

Meeting of the Scottish Health Council

Date: 24/08/2023
 Time: 10:00am-12.30pm
 Venue: Via MS Teams

Present

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

In Attendance

Clare Morrison, Director of Community Engagement & System Redesign (CM)
 Tony McGowan, Head of Engagement & Equalities Policy (TM)
 Claire Curtis, Acting Head of Engagement Programmes (CC)
 Richard Kennedy McCrea, Operations Manager (RKM)
 Christine Johnstone, Engagement Programme Manager (EPM), (CJ)
 Wendy McDougall, EPM (WM)
 Janice Malone, Programme Manager (Volunteering) (JMaL) (Item 3.4)
 Ann Gow, Directorate of Nursing and Systems Improvement

Apologies

Derek Blues, EPM (DBI)

Committee Support

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

Declaration of interests

No Declaration(s) of interests were recorded

1.	OPENING BUSINESS	<u>ACTION</u>
1.1	Chair’s Welcome, Introductions and Apologies	
	<p>The Chair (SD) welcomed everyone to the meeting and noted that Ann Gow, Director of Nursing and Systems Improvement, had joined the meeting to observe.</p> <p>It was also noted that this was the final meeting for three members of the Scottish Health Council, (SHC) Alison Cox, Elizabeth Cuthbertson and Simon Bradstreet.</p>	

	<p>The following updates were provided to the SHC</p> <ul style="list-style-type: none"> a) The recruitment to replace the outgoing members was progressing and advised that interviews will take place on 6 September 2023. b) Preparation for the SHC development day on 16 November 2023 was underway. c) Highlights were provided from meetings SD had attended since last meeting, including Board Chairs and Cabinet Secretary update, which included a deep dive on mental health and substance abuse. <p>Apologies were noted as above.</p>	
1.2	Draft Minutes of Meeting	
	The draft minutes of the SHC meeting, held on 25/05/2023, were approved as an accurate record of the meeting.	
	Matters arising	
	There were no matters arising.	
1.3	Review of Action Point Register	
	<p>The SHC reviewed the Action Point Register with updates being provided for each action point.</p> <p>17/11/2023 Items 2.5/3.3 Engaging People in the work of HIS To provide assurance to the SHC it was advised that there will be a refocus in the non-executive training and corporate parenting to ensure there are available options to coincide with the induction of the new SHC members in the Autumn. It was also confirmed that the Corporate Parenting Module was now available for completion.</p> <p>The SHC noted the content of the Action point Register.</p>	
2.	SHC GOVERNANCE	
2.1	Business Planning Schedule	
	<p>The Business Planning Schedule (BPS) for 2023/24 was presented for comment and noting.</p> <p>SD provided the rationale for the changes that had been made to the BPS.</p> <p>The following point was raised:</p> <ul style="list-style-type: none"> a) What impact will the merger of the Transformational Redesign Unit of the iHub (TRU) into the Community Engagement Directorate have on the SHC? 	

	<p>In response to the point raised the following assurance was provided to the SHC.</p> <ul style="list-style-type: none"> a) Noted there was a need to understand where the new elements fit and whether they continue to fit in other governance structures. b) It was also noted that the current governance measures for both sides of the directorate have to stay in place for now as there is still a need to fully understand the work. Further assurance will be provided at next meeting. <p>The Council members were comfortable with the changes made and noted the Business Planning Schedule.</p>	
<p>2.2</p>	<p>Director's Update</p>	
	<p>CM provided a paper about the work undertaken by the Director and the Directorate Leadership Team (DLT) in the past quarter which focused on the directorate's Organisational change.</p> <p>The following points were highlighted for discussion and approval;</p> <ul style="list-style-type: none"> a) Advised that the 12 week consultation process was now complete and provided assurance noting that the Organisational Change Report (the Report) was checked independently, endorsed by the HIS Governance Committee Chairs Group and then shared with the directorate. b) Noted the different methods of how feedback was received including 1:1s, Teams, e-mail and a weekly Q & As, with the answers provided in the Director's weekly update. c) Staff response to the Report was positive with a caveat re local presence. It was highlighted that the structure had now changed based on the feedback to ensure recruitment across Scotland. d) Advised that they are now in the final stages of Agenda for Change (AfC) and working through the appeals process for some of the Job Descriptions bandings. e) Highlighted that the next step would be matching colleagues to roles and dependent on the resolution of the AfC appeals it is hoped that this will be in the next week. <p>SD expressed her thanks to CM for the quality of the Report and noted her delight with the level of response from staff.</p> <p>Thanks was also extended to Lynda Nicholson, Head of Corporate Development who scrutinized all the feedback to ensure it had been accurately reflected in the Report.</p> <p>The SHC thanked CM for providing the update and raised the following points and feedback ;</p> <ul style="list-style-type: none"> a) The Report was readable, comprehensive and balanced. b) UNISON response (appendix 4) contains criticism but now feels it has been addressed. Have unions concerns been addressed? c) Pleased the issues raised by staff have been addressed. Where would the extra funding for the Social Research 	

