

SHCC MINUTES – V1.0

**Meeting of the Scottish Health Council Committee**

Date: 17 February 2022  
Time: 10:00am-12:30pm  
Venue: MS Teams

**Present**

Suzanne Dawson, Chair (SD)  
Christine Lester, Non-executive Director (CL)  
Dave Bertin, Member (DB)  
Emma Cooper, Member (EmC)  
Simon Bradstreet, Member (SB)  
Jamie Mallan, Member (JM)  
Alison Cox, Member (AC)

**In Attendance**

Ruth Jays, Director of Community Engagement (RJ)  
Tony McGowan, Head of Engagement and Equalities Policy (TMG)  
Derek Blues, Engagement Programmes Manager (DBI)  
Louise Wheeler, Service Change Advisor (LW) (Item 4.1)  
Kirsten Lawrence, Engagement Officer (Observer)

**Apologies**

John Glennie, Vice Chair (JG)  
Elizabeth Cuthbertson, Member (EC)  
Jane Davies, Head of Engagement Programmes (JD)

**Committee Support**

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

**Declaration of interests**

No Declaration(s) of interests were recorded

1.	OPENING BUSINESS	<u>ACTION</u>
1.1	<b>Chair's Welcome, Introductions and Apologies</b>	
	<p>The Chair (SD) welcomed everyone to the meeting via MS Teams and extended a warm welcome to Kirsten Lawrence who was observing the meeting as part of her induction to Healthcare Improvement Scotland-Community Engagement (HIS-CE). Thanks were extended to Derek Blues (DBI) who joined the meeting at short notice due to absence.</p> <p>SD provided the following update to the Scottish Health Council</p>	

	<p>Committee.(the Committee)</p> <p>1. A Board meeting to discuss Healthcare Improvement Scotland (HIS) strategy will take place on 23 March 2022. Committee members were advised there was an opportunity for them to join the meeting.</p> <p>Apologies were noted as above.</p>	
<b>1.2</b>	<b>Draft Minutes of Meeting</b>	
	<p>The draft minutes of the Scottish Health Council Committee meeting held on 11 November 2021, were approved as an accurate record of the meeting.</p>	
	<b>Matters arising</b>	
	<p>There were no matters arising.</p>	
<b>1.3</b>	<b>Review of Action Point Register</b>	
	<p>SD presented the action point register to the Committee.</p> <p>The Committee noted the content of the action point register and agreed that with the exception of action Item 3.5 27 May 2021, all other actions were complete.</p>	
<b>1.4</b>	<b>Business Planning Schedule</b>	
	<p>RJ presented the Business Planning Schedule to the Committee.</p> <p>The Committee noted the Business Planning Schedule.</p>	
<b>1.5</b>	<b>Proposed Business Planning Schedule 2022/23</b>	
	<p>The proposed Business Planning schedule for 2022/23 was presented to the Committee for comment and approval.</p> <p>The Committee were content with the proposed Business Planning Schedule with no further additions being made.</p> <p><b>Action</b> :SF to correct wording from Service Change Manager to Engagement Programmes Manager</p>	<b>SF</b>
<b>1.6</b>	<b>Director's Update (including Ways of Working)</b>	
	<p>The Director of HIS-CE (RJ) provided a verbal update to the Committee and highlighted the following points:</p> <p>1. Accommodation – the six-month Test of Change period to trial new Ways of Working will start from 4 April 2022 for all of Healthcare Improvement Scotland (HIS). She confirmed that all HIS-CE engagement offices would be retained during 2022/23 and that discussions are underway with NHS Boards to ensure that the offices they provide are fit for purpose, allowing equitable opportunities for all staff.</p>	

