsibilities for nationally planned services follow *Planning With People* with assurance of engagement by HIS, and are divided between national and local engagement. See also section 3.1.3 below.

3.1.3 National service changes – nationally planned services

NHS Scotland currently faces unprecedented service-related challenges including availability of skilled clinical workforce, financial pressures and sustainability of some specialty provision in parts of the country (including within rural and island communities). As a direct consequence, NHS Scotland is seeking to rapidly adopt a responsive planning approach. This may include

actions to support fragile services including services being planned on a Scotland-wide population basis.

Over the past few weeks, HIS and Scottish Government have been developing draft guidance to ensure all NHS Scotland nationally planned decisions are underpinned and directly informed by meaningful engagement with communities. Where NHS Scotland takes forward a national planning approach to service changes, the NHS Scotland National Planning Board and/or a delegated group for a specific national service change would be required to lead and co-ordinate engagement activities. To help ensure the requirements for meaningful engagement are fully considered, membership of the board/group developing the national service change should include potentially affected stakeholders. HIS will provide support in terms of appropriate stakeholder identification, and expert advice on engagement requirements. This guidance is in the final stage of development after which a publication date will be planned.

3.2   Governance for Engagement

The Executive Team has endorsed an updated approach to the HIS Governance for Engagement process.

The HIS Governance for Engagement process aims to provide assurance that HIS 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 directorates have taken part in the Governance for Engagement process since its establishment in 2021 and improvements to engagement have been observed.

In 2023/24, it was agreed to update the HIS Governance for Engagement process to reflect the new Quality Framework for Community Engagement and Participation: the framework that HIS uses in the discharge of its statutory duties with NHS boards. It was felt that HIS should hold itself to the same standards. Planned work to adapt the framework to the HIS Governance for Engagement process was postponed due to the delays in the Community Engagement organisational change. In February 2024, SHC agreed to a new completion date of June 2024. However, this work was accelerated in response to the recent HIS Responding to Concerns (RTC) review. The review of the RTC process was triggered by the response to the safety concerns raised by consultants at the Queen Elizabeth University Hospital. One of the reflections to date is that engagement could be improved. Much of the engagement in the current RTC process is written (by email or letter) and uses templates, so lacks a person-centred approach.

The new Governance for Engagement process will involve Directorates completing a self-assessment tool, followed by discussion at a Governance for Engagement meeting. The self-assessment tool is provided in the Appendix. It is 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

A paper providing information on support for Directorates along with a provisional schedule for Governance for Engagement sub-committee meetings during the remainder of 2024/25 is also provided in the Appendix.

3.3   Equality, Inclusion and Human Rights

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.

Our equality mainstreaming report, and final progress report for our current outcomes, is due to be published in April 2025. An update paper was presented to SHC in February 2024. A process to support the development of the report and the next set of equality outcomes is now in place, supported by the Equality, Inclusion and Human Rights Working Group.

The majority of HIS Programmes requiring an equality impact assessment (EQIA) have one in place. Out of a total of 78 eligible work programmes, 59 have a full EQIA in place. A further 10 have carried out EQIA screening, with the remaining 9 programmes yet to progress an equalities approach. For programmes that have either not moved beyond screening or have not identified an equalities approach, barriers are:

- Uncertainty of funding for the programme
- Operational complexity of the work – the programmes who have not progressed are disproportionately within the Evidence Directorate and require specific consideration and support.

To improve compliance, the most effective action has been proactively engaging programme leads to discuss their equalities approach. The Equality Team continues to take this approach. We are in contact with Evidence leads and hope to see an improvement for Q1.

Our most recent published workforce data is available on the HIS website: [Equality mainstreaming report – including equality outcomes (2021–2025) and equal pay statement – Healthcare Improvement Scotland](#) Our People and Workplace Directorate are currently working to extract and report on data for 2022-2024. This is expected to be available in early July to contribute towards the evidence base for our 2025-2029 equality outcomes, before being published within the same timeframe.

We publish our gender pay gap information every two years while a monthly flash report from People and Workplace summarises the workforce position at each month-end. Our last published gender pay gap was 15.3% (mean) for 2021/22 which has narrowed to 10.4% at December 2023. The key actions we have taken to reduce the gender pay gap have been via participation in Close the Gap's employer accreditation programme, *Equally Safe At Work*. There is an opportunity to continue this towards the next level of accreditation at any time in the next two years.

We also began publishing ethnicity and disability pay gap information in 2023 as a point of good practice and in anticipation of a new duty commencing from 2025. We had a notable disability pay gap of 17.7% (mean) and our staff Disability Network has been working towards greater workplace inclusivity, with actions around reasonable adjustments and meeting / event accessibility.

A current priority area is anti-racism. The Scottish Government has asked that for each Board, executives' objectives for 2024/25 include a commitment to developing and delivering an anti-racism plan covering both workforce and racialised healthcare inequalities. The plans should be co-produced with input from minority ethnic colleagues and communities; and delivery scrutinised at relevant committees and reported via updates on Board annual delivery plans. Discussion is underway around executive objectives in HIS, while we are looking to provide engagement support to national boards and develop complimentary plans.

We continue to engage with Scottish Government and a range of partners and stakeholders in the development of Scottish Human Rights Bill. Capability and confidence building in duty bearers (which HIS will be) has been a topic of recent discussion. While much remains to be clarified around resourcing, we understand the need to begin early in making colleagues aware of key human rights principles and approaches to make the transition towards new duties manageable.

3.4   Public Partners

Following the implementation of the organisational change within the Community Engagement teams, there have been changes to how volunteers within HIS are managed:

- HIS Public Partners are now managed by the Equality, Inclusion & Human Rights team within the Assurance of Engagement programme.
- HIS Peoples' Experience Volunteers are being managed by our new Engagement Advisors (Community) within our three regional teams in the north, east and west of Scotland.
- Overall responsibility for the strategic and operational development of HIS volunteering (comprising both Public Partners and Peoples' Experience Volunteers) sits with the Equality, Inclusion & Human Rights team.

The primary strategic focus is the development of a new policy for volunteering within HIS that will establish a consistent approach to the management of volunteers across the organisation's work programmes, benefiting directly from feedback gained from our volunteers themselves. The policy will include guidance for programme managers to support the consideration of how volunteers may usefully be included in their work programme activities, and more detailed information for current and prospective volunteers in terms of what they can expect when engaging with HIS.

The development of this policy will be linked with our wider role in volunteering in NHS Scotland, with our Programme Manager for Volunteering providing guidance and expertise to ensure the policy reflects good practice in volunteering.

HIS currently has 14 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 also currently have 25 Peoples' Experience Volunteers.

The purpose of this agenda item is for SHC to gain assurance on how Public Partners and Peoples' Experience Volunteers are usefully contributing to the full breadth of HIS's work.

The volunteering policy will also provide greater clarity and practical support for HIS staff (and their line managers) should they wish to pursue volunteering opportunities themselves out-with the organisation. The timeframe for the development of the policy is summer 2024.

