NHS Highland
Internal Audit Report 2018/19
Strategic Engagement and Consultation
November 2018
# Executive Summary

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Conclusion

We have gained assurance that NHS Highland has an effective approach to strategic engagement which is aligned to the Scottish Government guidelines, and which has evolved over time under the guidance of the Head of PR and Engagement. However, going forward there is a need to continue to maximise sharing of good practice and ensure that sufficient skills, knowledge and experience are available to support service change projects on an ongoing basis.

Background and scope

There are a range of pressures on the organisation, including increasing demand for services, public expectation, clinical and technological developments, demography and remote & rural issues. These issues combine to put increasing pressure on current models of health and social care, and there is now broad consensus that extant models are not sufficiently sustainable (NHS Highland Quality and Sustainability Strategy and Plan, 2017).

The Highland Care Strategy\(^1\) outlines NHS Highland’s vision for the future delivery of health and social care services. It sets out the 12 principles by which decisions on service development, redesign and delivery should be taken. At the heart of many of the principles is the need to work together, with staff, service users, communities and influential leaders to achieve better shared decision making.

An effective engagement approach would therefore contribute to achieving this vision.

In accordance with the 2018/19 Internal Audit Plan, we reviewed the approach to engagement and consultation with the public and key stakeholders, using a sample of the boards strategic service planning and redesign projects.

The redesign projects reviewed were Caithness, Badenoch & Strathspey and Children and Young People’s Neurodevelopmental Needs. The first two followed the Scottish Government CEL04 (2010) guidance for major service change approach and the latter the Rapid Process Improvement Workshop (RPIW) approach.

We have focussed on the systems and processes in place to engage and consult on redesign projects; this is not an audit or review of the ultimate decisions taken. We acknowledge that multiple stakeholders can often have strong and differing views on the outcomes arising from engagement, including where this impacts particular communities and groups.

\(^1\) https://www.nhshighland.scot.nhs.uk/Meetings/BoardsMeetings/Documents/Board%20Meeting%202012%20August%202014%20Highland%20Care%20Strategy%20Strategy.pdf
Two improvement actions have been identified from this review, both of which are related to the design of the controls. See Appendix A for definitions of colour coding.
Key findings

Good practice

We have gained assurance that NHS Highland’s procedures reflect good practice in a number of areas:

- The NHS Highland approach to strategic engagement and consultation is consistent with key principles of CEL04 (2010), involving stakeholders in service decisions.
- The approach to major service change project consultation and engagement, as defined in CEL04 (2010), has been communicated to stakeholders and members of the project teams.
- The Head of PR and Engagement has been a driving force in translating the CEL04 (2010) process into NHS Highland ways of working;
- Alternative approaches have been identified to support stakeholder engagement in re-design work not considered major under CEL04 (2010), i.e. RPIW.
- Stakeholder identification and stakeholder planning is in place for both approaches;
- Staff demonstrated a good understanding of the value of effective stakeholder engagement and consultation;
- Reports are provided to both stakeholders and governance forums on the effectiveness of the engagement process.

Areas for improvement

We have identified a small number of areas for improvement which, if addressed, would strengthen NHS Highland’s control framework. These include:

- Considering contingency and/or succession planning arrangements to support engagement and consultation activity when the Head of PR and Engagement leaves NHS Highland.
- Developing a framework to ensure that knowledge, skills and experience gained during re-design projects with are effectively shared and utilised by NHS Highland.

These are further discussed in the Management Action Plan below.
Impact on risk register

The NHS Highland corporate risk register (dated August 2018) included the following risks relevant to this review:

- Risk 120 - Failure to recruit and retain specialist staff because of manpower shortage in remote and rural locations resulting in inability to deliver specialist services (high rating)
- Risk 124 - Public, patients and politicians may not support planned changes because of ineffective public engagement resulting in inability to deliver change plan (high rating)

Acknowledgements

We would like to thank all staff consulted during this review for their assistance and co-operation.
Management Action Plan

Control Objective 1: NHS Highland has an overarching strategy for engagement and consultation, aligned with its objectives and Scottish Government standards\(^2\)

No significant weaknesses identified

The NHS Highland strategic engagement strategy is in line with the Scottish Government CEL04 (2010) guidance for major service change. The CEL04 (2010) provides more detail on the actual consultation and engagement approach including the role of the Scottish Health Council, as quality assurance. NHS Highland references CEL04 (2010) in its strategy and on the website under each major service change project.

The strategy aims to build skills and capacity through its five workstreams, by focussing on practical tools, skills and regular ongoing engagement with external stakeholders. Senior Managers and the Board (via quality and finance plan) have been provided with updates on the effectiveness of the strategy as part of regular performance reporting mechanisms.

We also acknowledge and support the action proposed for NHS Highland (recommendation 12) in the recent Corporate Governance report to review the communication and engagement strategy generally, across NHS Highland’s operations.

\(^2\) Informing, engaging and consulting people in developing health and community care services - CEL2010_04 - 2010
Control Objective 2: The strategy has been communicated to staff, in sufficient detail to embed the approach across service planning and redesign activities

2.1 Role of Head of PR and Engagement

Whilst there is information on the NHS Highland approach to strategic engagement (strategy, CEL04 (2010) and RPIW) application of process relies substantially on skilled and knowledgeable staff (Head of PR and Engagement and Kaizen Promotion Office).