	<p>Team come from?</p> <ul style="list-style-type: none"> d) How will recruiting to a part-time post, then making it fulltime, work? Is there a sum of money that would allow that? e) Concern about the culture? f) The high engagement shows people care. Is there an unintended learning from this process? g) Change to separate out the Associate Director role makes sense. h) Income generation: what is the implication if this does not happen? i) How do you keep an eye on ensuring staff don't get pulled into local based work as opposed to national? j) Some bandings are lower than anticipated, will there be some modelling on affordability? k) Has anything been done to support the leadership level? <p>In response to the feedback and points raised the following assurance was provided;</p> <ul style="list-style-type: none"> a) On Union response – hopeful we have addressed their concerns and hopeful that being able to see the full report was helpful for them. We believe we have moved forward with nothing outstanding. b) Social Research Analyst P/T to F/T funding –we are looking at opportunities where we can explore, not just Scottish Government (SG) funding but also from other sources. Also thinking about research grant opportunities. c) Culture concerns – nothing further was raised when an email from the Director was sent. d) Huge learnings will be taken from the two organisational changes that have taken place. e) Local/National relationships, each region will have a Strategic Engagement Lead to monitor the relationships. Each programme will have Project Officers recruited from each region. f) AfC banding –currently working through appeal process. g) Support for managers – Training has been arranged for managers. <p>The Council members felt assured and approved the Director's update.</p>	
2.3	Risk Register	
	<p>CM provided an update on the Risk Register and noted the following;</p> <p>Risk 1163 Service Change- Still concerns on service change but clear plans are in place for this.</p> <p>Risk 1239 – Noted that the wording on organisational change has now been aligned to the overall HIS organisational change risk and progress is being made to further reduce this risk.</p> <p>The SHC noted the Risk Register</p>	

2.4	Operational Plan Progress Report	
	<p>The Operations Manager RKM provided an update on the Directorate's progress carried out during Quarter 1 of 2023-24</p> <p>The following three topics were highlighted to the SHC for assurance and discussion.</p> <ul style="list-style-type: none"> a) Building Capacity- Examples were provided of positive feedback from NHS 24 Strategy on the usefulness and helpfulness the support had been from the directorate's staff in creating space for engagement. Feedback was also received from NHS Tayside for the support on some <i>What Matters to You</i> (WMTY) work and a discharge pilot. Also mentioned was the volunteering work to create modules to support volunteers. b) Raising awareness- Highlighted the monthly webinar programme continued to strengthen and advised this will be a focus for the new structure to enable a new two way learning process in the future. c) Increasing Diversity and inclusion- Provided assurance to the SHC with the rationale for the drop in engagement activity which was due to the phasing of activity: a lot of engagement had happened in the previous quarter and then the analysis and report writing of this engagement work had been taking place in the current quarter. <p>The Council members thanked RKM for providing the update and agreed that seeing the annual overview was beneficial and would help when compiling the SHC annual report.</p>	
3.0	STRATEGIC BUSINESS	
3.1/3.2	Evidence Programme overview / Evidence from engagement activities	
	<p>It was suggested to the SHC that both items 3.1/3.2 would be combined for this meeting with WM providing an update on the current activity and CC providing a brief overview of the current forward plans for the Evidence from Engagement programme.</p> <p>Both papers were provided for awareness and discussion.</p> <p>The following points were highlighted;</p> <ul style="list-style-type: none"> a) Gathering Views- Waiting Times Guidance, it was advised that work has now been completed and the report is in the final stages of production. The report is due to be published on 30th August. b) Implanted Medical Devices – It was noted that the directorate is currently supporting the Scottish Government (SG) with a Gathering Views exercise to strengthen its policy insight into patient experiences of receiving an implantable medical device. It was noted that a number of tests of change for this project were tried. An example was provided of live analysis of the demographics of the population recruited during this engagement which enabled the team to target the correct people to fill demographic 	