3.5   Directorate updates

A 30-day engagement exercise with Directorate staff about the future structure of the Directorate ended on 7 May 2024. Its findings will be considered by the new HIS Transformational Oversight Board on 20 May 2024. The proposed changes aim to unite the Directorate around a clear purpose of delivering change through meaningful engagement. The rationale for the proposed changes are:

1. To create a new, unified and stable Directorate, rather than being a Directorate of two halves.
2. To deliver the Directorate's savings target for 2024-25 which means it is necessary to remove five or six posts. Posts have been selected which are currently vacant.
3. To reduce the Directorate's workforce where there has been a reduction in Scottish Government additional allocations.

The structural changes are limited to new line management arrangements for a few individuals as some teams are brought together and their work re-focused. No changes to job descriptions will be made.

Quality/ Care	Focusing on HIS's statutory duties will help SHC gain assurance that the Directorate maximise its impact to support and assure the health and care system to deliver change through meaningful engagement.
Resource Implications	The new Directorate structure is within the budget allocation for 2024/25.
	The new Directorate structure will enable delivery of HIS's statutory duties on engagement and equalities. Changes to structures may cause concern for some staff but so far the feedback has been positive. Support has been offered, focusing on team discussions but also individual discussions, HR advice, support from Partnership Forum representatives, and support via the Employee Assistance Programme. The increasing volume of service change may put a workload pressure on staff in the Assurance of Engagement programme.
Risk Management	Risks associate with service change and workforce are reflected in the risk register.
Equality and Diversity, including health inequalities	Scrutiny on HIS meeting its equalities duties is a key focus of this paper. Health inequalities are considered within engagement on service change.
Communication, involvement, engagement and consultation	There has been extensive engagement with NHS boards and Scottish Government on assurance of engagement in service change. ET has been engaged in the updated Governance for Engagement process. Our equalities work is informed by a HIS Equalities, Diversity & Human Rights Working Group which now has an SHC member. Discussions about the new Directorate structure have taken place with directorate staff, Partnership Forum and trade union representatives.

4 Recommendation

SHC is asked to gain assurance around HIS's statutory duties relating to engagement on service change, Governance for Engagement and equalities duties.

5 Appendix

Appendix 1 - QF for HIS

Appendix 2- HIS GfE Support process

Appendix 1

Governance for Engagement | Cycle 3 (2024/25)
Quality Framework self-assessment tool

Directorate support

The Community Engagement & System Redesign Directorate manages the Governance for Engagement process within Healthcare Improvement Scotland (HIS). The organisation has completed two cycles since 2021 and established a sound baseline of information regarding engagement & equalities practice.

In April 2024 it was agreed by the HIS Executive Team that the Governance for Engagement process for all directorates in 2024/25 will involve use of a self-assessment tool. The tool is based on the Quality Framework for Community Engagement & Participation (which was published jointly by HIS and the Care Inspectorate in April 2023 and is recommended for use by all NHS boards and IJBs).

The tool will support directorates to identify areas of good engagement & equalities practice, and where further focus is needed. The tool will also directly inform 'supportive scrutiny' discussions with the Governance for Engagement sub-committee (which reports to the Scottish Health Council), and the formation of directorate improvement plans.

The Community Engagement & System Redesign Directorate will be the first HIS directorate to undertake the process in late spring 2024. The learning from the first application of the process will directly benefit other HIS directorates as they move through Cycle 3.

This paper provides an outline of the support which will be available to HIS directorates by the Community Engagement & System Redesign Directorate as they participate in the process.

Planning

Colleagues from the Assurance of Engagement programme can provide support to HIS directorates with planning how to apply the Quality Framework process. This includes:

- helping to explain the purpose of the Quality Framework;
- support planning and consideration of how to apply the Quality Framework; and
- support the briefing of participants prior to the directorate's scheduled meeting with the Governance for Engagement sub-committee.

There are example presentations to provide an overview, planning prompts, a [short animation](#), [FAQs and guide to the self-evaluation tool](#).

Self-assessment tool

Colleagues from the Assurance of Engagement programme can provide ongoing support to participants when completing the self-evaluation tool, including answering questions and queries. We can also participate in any meetings where the tool is being discussed or completed, and will review collated responses during & after the process to identify any priority improvement areas for the directorate, and any shared themes across Healthcare Improvement Scotland.

Consensus & improvement

Colleagues from the Assurance of Engagement programme can provide support by facilitating any discussions on consensus on the areas that are working well and identifying areas for improvement and help directorates to identify and consider evidence.

The Community Engagement & Service Redesign Directorate has developed an [improvement plan template](#) that HIS directorates should use after discussion with the Governance for Engagement sub-committee.

Improvement plan

Colleagues from the Improvement of Engagement programme can then provide advice on the identified areas for improvement and support improvement work related to engagement, linking with the appropriate staff from across the Community Engagement & System Redesign Directorate, and other relevant parts of HIS.

Governance for Engagement sub-committee meeting schedule

The schedule of Governance for Engagement sub-committee Cycle 3 meetings for 2024/25 is as follows:

Directorate(s)	Month
Community Engagement & System Redesign	July 2024
Evidence & Digital People & Workplace	August 2024
Quality Assurance & Regulation Finance, Planning & Governance	October 2024
Nursing & Systems Improvement Medical & Safety	December 2024

Key contacts

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Governance for Engagement | Cycle 3 (2024/25)
Quality Framework self-assessment tool

Introduction

This self-assessment tool is based on the Quality Framework for Community Engagement and Participation self-evaluation tool for NHS Boards, Health & Social Care Partnerships and Local Authorities published by Healthcare Improvement Scotland (HIS) and the Care Inspectorate in April 2023.

It is aligned to the Planning with People guidance published by the Scottish Government and COSLA, and has been adapted for application internally across all of HIS' Directorates during 2024/25.

The self-assessment tool is designed to give a Directorate-wide view on engagement with stakeholders in order to give assurance to HIS Board members about compliance with statutory duties and the quality of engagement.

The self-assessment tool looks at engagement activity in relation to three domains:

- Ongoing engagement and involvement of people;
- Specific engagement activities relating to planning, strategy and design; and
- Internal systems for governance and leadership of engagement

Please complete all of the sections within the self-assessment tool and return by [**INSERT DATE**] to the Assurance of Engagement programme team via [**INSERT EMAIL ADDRESS**].

Further guidance and support in completing the self-assessment tool can also be accessed via the Assurance of Engagement programme team.

When completing the self-assessment tool

Please provide details from your perspective of how the Directorate is performing in relation to each domain, including sources of evidence that support these views.

You should indicate your overall response to each statement with 'Yes', 'No', or 'Partial'.

You may not have evidence at this stage across all of the self-assessment statements – if this is the case please indicate why. Please note that it is acceptable for some of the evidence to overlap across the domains.

Supporting evidence

The evidence you provide for each of the domains is for you to consider as a Directorate and provide you with assurance as to how you are performing.