For those projects following the CEL04 (2010) process, there was too strong a reliance on the Head of PR and Engagement, as she is one of the few members of staff who have experience of undertaking more than one consultation process. Staff in the project teams felt that documented guidance alone would not be sufficient to deliver an effective consultation process. The current role supports the projects not only in undertaking day to day communication activities but through providing a wealth of skills, knowledge and experience. In particular it was felt that the remit of the role across NHS Highland provided insight into other activity or work with stakeholders, lessons that should be taken on board, insight into the thoughts of senior managers and staff on the ground.

As the post holder is due to leave NHS Highland early in the New Year, the way forward is currently under review and subject to final discussion and approval by the Board with input from the existing post holder.

Risk

There is a risk that the NHS Highland strategy to stakeholder consultation and engagement is not effectively overseen due to capacity issues as a result of the post holder leaving at the end of the year, potentially leading to inconsistent/ineffective communication and reputational damage.

Recommendation

The findings from this audit should be considered as part of the review of the Head of PR and Engagement post, recognising that the role is seen as crucial to good engagement and consultation.

Management Action

The review of the role has been completed and the position of an Interim Head of PR and Engagement is being advertised. Hand-over arrangements for existing redesigns have been scheduled.

A subject expert will be identified as ‘Coach’ to support ongoing re-design projects and any new major service change projects.

Action owner: Chief Executive, NHS Highland

Due date: February 2019
Control Objective 3: Service planning and redesign activities have identified the key messages, stakeholders, timings, supporting resources, methods of communication and expected outcomes of the engagements/consultations

No significant weaknesses identified

Although the format of the plan differs there is a structured approach to stakeholder engagement in both the CEL04 (2010) and RPIW approach, which identifies:

- the stakeholders;
- why, when they should be engaged;
- how the feedback from engagement will be monitored.

We found that the expected approach was applied to all re-design projects reviewed.
Control Objective 4: Project engagement and consultation is monitored on an ongoing basis as it progresses, to support oversight and allow adjustments to be made

No significant weaknesses identified

We found that responsibility for monitoring project communications and engagement was evident in all service re-design projects reviewed. In both approaches there was a quality assurance role undertaken either by a group/individual within the governance structure and through use of independent advisors (Scottish Health Council / Kaizen Promotion Office).

Reports were made to a range of people within the governance structure and externally through a range of methods including highlight reports, presentations, oral reports at meetings, RPIW report out sessions etc. Formal reports by the Scottish Health Council are also available via their website. We found the minutes of meetings particularly helpful in ensuring that actions were appropriately allocated to an individual and that these actions were then followed up by the relevant governance group.

We noted that project staff involved in the CEL04 (2010) approach demonstrated a strong understanding of the value of engagement and consultation.
Control Objective 5: Engagement and consultation effectiveness is evaluated and reported appropriately

5.1 Knowledge Utilisation

There are a number of mechanisms in place to capture and report (orally and documented) on the effectiveness of the communication and engagement activity. These include:

- Scottish Health Council reports (Badenoch and Strathspey only as Caithness has yet to be published);
- Project documentation;
- RPIW report-outs;
- Engagement with project staff on an ongoing basis.

Although the projects are at differing stages, lessons learned and sharing of knowledge across the organisation could be further improved as:

- Historically the majority of staff involved in a CEL04 (2010) consultation may only participate in one during their career and therefore the skills and knowledge gained are not captured or used utilised by the organisation;
- There is a reliance on the Head of PR and Engagement to ensure that lessons are shared between consultations (linked to MAP 2.1, above);
- Staff engagement in RPIW report out events is variable;
- Staff identified a number of learning points from the wider project, e.g. that the length of the CEL04 (2010) process means that re-engagement with key contacts (e.g. due to re-election) is frequently required – sharing this point more widely could lead to improvements in the quality of early documentation presented to the Scottish Government and availability of resources for ongoing engagement whilst the Business Case is being considered.

Risk

There is a risk that communications and engagement activities are being repeated leading to wasted resources, as the knowledge sharing framework is not able to take advantage of the opportunities presented.

Recommendation

Managers should review the current approach to sharing knowledge and skills and put in place an effective knowledge utilisation framework. This could include:

- Freeing staff resource to join improvement or consultation activities;
- Reviewing the effectiveness of the report-out mechanism for RPIW’s;
- Developing a database of activities, contacts and lessons learned (this is already being developed for RPIW activities).
Management Action

To identify:
- appropriate talent to support engagement and consultation;
- coaches to support engagement and consultation.

To oversee:
- major service redesign projects being written up within 3 months of each stage completion (e.g. outline business case, after publication consultation), including a detailed list of participants and their level of involvement (used as prime contacts for coaching in the next re-design activity).

**Action owner:** Chief Executive, NHS Highland  
**Due date:** April 2019
Appendix A – Definitions

Control assessments

- **R** Fundamental absence or failure of key controls.
- **A** Control objective not achieved - controls are inadequate or ineffective.
- **Y** Control objective achieved - no major weaknesses but scope for improvement.
- **G** Control objective achieved - controls are adequate, effective and efficient.

Management action grades

- **4** Very high risk exposure - major concerns requiring immediate senior attention that create fundamental risks within the organisation.
- **3** High risk exposure - absence / failure of key controls that create significant risks within the organisation.
- **2** Moderate risk exposure - controls are not working effectively and efficiently and may create moderate risks within the organisation.
- **1** Limited risk exposure - controls are working effectively, but could be strengthened to prevent the creation of minor risks or address general house-keeping issues.