gaps. It was highlighted that 60 interviews were completed across Scotland and the analysis will be carried out from mid-September to mid-October with the final publication being scheduled for November 2023.

- c) "Engaging with" resources- Noted that "Engaging with" resources are being developed to provide guidance for practitioners. Advised that the intention of this is to develop credible, reliable information that can be accessed by the practitioners to help strengthen their engagement approaches. Once the system is live, feedback will be sought from practitioners and staff.
- d) Developing our reputation in providing evidence about how to engage- it was highlighted that the first part of this work will be the research in Citizens' Panel 13, and will build on our "Engaging with" content.
- e) Building evidence for engagement- it was noted the directorate is exploring opportunities to expand our activity, including potential income generation. It was advised that the directorate is currently funded by Scottish Government for two Citizens' Panels per year and will explore the potential to expand this through additional resource.
- f) Creating a proactive plan to expand our evidence work which prioritises national needs.

After providing the update, it was asked if the SHC could share their perspectives on the potential income generation, noting that this was not about commercialisation.

The SHC thanked both CC and WM for providing the updates and found the live example helpful.

The following points were raised,

- a) On income generation, it is important when costing to remember that both staff time and staff development should be built into this.
- b) What is the shortfall and what would be the approach to generating income? Is it being proactive or reactive and who would be providing the funding?
- c) A strategic overview is needed and whether some of the future work can support HIS's wider work on safety in the system and identifying views on this.
- d) Important part of this is sharing best practice and make it for public use and get funding this way. There may be opportunities for this in good quality engagement and evaluation process.
- e) Are there governance implications for this?

After discussion on the opportunities for funding it was agreed that CM and the new Head of Evidence (once appointed) would get in touch with Simon Bradstreet (SB) on how to progress this in terms of good quality engagement and evaluation process. The meeting was provided with the following assurances

- a) There should not be any governance implications with SG expanding the Citizens' Panel, as long as this is based on

	<p>improving engagement for the public good. SG have agreed to check this and confirm this is the case.</p> <ul style="list-style-type: none"> b) On income generation – it was noted that this is something that is already being looked at within the new structure, increasing resource in the Social Research team. c) This would be proactive based on the development of the directorate’s vision. <p>Action – CM and Head of Evidence (once appointed) to contact SB on how to progress this in terms of good quality engagement and evaluation process.</p>	
3.3	Improvement Programme overview	
	<p>A paper was presented to the SHC for awareness and discussion with the following highlights being provided;</p> <ul style="list-style-type: none"> a) People experience volunteers (PEV) –there is a move to seek to reset the PEV from Autumn onwards, with the aim to take the concept back to its original principals which was to develop regional opinion panels for topics of interest to Healthcare Improvement Scotland (HIS) including cross directorate work programmes. b) Children and Young people- noted that a corporate e-learning module is now compulsory for all HIS colleagues. c) HIS staff equality networks- advised that NHS Chief Executives are likely to be given a specific anti-racism objective. It was highlighted that the Race and Ethnicity Network would have the opportunity to influence this for HIS. d) Equality Impact Assessment (EQIA) - noted that there was a 15% improvement on baseline for Q1 for all external facing programmes, with work still required for internal facing policy and procedure development. Highlighted that the adoption of the Quality Framework should help with this going forward. <p>A question was asked around the Governance for Engagement process and if it had an impact on the 15% EQIA increase.</p> <p>It was advised that based on anecdotal feedback from the directorates TMG was confident that this has been a factor to the increase.</p> <p>The SHC thanked TMG for the overview with no further questions.</p>	
3.4	Volunteering in NHS Scotland	
	<p>A paper was presented to the SHC for discussion and comment.</p> <p>The following points were highlighted;</p> <ul style="list-style-type: none"> a) Volunteering Information System (VIS) replacement- advised by a verbal confirmation from SG that this will be funded. A business case for this has been prepared with a request of funding for 3 years, this will be submitted to SG 	