In completing the self-assessment tool, it may be useful to consider the following evidence:

- Vision statements / strategies that are in place for ongoing engagement;
- Structures that are in place to seek the views of stakeholders - for example, working groups and / or committees with Public Partners, volunteers and / or patient or public representatives;
- Policies / processes to help people take part in improving healthcare services;
- How you support people who may find it more difficult to be involved;
- How feedback (from complaints and informal feedback) is used to inform ongoing service improvement;
- Evaluation that has been undertaken of engagement activity; and
- Evidence of the difference that engagement has made and how you tell people how their views have been taken into account.

Those completing the self-evaluation tool are encouraged to use information from different sources to triangulate evidence of the quality of engagement.

To understand the quality of engagement delivered you should gather the views of people and communities who have participated in your engagement activity, for example, Public Partners, and people with lived experience.

Please embed supporting documents or weblinks that provide evidence in support of each of the self-assessment statements.

The completed self-assessment will form the basis for an action plan on areas which are identified as requiring focus – detailing priorities, timeframes, owners, and appropriate measures of success.

Directorate name	

Please use the box below to highlight any relevant contextual and background information about the directorate and its engagement work during the course of 2024/25.

Director name	
Director signature	
Date of submission	

Domain 1 | On-going engagement and involvement of people in the application of our work

Key domain statements

- The directorate undertakes ongoing engagement with people and communities to ultimately help ensure that services meet their needs, identify sustainable service improvements, and to develop trust.
- The approach to engagement is inclusive, meaningful and is evaluated to identify learning and impacts.

Self-assessment statements & supporting evidence

Guidance   The following key questions should guide your responses to the self-assessment statements in this domain:

How is the Directorate doing in respect to this overall domain?
How do you know this? Provide brief supporting comments for each self-assessment statement and along with some supporting evidence (embed documents / weblinks).
What does the directorate need to do better or differently (e.g. what are the key next steps or areas for improvement)?

1.1	Does the Directorate have an engagement vision statement / strategy which promotes and supports how it carries out community engagement across its work programmes (in line with statutory duties to involve people in developing and delivering health & care services)? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]

1.2	Have all Directorate staff had training on engagement, including engaging with people who are seldom heard and in taking a trauma-informed approach (seldom heard people & communities as defined by, but not limited to, age; socio/economic deprivation; disability; ethnicity; and sexuality)? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]
1.3	Are all engagement processes accessible, inclusive, reflective of diversity and informed by Equality Impact Assessments? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]

1.4	Does the Directorate proactively seek the involvement of a diversity of people, communities and stakeholders in its work (in line with statutory equality duties)? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]	1.4
1.5	Does the engagement undertaken by the Directorate use a range of innovative, effective and empowering methods? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]	

1.6	Does the Directorate evaluate the ongoing engagement it undertakes and if so, does it consider impact and apply the learning from evaluation to inform future practice? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]
1.7	Does the Directorate keep all stakeholders who have engaged in its work informed of progress and provide meaningful feedback? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]

1.8	Can the Directorate provide examples of working well with third sector organisations (including charities, social enterprises, patient and voluntary groups) when planning and evaluating engagement? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]

Any additional information in relation to Domain 1

Please provide any further details from your perspective of where the Directorate is performing well in relation to this domain.

Please provide any further details from your perspective of how the Directorate can improve its approach to involving people & communities in relation to this domain.

Domain 2 | Involving people in planning, strategy and design of our work

Key domain statements

- The involvement of people & communities has had a positive impact on work programmes, changes to services, and strategy development, and has been planned as part of the Directorate's wider engagement strategy.
- People representing communities have been involved throughout the development, planning and decision-making process relating to work programmes, changes to services, and strategy development.

Self-assessment statements & supporting evidence

Guidance   The following key questions should guide your responses to the self-assessment statements in this domain:

How is the Directorate doing in respect to this overall domain?
How do you know this? Provide brief supporting comments for each self-assessment statement and along with some supporting evidence (embed documents / weblinks).
What does the directorate need to do better or differently (e.g. what are the key next steps or areas for improvement)?

2.1	Is the development and planning of the Directorate's priorities and work programmes shaped by the meaningful involvement of people, communities and stakeholders who may be affected? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]

2.2	Is the review of the Directorate's work programmes shaped by the meaningful involvement of people, communities and stakeholders who may be affected? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]
2.3	Is there an Equality Impact Assessment (EQIA) for each of the Directorate's work programmes? **Yes / No / Partial** If yes, does the Directorate use the findings of the EQIA to inform engagement activity to remove or mitigate any adverse impacts? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]

2.4	Are you confident that the Directorate can show how they have taken account of their engagement work in delivering their priorities and work programmes? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]
2.5	Is there ongoing evaluation of the impact / effectiveness of specific pieces of planning, strategy and design work to ensure engagement activity is acted on? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]

Any additional information in relation to Domain 2

Please provide any further details from your perspective of where the Directorate is performing well in relation to this domain.

Please provide any further details from your perspective of how the Directorate can improve its approach to involving people & communities in relation to this domain.

Domain 3 | Governance and leadership for engagement

Key domain statements

- Robust corporate governance arrangements are followed for involving people & communities, founded on mutuality, transparency, equality, diversity and human rights principles.
- To engage effectively and inform decision-making, the Directorate supports and improves the participation of people & communities by dedicating resources (in people, time and budget).

Self-assessment statements & supporting evidence

Guidance   The following key questions should guide your responses to the self-assessment statements in this domain:

How is the Directorate doing in respect to this overall domain?
How do you know this? Provide brief supporting comments for each self-assessment statement and along with some supporting evidence (embed documents / weblinks).
What does the directorate need to do better or differently (e.g. what are the key next steps or areas for improvement)?

3.1	Has the Directorate's senior team demonstrated a commitment to meaningful engagement by embedding it in the Directorate's work (by 'meaningful engagement' we mean working together with people affected by a particular policy, event or change and ensuring people of all backgrounds can take part and their voice heard and acted upon)? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]

3.2	Has the Directorate committed the necessary resources (people, time, and budget) to deliver meaningful engagement? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]
3.3	Do staff in the Directorate know where to seek advice and access resources to support engagement work? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]

3.4	Do all decision-making processes demonstrate how the views of people, communities and stakeholders have been taken into account? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]
3.5	Have the senior leaders in the Directorate influenced Directorate-wide policy and strategy to ensure meaningful engagement is undertaken? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]

3.6	Has the Directorate worked with the Engagement-led Change Directorate to identify and share examples of good practice and learning around engagement within HIS and / or with other stakeholders? **Yes / No / Partial**	**Comments** [insert brief commentary] **Supporting evidence** [embed documents / weblinks]

Any additional information in relation to Domain 3

Please provide any further details from your perspective of where the Directorate is performing well in relation to this domain.

Please provide any further details from your perspective of how the Directorate can improve its approach to involving people & communities in relation to this domain.