	<p>2. Capital Investment Group- Advised that following a recent successful meeting, SG are keen to ensure that community engagement is considered within capital investment proposals from the outset. RJ has been invited to join the Capital Investment Group to ensure there is sufficient evidence of community engagement prior to proposals progressing.</p> <p>3. From April, reconnection with health and social care providers and other stakeholders is planned and external communications will be in place to highlight the role and remit of HIS-CE.</p> <p>4. Interim Structure- Advised that all posts have been extended to September 2022 and a preferred candidate has been identified for the Principal Service Change Advisor post and will start in April 2022.</p> <p>5. <i>Planning with People</i> - work will recommence in April 2022 with our Quality Framework being aligned to this.</p> <p>The Committee thanked RJ for the verbal update and raised the following points:</p> <ol style="list-style-type: none"> <li>1. In relation to the accommodation for HIS-CE engagement offices, should co-location with voluntary sector organisations be considered?</li> <li>2. On Capital investment, will this include the disposal of acquisitions?</li> </ol> <p>In response to the points raised:</p> <ol style="list-style-type: none"> <li>1. The Committee were advised that this is something that could be considered in the future. It was also highlighted that at present there is nothing to stop engagement office colleagues reaching agreements with external colleagues for co-location.</li> <li>2. Advised the Committee that this will be something that would need to be looked into. But didn't think it was included.</li> </ol> <p><b>Action:</b> RJ to check out the disposal of acquisitions and get back to EmC</p>	<p><b>RJ</b></p>
<p><b>2.</b></p>	<p><b>SETTING THE DIRECTION</b></p>	
<p><b>2.1</b></p>	<p><b>Quality Framework for Community Engagement</b></p>	
	<p>The Engagement Programme Manager (DBI) provided a verbal update to the Committee and highlighted the following points:</p> <ol style="list-style-type: none"> <li>1. NHS Ayrshire and Arran including Health and Social Care Partnership (HSCP), Greater Glasgow and Clyde Women and Children Services, East Renfrewshire HSCP, Aberdeenshire HSCP and North Lanarkshire HSCP have shown interest in being test sites.</li> <li>2. Scheduled support sessions are now in place for Engagement offices who may be linked into the delivery piece with these partners.</li> <li>3. Monthly meetings are being held for the internal Quality Framework delivery group.</li> </ol> <p>The Committee enquired if DBI could foresee any reason for these five stakeholders not to take up the offer to be a test site?</p> <p>Assurance was provided to the Committee that although not guaranteed DBI was confident that this would happen, as taking part would be of</p>	

	<p>benefit to each stakeholder.</p> <p>The Committee thanked DBI for the verbal update.</p>	
<b>2.2</b>	<b>Engaging People in the work of HIS</b>	
	<p>The Head of Engagement &amp; Equalities Policy (TMG) provided a verbal update to the Committee and advised that preparations are underway in Fife for the first People's Experience Volunteering Panel roles. This will see a small group of members of the public join HIS as volunteers so that their opinions can be sought on a variety of issues relevant to the organisation including its strategy, key delivery areas, and individual work programmes. Should this first group prove successful, similar groups will be created within each of HIS-CE's four regions, providing a useful additional channel of engagement with the public for HIS, and a new way for people to volunteer with the organisation.</p> <p>The following points were raised by the Committee:</p> <ol style="list-style-type: none"> <li>1. Does HIS have an official line with regards to volunteers who are not vaccinated?</li> <li>2. When recruiting for the volunteers, is there consideration on how do we get a wide range of people to apply.</li> </ol> <p>In response to the points raised TMG:</p> <ol style="list-style-type: none"> <li>1. Advised that he would check around unvaccinated volunteers and get back to the Committee, but given that vaccination is not mandatory for NHS staff, it is unlikely it would be mandatory for volunteers</li> <li>2. Provided assurance to the Committee advising that we review our recruitment approach in advance of each volunteering opportunity to ensure we learn from our previous experience and maximise our reach. As a current example for the People's Experience Volunteers, we have engaged with local volunteering groups within the Fife area to learn from them the best ways to reach members of the public who may want to volunteer, and are incorporating these approaches accordingly. <p><b>Action</b> TMG to check on vaccination status for volunteers and feed back to committee members.</p> </li></ol>	<b>TMG</b>
<b>3.0</b>	<b>Committee Governance</b>	
<b>3.1</b>	<b>Scottish Health Council Committee Annual Report</b>	
	<p>SD presented to the Committee for review the draft annual report for 2021/2022.</p> <p>To assist the HIS Board in conducting a regular review of the effectiveness of the organisation's internal control systems, each HIS governance committee submits an annual report to the Board. The annual report describes the outcomes from the Committee during the year and provides assurance to the Board that the Committee has met its remit.</p> <p>After reviewing, the Committee suggested the following be added to the report.</p>	