	<p>on Monday 28 August 2023.</p> <ul style="list-style-type: none"> b) The publication of the Best Practice Guide for Volunteering in NHS Scotland is nearing completion. Feedback from various stakeholders has been considered and added to the report which will be published on September. c) Various reports have been published including the Annual Survey of the volunteering practitioners' network which provides feedback on the value of the support offered. This feedback also helps to build the volunteering programme for the following year. It was noted that the engagement levels for this report were low with only 21% of members engaging in the survey. After a review was completed on the engagement from other reports/surveys, some improvement work will be set up to help increase the engagement in the future. <p>The SHC thanked JMaI for providing a comprehensive update and raised the following points;</p> <ul style="list-style-type: none"> a) Is there a policy for ensuring that volunteers don't replace paid roles? b) Applauded the work taken to ensure that there is a minimum standard that volunteers across NHS Scotland get paid travel expenses and noted that NHS Boards to have a budget to volunteer services. c) Anxious that there is only a verbal assurance for the new VIS. Keen to hear when there is something more tangible from SG. d) Also interested to see if there will be any investment in the continuation or expansion of the Tayside Pilot work. e) Are we aware why not all NHS Health boards use the induction training course for volunteers? f) To increase the engagement what sort of improvement work do you have planned? <p>In response to the points raised, the following assurance was provided;</p> <ul style="list-style-type: none"> a) Ensuring Volunteers are not replacing paid NHS staff - noted that Volunteer Scotland have refreshed and republished their Charter to ensure that Volunteers are not replacing staff roles or exploiting volunteers. They are currently looking at ways for this to be shared with the NHS Boards, which is a real priority. b) Induction training – advised that not all boards use this and some prefer to use their own. c) On improvement project to increase engagement- work is just at the early stages with the first step to do a deep dive to establish the people within the network. There are plans to do 1:1 conversations with as many people within the timeframe to establish if what is planned meets the needs of the volunteers. 	
3.5	Assurance Programme overview	
	<p>A paper was presented to the SHC for awareness and discussion The following points were highlighted;</p>	

	<p>a) Service Change, support for Partners- Main focus is on the Quality Assurance of Ayrshire & Arran (SACT) which has been designated as a major service change (this is also referred to in paper 4.1)</p> <p>b) Strategic support for statutory duties – It was advised 10 NHS boards and two Health and Social Care Partnerships (HSCPs) had volunteered to be part of developing a new process for assuring service change that doesn't meet the major threshold. It was highlighted that the process is progressing well with the first of two meetings already taken place. After the second meeting takes place all the information will be drafted together to update the flow chart that was presented in the paper. It was highlighted that the people involved were in agreement that there was a need for a new process and are pleased to be involved in its development. It was noted that one of the Boards is actively testing the process as it's developed.</p> <p>The SHC thanked CM and CC for the update and highlighted the following;</p> <p>a) Noted that the development of this process is a huge step forward and getting to this point with the level of engagement from Boards and HSCPs is really encouraging. It was also noted that having a Board actively testing as it progresses is really helpful.</p> <p>Thanks were extended to the Boards involved in the pilot.</p> <p>The SHC were supportive of the progress being made, with no further comments</p>	
3.6	Assurance of the engagement of people in the work of HIS	
	<p>A paper was presented to the SHC for discussion and decision. The following points on the Governance for Engagement report for Cycle 2 were highlighted;</p> <p>a) There are continued differences between the engagement achieved by external and internal facing directorates. It was noted there had been an improvement in this since Cycle 1.</p> <p>b) The increased use and application of EQIAs is a strong message that has come through for this cycle.</p> <p>c) Where Public Partners are being used they are demonstrating a positive impact.</p> <p>d) There is a key priority around logistical alignment between HIS governance processes to streamline evidence gathering and minimise duplication of effort.</p> <p>e) Focus for Q4 is testing of Quality Framework (QF) with three Directorates to ensure it is fit for this purpose.</p> <p>f) Noted that the report was shared with the HIS Executive Team (ET) for feedback.</p> <p>The SHC thanked TMG for the update and found the report really helpful</p>	