Thank you for completing this self-assessment tool.

Please submit it to the Assurance of Engagement programme team via [INSERT EMAIL ADDRESS].

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**23 May 2024**
Title:	**Evidence for Engagement programme overview**
Agenda item:	**3.1**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Community Engagement**
Report Author:	**Christine Johnstone, Head of Evidence for Engagement Programme**
Purpose of paper:	**Awareness / Discussion**

1.　　Situation

This paper provides a brief overview of current and planned activities for the Evidence for Engagement programme.

2.　　Background

The Evidence for Engagement programme aims to build and share evidence around engagement to support our Directorate's vision which is aligned to the overall Healthcare Improvement Scotland vision of: *"Meaningful engagement matters. It leads to high quality, safe services that are person-centred. It improves the health and wellbeing of communities."*

The main activities of the programme are to run Citizens' Panels, carry out research, write case studies, review service change reports for improvement themes, produce engagement guidance and toolkits, run our Gathering Views programme, hold workshops and events and provide other associated research related guidance/support to staff.

3.　　Assessment

Below is a summary of and 'forward look' at planned activities for the Evidence for Engagement Programme. The activities described will be taken forward through a staged work programme once attention has been given to developing and discussing the Unit's ways of working which commenced on 1 April 2024.

Subject	Activities	Timescales and Comments
Developing and expanding our evidence base	• Applying for research grants to undertake our own research.	Short term based on opportunity
	• Working in collaboration with universities across the UK.	Short term based on opportunity
	• Expanding our commissions beyond those currently received from the Scottish Government such as for the Gathering Views Programme and Citizen's Panel.	Short term To note: Collaboration with the University of Glasgow and Oxford University has commenced with the submission of a research bid and hosting an MSc student.
Prioritising future commissioned work	• In conjunction with the Scottish Government, prioritise future commissioned work based on impact and HIS priorities.	Short term
	• Explore opportunities to conduct Gathering Views work with topics generated by ourselves for example, gathering views on national issues which would be helpful to NHS boards or 'shining a light' on widening inequalities as a result of changes to services.	Short term To note: Discussions have started on potential Gathering Views activity in the HIS strategic priority area of mental health.
Promoting innovation in engagement	• Testing and research into developments in engagement. Topics for example, are to fully understand when in-person engagement is advantageous, looking at the types of engagement, groups engaged with etc and understanding the effects of public engagement post the Pandemic.	Short to medium term

	• Explore how artificial intelligence (AI) can support the analysis of feedback and data.	To note: Looking into how AI can support analysis has commenced.
New initiatives and/or previously 'parked activities'	• Refresh our toolkit on evaluating participation for health and social care practitioners.	To note: A refresh of the toolkit has commenced.
	• Re-establish a Participation Research Network and other associated internal and external networks.	Medium term
	• Generate bespoke research such as reviewing four nations policies around public involvement in health and social care.	Medium to long term
	• Consolidate greater in depth learning from Gathering Views projects and Citizens' Panels and develop new robust methods and processes for capturing the impact of our engagement.	Short to medium term
	• Develop mechanisms for reviewing and theming evidence and feedback from our engagement to provide robust improvement approaches to improve health and social care services (in conjunction with the Assurance of Engagement Programme).	Short to medium term
Unit Development and Learning	• Ensure all programme unit members are conversant and skilled in the use of social research methods, tools and techniques.	Short term
	• Allow for shadowing across the programme unit, other programmes, and other HIS directorates for learning and skill development.	Short-to-medium term

Assessment considerations

Quality/Care	A clear direction for the Evidence for Engagement Programme will enable the Directorate to maximise its impact on evidence to support and assure the health and care system to meaningfully engage with people in the development and delivery of services.
Resource Implications	All costs for the work of the Evidence for Engagement Programme will be aligned within the current allocation for 2024/25. This will be detailed further as the work progresses.
Risk Management	Risks in relation to delivery of this work programme are captured on the strategic and operational risk registers.
Equality and Diversity, including health inequalities	The overall vision acknowledges the Directorate's specific role in supporting equality, diversity and inclusion. The vision is about meaningful engagement: such engagement can help inform ways to address health inequalities. Equality, diversity and inclusion will also be considered in the planning of how the vision can be delivered for all three programmes.
Communication, involvement, engagement and consultation	There has been extensive engagement with staff in the development of the vision and this will continue, along with Scottish Health Council (SHC) members, Healthcare Improvement Scotland and wider stakeholders. Specific work on the Evidence for Engagement programme will continue in the finalised structure and be shared with partners as soon as possible.

4   Recommendation

The work of the Evidence for Engagement programme will develop over the coming months. In the meantime the Scottish Health Council is asked to note future planned activities for awareness and discussion.

5   Appendices and links to additional information

None.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**23 May 2024**
Title:	**Improvement of Engagement programme overview**
Agenda item:	**3.2**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Community Engagement**
Report Author:	**Tony McGowan, Associate Director (Community Engagement)**
Purpose of paper:	**Awareness / Discussion**

1. Situation

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

2. Background

The Improvement of Engagement programme aims to use knowledge and expertise to improve engagement in support of our directorate's vision, which is aligned to the overall Healthcare Improvement Scotland (HIS) vision: *"Meaningful engagement matters. It leads to high quality, safe services that are person-centred. It improves the health and wellbeing of communities."*

The main activities of the programme are to:

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

3. Assessment

At the time of writing (08 May 2024), the Head of Engagement Programmes (Improvement of Engagement) is being advertised internally within HIS. This follows the post having been identified as a continued vacancy following the Community Engagement team organisational change ring-fencing, and then being available for any eligible staff on the HIS redeployment register. There have been a number of informal contacts made to the Associate Director about the role, and it is hoped these will result in a strong collection of internal applicants for short-listing.

Also at the time of writing (08 May 2024), the Senior Project Officer for the NHS Volunteering programme will shortly be advertised internally within HIS, again following the organisational change ring-fencing, and consideration via the HIS redeployment register. This will be an attractive permanent opportunity for colleagues within HIS currently at Project Officer level, and potentially others at the same banding who are looking to gain experience in this exciting area of engagement work.

Below is a summary of and 'forward look' at planned activities for the Improvement of Engagement programme. The activities described will be taken forward through a staged work programme once attention has been given to developing and discussing the Unit's ways of working which commenced on 1 April 2024. A key dependency within this is the successful recruitment to the Head of Engagement Programmes role.