	<ol style="list-style-type: none"> <li>1. Reflect on and include the opportunities created due to Covid 19, as well as the challenges</li> <li>2. Review the length of sentences within the report.</li> </ol> <p>The Committee agreed the content of the draft annual report 2021/22.</p> <p><b>Action</b> SD and RJ to look at where Covid opportunities might be included and sharpen up the editing of the document.</p>	<b>SD/RJ</b>
<b>3.2</b>	<b>Risk Register</b>	
	<p>RJ provided an update and advised the Committee that following discussions at the HIS Board Development day on November 17 2021 and the Audit and Risk Committee on November 24 2021, a new risk, (Risk 1163) has been added. This replaced risk 1120, taking account of the current context and capturing the risk associated with engagement in service change proposals during the pandemic.</p> <p>This risk has also been added to the HIS Strategic Risk Register.</p> <p>The Committee noted the changes made to the Risk Register.</p>	
<b>3.3</b>	<b>Rethinking Meaningful Engagement</b>	
	<p>RJ presented a paper setting out a range of actions designed to raise awareness of HIS-CE role in supporting NHS boards and integration authorities in taking forward meaningful engagement. The paper outlines the SHC's statutory assurance role and the need for health and social care providers to meet their legal requirements in this regard.</p> <p>The Committee found the paper useful and noted the following points:</p> <ol style="list-style-type: none"> <li>1. Narrative needs to be edgier and more direct.</li> <li>2. Boards need to take responsibility for engagement as they have the legal responsibility.</li> <li>3. Noted the role of the Committee is to help engage people - we have a statutory role.</li> <li>4. Important for committee members to build relationships with non-executives within Boards in a supportive way that would help them with their governance role.</li> <li>5. Asked how do we know what the challenges are for Boards and IJBs? How do we monitor and evaluate this?</li> </ol> <p>After discussion and recap, it was agreed that RJ would revisit some of the narrative based on the points raised above and send out the revised version to Committee members.</p> <p><b>Action</b> RJ to amend some of the narrative based on points raised and circulate updated paper to Committee members.</p> <p>The Committee thanked RJ for providing this update.</p>	<b>RJ</b>
<b>3.4</b>	<b>Service Change – Briefing for information</b>	
	DBI provided the Committee with an update and highlighted the following :	

	<ol style="list-style-type: none"> <li>1. Formation of an Engagement Practitioners Network in relation to service change, a work-shop was delivered in November to highlight the work it would cover.</li> <li>2. A short life working group has also been formed with colleagues from NHS Boards and Health and Social Care Partnerships to develop the aims, vision and practicalities for a network/community of practice. The Service Change team organised a first meeting for the 15 February and will share information about the development of the network/community of practice as a small test of change before widening the scope to the wider directorate.</li> <li>3. Service change workshops for NHS boards and Health and Social care partnerships continued in Q3 covering the following areas; <ul style="list-style-type: none"> <li>- Duties and principles</li> <li>- Planning effective engagement</li> <li>- Involving people in option appraisal</li> </ul> </li> </ol> <p>Following the update, a question was raised on what value can be added as an organisation to the Engagement Practitioners Network?</p> <p>DBI advised the Committee that prior to the workshops in November there was no place for practitioners to come together and this can help partners understand what their responsibilities are.</p> <p>The Committee thanked DBI for the update and agreed with his suggestion to make changes to the Service Change update template. They suggested the use of a table with a timeline would make it clearer to establish what stage each service change is at.</p>	
<b>3.5</b>	<b>Remobilisation and Operational Plan Progress Report – for information</b>	
	<p>DBL provided an update and highlighted the following points:</p> <ol style="list-style-type: none"> <li>1. Colleagues continue to deliver a broad range of high quality programmes of work and are now preparing for the new ways of working.(WoW)</li> <li>2. Webinars- A successful webinar on engaging with Gypsy/Traveller communities led by Engagement Officer Gillian Ventura took place last month, with 150 people, both internal and external, attending.</li> <li>3. Citizens’ Panel - during Quarter 3 we have undertaken Citizens’ Panel 8 and the results of this will be published in Q4 of 21/22.</li> </ol> <p>The Committee were advised that the webinar was still available if they wished to view and RJ provided the link for this.</p> <p>Thanks were extended to Gillian and all who were involved in the setting up of the webinar.</p> <p>The Committee thanked DBI for the update.</p>	
<b>3.6</b>	<b>Equality Mainstreaming Report update</b>	
	<p>TMG presented to the Committee various updates, including:</p> <ol style="list-style-type: none"> <li>1. The good progress made on the establishment of the three staff networks set up as part of the Equality Mainstreaming Action Plan.</li> <li>2. The development of an Inclusive Language Guide, which details</li> </ol>	