	<p>The following feedback from the ET was shared with the SHC.</p> <ul style="list-style-type: none"> a) Overall ET welcomed how supportive Cycle 2 felt and there was a plea to continue with that approach. b) ET agreed with the Q4 approach with the three directorates testing the QF. <p>A question was raised from ET on whether the GfE report should be going to the Quality Performance Committee (QPC) for information?</p> <p>It was agreed that CM & SD will discuss this separately and feedback to the SHC</p> <p>The SHC were content to approve the paper.</p> <p>Action CM and SD to discuss whether the GfE report should be going to the Quality Performance Committee (QPC) for information and feedback outcome to SHC.</p>	SD/CM
3.7	Engagement across Scotland: maintaining and building local relationships	
	<p>A paper was presented to the SHC for awareness and discussion.</p> <p>The following points were highlighted;</p> <ul style="list-style-type: none"> a) To provide assurance to the SHC, the paper provided an overview of the work the Engagement Programme Managers (EPM) had been involved in over the last year. It was highlighted that a lot of progress has been made in shifting the balance of relationships with colleagues and Boards and will help moving forward. b) The basis of the paper was also to highlight some of the challenges that the EPMs have had and note some of the gaps that will be required to work on. c) It was noted that this form of paper will be the responsibility of the incoming Strategic Engagement Leads when the new structure comes into place. <p>The SHC thanked CJ for providing the summary and highlighted the importance of having the correct balance between the local and national picture.</p> <ul style="list-style-type: none"> a) It was noted that the paper provides a lot of reassurance on what is happening, it was also noted that the movement in the North region and the planning around exit arrangements to a more strategic role is also reassuring for the SHC to hear. b) It was also noted the awareness of the challenges in building the relationships with some HSCPs. c) Excellent paper and good for sharing some of the learning to other areas. <p>The SHC welcomed the paper and gained assurance from it.</p>	
4.0	RESERVED BUSINESS	

4.1	Service Change Sub-Committee meeting minutes	
	<p>The draft minutes from the Service Change Sub-Committee on 27/07/2023 meeting were presented to the SHC for comment.</p> <p>Approval from the SHC was requested on the draft report on NHS Ayrshire and Arran's consultation on Systemic Anti-Cancer Therapy (SACT) services.</p> <p>The draft SACT report was approved by the SHC and the minutes from the Service Change Sub-Committee meeting on 27 July 2023 were noted with no further comment.</p>	
5.0	ADDITIONAL ITEMS of GOVERNANCE	
5.1	Key Points	
	<p>After discussion, it was agreed the following three key points to be reported to the Board;</p> <ol style="list-style-type: none"> 1. Governance for Engagement 2. Volunteering 3. Organisational Change 	
6.0	CLOSING BUSINESS	
6.1	AOB	
	<p>On the agenda structure, SD would like to hear feedback on this. It was agreed that SD and CM would review this prior to the next meeting to ensure it is fit for purpose.</p> <p>After some reflection on the contribution of the three exiting SHC members had made over the years, SD expressed her thanks and gratitude to them all wishing them the best for the future.</p> <p>Action SD and CM to review the new agenda structure for next meeting.</p>	SD/CM
7.0	DATE of NEXT MEETING	
7.1	<p>The next Scottish Health Council meeting (Development day) will be held on: Thursday 18 Nov 2023 Delta House Conference Room 1 10.30-15.30</p>	
	<p>Name of person presiding: Suzanne Dawson</p> <p>Signature of person presiding </p> <p>Date: 30 November 2023</p>	