Subject	Activities	Timescales and Comments
NHS Scotland Volunteering Programme	• New Volunteering Management System project – key to transforming the approach to attracting and managing volunteers within NHS Scotland.	Long-term | Funding from the Scottish Government remains unconfirmed. All preparatory work has been completed in readiness for green light. Anticipated two-year project to establish and roll-out new system.
	• Expanding the learning, training & development offer for volunteers and volunteer managers	Short-to-medium term | Senior Project Officer to lead once appointed. Medium-to-long-term intention to have suite of standardised training courses and learning materials which support volunteer and staff development.
	• Volunteering Practitioners' Network – improvement project	Short-to-medium term | Project to increase engagement levels with the National Programme currently underway. Seeking to reshape the programme of support to better meet the needs of members. Creation of community for NHS Board Strategic Leads for Volunteering. Also, introduction to Quality Improvement thinking

		and methodologies session planned for network members.
	• Building the evidence base for volunteering	Medium-to-long-term	A sub-group of the National Volunteering Advisory Board to be formed later in 2024 to provide subject matter expertise and advice on the building of evidence that readily demonstrates the impact of volunteering within NHS Scotland. This will involve collaboration with the Evidence for Engagement programme.
What Matters To You?	• Delivery of activity plan in support of the 2024 What Matters To You? Day (06 June)	Short-term	Supporting NHS Boards and Health & Social Care Partnerships with available resources including advice from the Unit, promotional materials, and the co-ordination of an overall social media communications plan leading up to and including the day itself.
	• Evaluation toolkit	Short-to-medium term	Development of an evaluation toolkit is underway to measure the impact of What Matters To You? activities – initial short-term pilot of the toolkit with two NHS Boards.
	• Project plan for next 12-24 months	Short-term	Including redevelopment of the What Matters To You? online presence incorporating user feedback, and planning of webinar for September 2024 focusing on the sharing of patient perspectives.
Creating a learning system for engagement & equalities practice	• Defining the aims, shape and content of the learning system	Medium-to-long-term	To be led by the Head of Engagement Programmes (Improvement of Engagement) once appointed. Will encompass full review of existing resources including *Engaging Differently* case studies and the *Participation Toolkit*. Will also include streamlining of existing professional networks to eliminate duplication. Collaboration between engagement programmes, across the directorate, and with all other parts of HIS. External engagement to readily identify what works, what needs to be improved, and examples of innovative practice that can be shared.

| Unit development and learning | • Ensure all programme unit members are conversant and skilled in the use of engagement-led improvement methods, tools and techniques. | Short-term |
| | • Allow for shadowing across the programme unit, other programmes, and other HIS directorates for learning and skill development. | Short-to-medium term |

Assessment considerations

Quality/Care	A clear direction on the Improvement of Engagement will enable the directorate to maximise its impact on community engagement and equalities & inclusion-related practice to support and make improvements to the ways health and care statutory bodies meaningfully engage with people in the development and delivery of services.
Resource Implications	All costs for the work of the Improvement of Engagement Programme will be aligned within the current allocation for 2024/25. This will be detailed further as the work progresses.
Risk Management	Risks in relation to delivery of this work programme are captured on the strategic and operational risk registers.
Equality and Diversity, including health inequalities	The overall vision acknowledges the Directorate's specific role in supporting equality, diversity and inclusion. The vision is about meaningful engagement: such engagement can help inform ways to address health inequalities. Equality, diversity and inclusion will also be considered in the planning of how the vision can be delivered for all three programmes.
Communication, involvement, engagement and consultation	There has been extensive engagement with staff in the development of the vision and this will continue, along with Scottish Health Council (SHC) members, Healthcare Improvement Scotland and wider stakeholders. Specific work on the Improvement of Engagement programme will continue in the finalised structure and be shared with partners as soon as possible.

4   Recommendation

The work of the Improvement of Engagement programme will develop over the coming months. In the meantime the Scottish Health Council is asked to note future planned activities for awareness and discussion.

5   Appendices and links to additional information

None.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**23 May 2024**
Title:	**Assurance of engagement programme overview**
Agenda item:	**3.3**
Responsible Executive/Non-Executive:	**Clare Morrison, Director CE&SR**
Report Author:	**Derek Blues, Head of Assurance of Engagement**
Purpose of paper:	**Awareness / Discussion**

1.　Situation

To provide the Scottish Health Council with an update and overview of the Assurance of Engagement programme.

2.　Background

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

As part of the continued progression of the Organisational change process, appointments to all posts in the assurance programme have now been confirmed with both post holders commencing on 1 April 2024.

The Service Change Advisors have moved to the regional part of the new structure working closely with the three Strategic Engagement Leads but will also have close links with the Assurance of Engagement programme.

Below is a summary of planned activities for the Assurance of Engagement Programme.

Subject	Activities	Timescale and comments
Planning With People	• Input to revised content of Planning With People to bring forward clearer guidance 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 Publication of revised Planning With People expected in May 2024 Significant communications activity alongside the publication to highlight the changes in the new guidance (Scottish Government and HIS)
Flowcharts	• Publish the approved process flowcharts for assurance of engagement on service change for NHS Boards and Integration Joint Boards	Short term Simultaneous with the publication of Planning With People (HIS) May 2024 Promotion of the materials with strategic partners by Strategic Engagement Leads
National 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 being developed by HIS and Scottish Government Publication following the revised Planning With People guidance (June 2024)
Workshops	• HIS Board Masterclass including content on statutory duties and service change • Develop programme of workshops for NHS Boards and Integration Joint Boards	Short term 29 May 2024 After publication of Planning With People (May 2024) Will sit with the Regional teams.
Engagement Practitioners Network	• Next Engagement Practitioners Network (Scottish Community Development Centre)	Short term Next meeting scheduled for 13 June 2024.

		Future session on revised Planning With People guidance. Medium term Will transition to Improvement of Engagement Programme in Q3 of 2024.
Service changes	• There are currently 49 service changes being supported including 7 significant changes and a further 28 other active changes. 14 service changes are on hold or impacted upon by the Capital funding position.	Short/medium term We anticipate a significant rise in the number of service changes in 2024.
	• NHS Greater Glasgow & Clyde GP Out of Hours service change has now been approved by NHS Board.	30 April 2024
	• Finalise service change ways of working document with input from Strategic Engagement Leads and Engagement Advisors for Service change.	June 2024
Governance for Engagement	• Support the implementation of a new HIS Governance for Engagement process aims to provide assurance that HIS meets its legislative and 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	Short term Community Engagement & System Redesign July 2024 Evidence & Digital People & Workplace - August 2024 Medium term Nursing & Systems Improvement Finance, Planning & Governance October 2024 Quality Assurance & Regulation Medical & Safety December 2024
Equalities, Inclusion & Human Rights	• Publish Equality Mainstreaming report	Long term April 2025

	• Compliance with Equality Impact Assessment requirements.	Medium term Ongoing. Of the 78 eligible work programmes, 59 have a full EQIA, 10 have carried out EQIA screening and 9 have not yet progressed.
	• Gender pay gap reporting	Monthly publication of People and Workplace flash report.
	• Anti-racism objectives to include development of an anti-racism action plan.	2024/2025 objectives.
	• Scottish Human Rights Bill	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 (Summer 2024)

Assessment considerations

Quality/ Care	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 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 (Risk 1163).
Equality and Diversity, including health inequalities	Community representation (people with lived experience) on project groups will assist organisations in meeting the Public Sector Equality Duty, the Fairer Scotland Duty and Board's Equalities Outcomes.
Communication, involvement, engagement and consultation	Information on the topics included within the report will be shared with Scottish Government & HIS CE&SR Directorate Leadership team

4   Recommendation

Council members are asked to:

- Note and discuss the contents of this report.