	<p>current best practice language in relation to each of the protected characteristic groups, as well as around socio-economic deprivation, homelessness and substance dependence providing feedback to enable this to be finalised.</p> <p>3. Progress on a project to develop guidance to support directorate staff to engage with diverse communities, including: people with learning disabilities, people with low literacy, people whose first language is not English and deaf users of British Sign Language.</p> <p>Following discussion the Committee highlighted the following points:</p> <ol style="list-style-type: none"> <li>1. Some questions around terminology used in the report.</li> <li>2. Importance of people not being penalised if incorrect wording/phrase is used.</li> <li>3. Where do people go if they don't fit into any of the networks?</li> <li>4. There is contradiction in the inclusive language guide on disability.</li> <li>5. Mental health not mentioned in the inclusive language.</li> <li>6. Neurodiversity is missing within the language guide as well as, dyslexia and dyspraxia. Clarity around this would be welcome.</li> </ol> <ol style="list-style-type: none"> <li>1. Assurance was provided to the Committee that people would not be penalised for use of wrong language so long as their intention is in line with our values and behaviours.</li> <li>2. Advised that the networks were cross-cutting and aimed at supporting staff from protected characteristics groups, who we have a commitment to support via our Equality Mainstreaming Action Plan.</li> </ol> <p>The Committee agreed that mental health and neurodiversity should be included and were asked to send any further comments on the guide to TMG.</p> <p>The Committee endorsed the next stage and asked for thanks to be passed onto Rosie Tyler-Greig who has led this work.</p>	
<b>3.7</b>	<b>Governance for Engagement sub-committee Minutes</b>	
	<p>TMG presented the Governance for Engagement sub-committee (GfE-SC) meeting minutes held on 20 January 2022. He also advised the Committee that work was continuing on the final report and this will be produced for the next SHC Committee meeting on 19 May 2022.</p> <p>It was agreed if the Committee could feed back any contributions to TMG.</p> <p>The Committee noted the GfE-SC meeting minutes and look forward to seeing the final report in May.</p>	
	<b>RESERVED BUSINESS</b>	
<b>4.</b>	<b>Service Change Sub-Committee meeting minutes</b>	
<b>4.1</b>	<p>DBI presented the Service Change Sub-Committee meeting minutes from the meeting held on 27 January 2022.</p> <p>Discussion also took place regarding NHS Ayrshire and Arran Chemotherapy (SACT) service paper and Amendments to Identifying Major Service Change Guidance.</p>	

	The Committee noted the sub-committee meeting minute and approved recommendations made by the Service Change Sub-committee on the items discussed.	
	<b>ADDITIONAL ITEMS of GOVERNANCE</b>	
<b>5.</b>	<b>Key Points</b>	
<b>5.1</b>	<p>After discussion, the Committee agreed the following three key points to be reported to the Board:</p> <ol style="list-style-type: none"> <li>1. Major Service Change guidance with reference to NHS Ayrshire &amp; Arran Chemotherapy</li> <li>2. Equality Mainstreaming Report</li> <li>3. Rethinking Meaningful Engagement</li> </ol>	
	<b>CLOSING BUSINESS</b>	
<b>6.</b>	<b>AOB</b>	
<b>6.1</b>	No AOB was discussed.	
	<b>DATE of NEXT MEETING</b>	
<b>7.</b>	The next Scottish Health Council Committee meeting will be held on 19 May 2022 10am-12.30pm venue TBC	
	<p>Name of person presiding: Suzanne Dawson  Signature of person presiding:    Date: 25/05/2022</p>	