5   Appendices and links to additional information

None

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**23 May 2024**
Title:	**Strategic Engagement**
Agenda item:	**3.4**
Responsible Executive/Non-Executive:	**Clare Morrison, Director of Community Engagement & System Redesign**
Report Author:	**Sharon Bleakley, Lisa McCartney and Wendy Mcdougall, Strategic Engagement Leads**
Purpose of paper:	**Awareness**

1.   Situation

Three Strategic Engagement Lead (SEL) posts were appointed in Q3 of 2023/24, with start dates of 1 January 2024. This paper provides an update on the work that commenced during Q4 of 2023/24.

2.   Background

Strategic relationships between NHS bodies and HIS to discuss community engagement have been highlighted as a "must" by NHS Boards around the country. The Strategic Engagement Lead post will provide that link with Boards and Health and Social Care Partnerships (HSCPs).

3.   Assessment

During the final quarter of 2023/24, the SELs have begun to make initial introductions with key contacts in the territorial and national boards. Two of the three SEL post holders were previously in the Engagement Programmes Manager role in the Directorate which has enabled them to build on and maintain previously established working relationships. The third SEL has been making introductions and building new relationships.

Feedback from these conversations with key contacts is that the new SEL role is welcomed, along with the opportunity to talk openly about work activities and challenges. Boards and Partnerships would welcome an overview detailing our current work programmes and the range of support HIS can offer, and this will now be developed. It has

been observed that there has been an increasing focus on service change in these discussions, due to the current financial climate and workforce pressures facing boards.

A key initial focus for the SELs has been to recruit to the posts that make up the three regional teams they lead, since these roles are essential for the effective delivery of the regional work. This was successfully completed so that at the end of March 2024, each of the three regional teams comprised: a Strategic Engagement Lead, an Engagement Advisor – Communities and an Engagement Advisor – Service Change. All post-holders took up their roles on 1 April 2024.

The Engagement Advisors – Communities is a new role that focuses on connecting with communities which enables other parts of the Directorate's work such as finding participants for our Gathering Views activities. A future paper will provide more information as these roles become established.

The SELs are now prioritising plans for the future implementation of their role and the regional teams. Key initial plans are:

- identifying training needs within the newly formed regional teams,
- exploring effective and consistent ways of working across the three regional teams,
- continuing to develop relationships with key stakeholders,
- cross-organisational working,
- identifying alignment with Board and HSCPs objectives, where appropriate
- and setting and linking objectives with the organisational vision.

Over the next quarter, a clearer picture of NHS Board and HSCPs plans and approaches to community engagement will be formed by the SELs, and this will inform a more detailed work plan.

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 role is core funded.
	Appointing to the regional teams has a positive impact on health and wellbeing, as staff reach the end of the organisational change process.
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; ongoing dialogue and relationship building will encourage ongoing dialogue.
Equality and Diversity, including health inequalities	Planning for new roles within the regional teams includes an action plan for making connections with specific protected characteristic communities. Use of impact assessments is promoted with key contacts in the Boards/HSCPs.
Communication, involvement, engagement, and consultation	Introductory meetings have taken place with key contacts in a number of board/HSCPs around the country. Additionally, existing liaison meetings are ongoing.

4   Recommendation

The SHC is asked to note the contents of the paper and the early plans for the regional teams.

5   Appendices and links to additional information

No appendices or links to additional information included.

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**23 May 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 operational risks relating to the SHC's remit.

2.   Background

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

Risk 1163 relates to service change.

3.   Assessment

Risk 1163 (service change) has been reduced to a risk rating of 16 (previous report 20). The change reflects the progress with Scottish Government who have agreed to publish an updated version of *Planning with People* to cover the new assurance process for engagement on all service change activity; clarity on IJBs' engagement responsibilities; and clarity on engagement on national service change. Further details on these developments are covered elsewhere on the SHC agenda.

Although this is a reduction in risk, the risk level itself remains high due to financial and workforce pressures which are leading to a large volume of service change either under consideration or being planned in Boards. This may impact on Boards' ability to meaningfully engage, which is why the clarifications in *Planning with People* are essential.

Our additional planned mitigations remain in progress: the development of our new Assurance of Engagement programme and Strategic Engagement teams, all of which is now in place (from 1 April 2024). This service change risk is also replicated on the strategic risk register.

Risk 1239 (workforce and strategy) was previously reported to SHC. This risk related to the Community Engagement organisational change which has now been completed and therefore this risk has been closed. A new Directorate-wide risk on workforce is currently being developed.

Assessment considerations

Quality / Care	N/A
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.
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.

5   Appendices and links to additional information

The following appendices are included with this report:

- Appendix 1, Risk Register Extract

Healthcare Improvement Scotland

Active Risks - Standard Report

Category	Project/Strategy	Risk No	Risk Status	Risk Manager	Risk Owner	Risk Director	Risk Description	Inherent Risk Level	Current Controls	Current Mitigation	Current Update	Last Updated	Last Updated Risk Score	May - 2024
Reputational / Credibility	Service Change	1163	Active	Derek Blues	Clare Morrison	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.	High - 16	"Planning with People", Scottish Government and COSLA Community Engagement Guidance', Identifying options for delivery of core functions; and raising awareness through governance structures, via engagement with NHS boards, partnerships and Scottish Government. Development of Quality Framework for Engagement to support implementation of national guidance. Revised Planning with People published on 21 April 2023. Significant HIS-CE involvement in shaping the content of this publication.	The Scottish Health Council 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 new Strategic Engagement Lead role to engage at board and regional level - posts to start on 1 April 2024. Identifying options for delivery of core functions; and raising awareness through governance structures, via engagement with NHS boards, partnerships and SG.	There is growing concern (from Jan 2024) that financial and workforce pressures are increasing and this will lead to a high volume of service change and impact boards' ability to meaningfully engage around service change. We are reviewing the support we provide for boards to ensure relevant guidance is applied and the risks around failure to meaningfully engage are considered. In March 2024, we completed the Community Engagement organisational change to have Strategic Engagement Leads and an Assurance of Engagement Programme in place. We have completed the development and testing of a new assurance process for engagement on all service change activity. We have agreed with Scottish Government updates for Planning with People to cover this assurance process, new guidance on engagement required for national service changes and clarification on IJBs' engagement responsibilities. We anticipate a decision from the Cabinet Secretary on the updated Planning with People document in May 2024. In addition, we have developed a new flowchart to provide clarity for boards on assurance of service change, including reducing our timelines by making our processes more efficient. This will be published alongside the new version of Planning with People.	13/05/2024	Very High - 16	Very High - 16 Impact - 4 Likelihood - 4

Healthcare Improvement Scotland

Meeting:	**Scottish Health Council**
Meeting date:	**23 May 2023**
Title:	**2023-24 Operational Plan Q4 Progress Report**
Agenda item:	**4.2**
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 2023-24, particularly noting impacts from Q4 of 2023-24. The Council is asked to discuss the contents of the paper.

2.   Background

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

Rather than listing activities on a team-by-team basis, this update report describes how our work has contributed to 10 outcomes, under three main aims:
- building capacity
- raising awareness
- increasing diversity and inclusion

3.   Assessment

We continue to deliver a broad range of high-quality programmes of work and our staff are to be commended on their commitment and dedication to their work as well as their

enthusiasm and willingness to respond to whatever is asked of them, even in the midst of organisational change.

There was a significant internal focus during Q4 on recruiting staff to permanent posts within the new directorate structure. Nevertheless, our staff continued to deliver timely and tailored advice, support and resources externally which added tangible value to the health and care system. Feedback from recipients of our support indicates that we built their understanding and capacity to engage meaningfully.

A highlight of this quarter was the presentation of the inaugural Jane Davies Award for Person-Centred Practice. The number and quality of the nominations demonstrated that person-centred approaches are firmly embedded across healthcare, and the award is a fitting tribute to the values and contribution of a much loved and respected former colleague.

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 2023-24.
	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 allocations for 2024-25 have not yet been confirmed by Scottish Government
	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 regular 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 Council is asked to note and discuss the content of the 2023-24 Quarter 4 Update.

5   Appendices and links to additional information

The following appendix is included with this report:
- Appendix 1 – Community Engagement 2023-24 Quarter 4 Update

Quarter 4 Update: January – March 2024

This progress report describes the impact of our work noted between January and March 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.

713	**49**	**177**
resources downloaded from our website (▼14%)	service changes supported (▼20%)	Engagement Practitioner Network members (▲4%)

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 713 times during Quarter 3 (a 14% decrease from the previous quarter). The most-downloaded resources were templates to support Community Engagement Planning and the Quality Framework self-assessment, as well as a report on the experiences of NHS Scotland volunteers which was published in January 2024.

59% of **webinar** attendees during Q4 (up 18% on the previous quarter) agreed or strongly agreed they had got practical tools or resources that they could use in their practice.

The **Engagement Practitioners' Network** held a peer learning session for 38 attendees in February 2024 to share learning and approaches around involving young people. Colleagues from NHS 24 and ASH Scotland shared their experience developing youth forums and other approaches to reaching out to young people. Participants shared their own examples and resources. Comments from the chat box were very positive, including:

- "Thank you for sharing these [resources], they're going to be really helpful."
- "This is a great discussion and I will certainly look at all the resources mentioned through the links"
- "Thanks everyone a really useful discussion"
- "Brilliant meeting !! Thank you everyone."
- "Many thanks and much appreciate your time and information shared."
- "Thanks so much - been really useful and interesting."

In February 2024, the **Volunteering in NHS Scotland** team organised a practice development session on "How to support young people into volunteering", which was delivered by Youthlink Scotland and supported by 3 young volunteers between aged 11 to 18 who shared their experiences of volunteering. The session attended by 9 NHS Scotland Volunteering staff. 100% rated it *excellent* or *good*, with one person highlighting that they had learned more about the challenges and barriers for young people in volunteering but also the wealth of knowledge and involvement in shaping volunteering.

Health and care services can demonstrate compliance with policy and legislation

Our **service change** team continues to monitor and provide advice and support to NHS boards and partnerships undertaking service change. During Q4, the team monitored and supported 49 service changes across all board areas (see separate paper for more detail).

In a letter to the Chair of NHS Ayrshire & Arran board dated 15 December 2023, the Cabinet Secretary gave approval for the board's proposal to retain the interim model of Systemic Anti-Cancer Therapies (SACT) service delivery which was implemented during the pandemic:

> "I am ... pleased to note that the view of Healthcare Improvement Scotland – Community Engagement, as the independent arbiters of how consistent Health Boards' activity is with national guidance on effective engagement and consultation, that NHS Ayrshire & Arran conducted this process in a meaningful and inclusive way, in line with the national guidance."

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.

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

In March 2024 we held our first-ever hybrid **Annual Public Partner Event**; since the pandemic annual events had been online-only. 7 Public Partners attended in person and 7 attended online, representing about two-thirds of our total Public Partner pool at the time. Staff from across Healthcare Improvement Scotland supported the event including colleagues from SIGN, SMC and Medical. Feedback from Public Partners was positive. A learning session was delivered to help increase their knowledge of research and how we use it. Actions were taken away to support improvement of the volunteer experience over the next year.

There are between 80 and 90 members of the **NHS Scotland Volunteering Practitioners' Network** at any one time, but data from a range of sources shows that a large proportion of members do not access the information or activities on offer. The Volunteering team undertook an improvement project to understand the needs of network members and identify areas for development. Invitations to participate in semi-structured interviews were sent to all members and to Strategic Leads for Volunteering in all NHS boards, totalling 100 invitations. 53 people agreed to take part. The regular Bulletin was the most accessed support mechanism and scored highest for usefulness (75%). The helpdesk scored 65% for usefulness but a quarter of network members had never used it. Similarly, just over half of respondents rated events as useful but one-third had never attended. Suggestions for improvements included communications, more face-to-face opportunities, and the creation of a buddying system. The feedback will allow the team to consider which support mechanisms add most value to the health and care system, and where additional development should be focused.

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

In January 2024, we hosted the inaugural **What Matters To You?** (WMTY) national networking event in Edinburgh, attended by 70 individuals from across Scotland. Health and social care professionals shared insights on best practice in providing good person-centred care. The morning session had 4 presentations from the Centre for Person-centred Research at Queen Margaret University, NHS Lothian, NHS Tayside and Perth & Kinross health and social care partnership, and Bristol & Weston NHS Foundation Trust. The speakers demonstrated that implementing WMTY can energise a workspace, increase capacity, retain staff and – most importantly – enhance the patient experience and associated outcomes. Group sessions in the afternoon allowed attendees to discuss current good examples of the WMTY approach in their own workplaces, barriers to implementing WMTY approach in day-to-day work, and "15% solutions" - what do you have the freedom and resource to do *now*? 100% of respondents rated the event *excellent* or *good*. An event report is hosted on the WMTY website.

The WMTY networking event also saw the presentation for the inaugural **Jane Davies Award for Person-Centred Practice**. We received a good number of very high-quality nominations from a wide variety of care services including individuals and teams in primary care, healthcare and the third sector. The judging panel selected a winner and two runners-up, who received their awards at the event. The winner was Penny McManus, Assistant Practitioner, COPD Team, NHS Tayside. Penny's nomination showcased an example of the difference made by careful compassionate listening. In her work she displayed a strong focus on the whole person and their whole life circumstances, and this enabled her to help them in ways that others might overlook. She often went above and beyond to help people to develop personal goals for their care and support, looking beyond their health condition. Penny's work epitomised the ethos of the What Matters To You? approach and how it helps people to get the outcomes that matter to them. The runners-up were Jennifer McDowall and the team on Ward 6, Forensic Mental Health team, NHS Ayrshire & Arran, and Jennifer Wyld, Patient Activity Coordinator Nurse, Leverndale Hospital, NHS Greater Glasgow and Clyde.

The **Volunteering in NHS Scotland** team organised peer networking sessions in January and March 2024 (25 attendees across both). Participants described the sessions as informative, helpful, participative and thought-provoking.

People and communities are empowered to participate in health and care

During Q4, **Voices Scotland** sessions were held with a young carers' group in Inverurie and a High-Risk Pain Medication Lived Experience Group in Fife, to help them understand how to navigate the health and care system and how they could have their voices heard more effectively. As part of the planning our staff adapted the training materials and approach to meet the needs of the groups, including making the content more appealing and understandable to young people, and holding sessions over several days rather than on a single long day. A total of 13 people took part.

The young people initially appeared not to engage actively in the sessions, being reluctant to take part in discussions or answer questions. However, by the end they were much more willing to participate and overall scored the session highly. One participant was known to be a school non-attender but had turned up that day specifically to take part. The school is keen to repeat the session with other groups. The pain management group also gave very positive feedback:
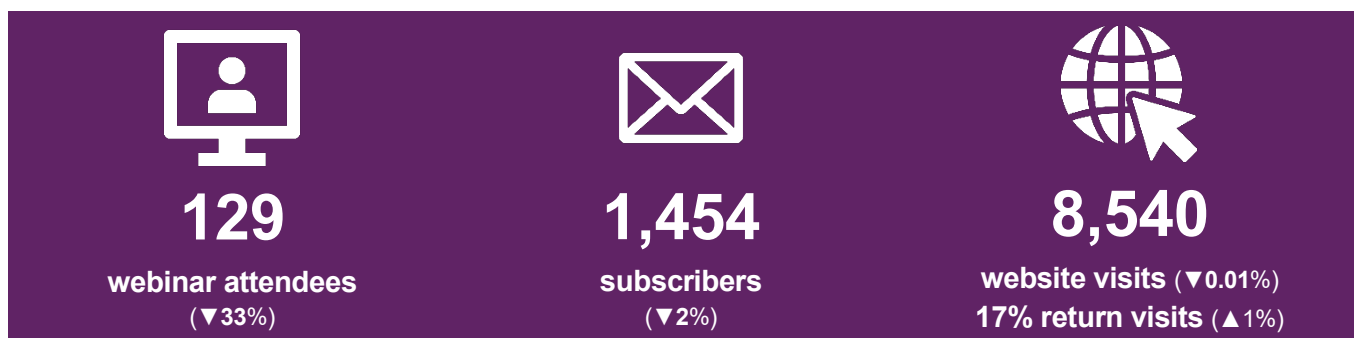
- "Great session! It was so well paced it really left space for discussion to feel natural and not rushed along to the next point."
- "The way all the information was presented was effective and made ideas feel very actionable and useful for other applications"

The group facilitator followed up with their own feedback afterwards:

"I just wanted to thank you all for the effort that went into developing/delivering these sessions for our Lived Experience Group. It has been a real positive for us on the programme being able to offer something like this to our group… The generosity shown around customising the training content and flexibility around the delivery of that content, has been really valuable and very much appreciated."

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.

129	**1,454**	**8,540**
webinar attendees (▼33%)	subscribers (▼2%)	website visits (▼0.01%) 17% return visits (▲1%)

Stakeholders have an increased awareness of good engagement and volunteering practice

We held 1 **webinar** during Q4, on the topic of "Engaging with LGBT+ Communities" (129 attendees). Feedback from attendees was positive: 92% of respondents rated the webinar *excellent* or *good* (down 7% on last quarter) and 80% (down 12%) agreed or strongly agreed that they had increased their knowledge on the topic. Specific comments included:

- "Insightful and positive tools to implement in my work"
- "Practical and well delivered"
- "Exceptional clarity about trust"

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

In February 2024, we were invited to participate in a review of actions, reflections and learning after a 3-year relationship with Chance2Change, a reference group set up in autumn 2020 to inform the Scottish Government's work on primary care health inequalities. 35 stakeholders took part in the review and we helped to facilitate the table discussions. We have established a very positive mutual relationship with this group, whose members have contributed to our gathering views exercises, and who have been empowered to engage more effectively with their own stakeholders including GP clusters.

The February 2024 webinar on Engaging with LGBT+ Communities was an opportunity to showcase the work being done by our colleagues in the Evidence directorate to engage widely and meaningfully on their new Gender Identity Standards. We note that the Scottish Government is currently considering the Cass Review (a report undertaken on behalf of NHS England to make recommendations on how to improve NHS gender identity services, and ensure that children and young people who are questioning their gender identity or experiencing gender dysphoria receive a high standard of care, that meets their needs, is safe, holistic and effective) and its recommendations.

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.

23
People's Experience Volunteers (▼4%)

631
public views gathered (▲2,900%)

People have increased opportunity to share their views and experiences

During Q4 we carried out engagement with members of the public to **gather their views** on palliative care services, to inform the development of a new Palliative Care Strategy. A total of 42 people were engaged through individual interviews (in person or by phone or video call) and/or focus groups.

The 13th survey of the **Citizens' Panel** – covering people's preferences for accessing health and care services and the NHS Scotland Climate Emergency and Sustainability Strategy – ran from November 2023 until January 2024. A total of 589 people responded (57% response rate). The survey report will be published in Q1.

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

Increasingly, we are commissioned to carry out Gathering Views work with **targeted communities and groups** across Scotland. This complements more general engagement with members of the public that has already been carried out by commissioning organisations – and reflects our expertise and reputation built up over many years. For the engagement on palliative care services, carried out in Q4, we were asked to specifically gather feedback from:

- people living in rural and island communities
- older people (with multiple health problems, long-term conditions and/or general frailty)
- parents, children, and young people
- carers, including bereaved carers
- people and families with experience of receiving specialist palliative care (such as a hospice day unit)

In February 2024 we launched a new web resource on [Engaging with… refugees and asylum seekers](#). This takes on board top tips gained from our work with these communities and includes discussion about the barriers faced. We thank the Scottish Refugee Council, Mental Health Foundation (Asylum and Refugee Programme), Caledonian University and NHS Greater Glasgow and Clyde's Improvement Team for their input into this resource.

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

Our 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.

The **Charter for the proposed National Care Service** is being continually reviewed and updated following insights and recommendations from the co-design process. Participants in the engagement work we undertook in October 2023 commented on an early draft of the Charter. A new draft version has since been released, which takes on board feedback that we gathered. The Charter will continue to be refined until the launch of the National Care Service.

Scottish Health Council: Draft Business Planning Schedule

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	▓	▓	▓	▓	