

NHS Highland



Meeting: NHS Highland Board
Meeting date: 29 November 2022
Title: Engagement Framework
Responsible Executive: Fiona Hogg, Director of People and Culture
Report Author: Ruth Fry, Head of Communications and Engagement

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- 5 Year Strategy, Together We Care, with you, for you.

This report will align to the following NHS Scotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well	Thrive Well		Stay Well		Anchor Well	
Grow Well	Listen Well	x	Nurture Well		Plan Well	
Care Well	Live Well		Respond Well		Treat Well	
Journey Well	Age Well		End Well		Value Well	x
Perform well	Progress well					

2 Report summary

2.1 Situation

The Sturrock Report recommendations included a requirement for NHS Highland to develop a Communications and Engagement Strategy.

NHS Highland is now implementing the second year of its three-year Communications and Engagement Strategy, which sets the direction for the development of these functions in the Board, with annual action plans presenting the detailed activities required by the Communications and Engagement Team. Updates on this Strategy are reported to the Staff Governance Committee.

Argyll and Bute Health and Social Care Partnership already has an agreed Engagement Framework and reports to the IJB on this.

There remained a requirement, however, for a strategic-level blueprint to shape and guide engagement activity across all services. This Engagement Framework fulfils that function. We have referred to it as a 'framework' because it provides the guidance, procedures, templates and training for services to implement appropriately and proportionately. It is a set of tools for them to work with, and will be supported by advice from the Communications and Engagement Team.

The Board are being asked to approve the Framework.

2.2 Background

2.2.1 Developing the Framework

The Framework has been developed by a Short-Life Working Group (SLWG) which included NHS Highland colleagues with engagement experience, trusted partners such as Healthcare Improvement Scotland, and representatives of people who use our services and carers. We also invited representation from Argyll and Bute HSCP and have worked to ensure the NHS Highland Framework sits logically alongside theirs. We thank all of the participants for their time and commitment: the Framework is stronger and more representative because of their input.

The draft Framework was shared with groups representing communities of interest and of location for comment. A summary of feedback received is included at Appendix 3.

2.2.2 The content of the Framework

The SLWG agreed aims for the Framework, and set out what we mean by community engagement. The Framework is intended to support external engagement with people and groups affected by potential service changes: however, its ethos and much of its content can equally be applied to internal engagement with colleagues.

We have established Engagement Values, which have already been adopted by some services and partners to guide their work, and outlined a model Engagement Cycle, based upon the national Planning With People guidance.

Key Performance Indicators are included in the Framework and it is anticipated that these will be reported to Committees.

The Framework also lists the supporting ‘tools’ such as training, templates and guides, available, including some already completed and some yet to be developed. The SLWG was supportive of a policy for reimbursement of volunteers to be developed, to recognise the time commitment of those with lived experience who may be called upon to support engagement, and the Framework commits to take this work forward.

The SLWG felt strongly that the Framework should allow for ‘two-way’ engagement and provide a structure not only for NHS Highland to ask for input on proposed changes, but also for people who use our services to suggest areas where they would like to engage, with a focus on service improvement. The Framework therefore incorporates support for community-led engagement, and proposes an annual budget of £2,500 is allocated to support such projects, which should be put forward by the Advisory Group and agreed by the Oversight Group.

2.2.3 Proposed governance arrangements

The Framework proposes a governance structure with an Oversight Group reporting to the Highland Health and Social Care Committee (HHSCC) and Clinical Governance Committee (CGC). These committees have endorsed the framework.

The Oversight Group would be supported by an Engagement Advisory Group, which would reflect the views and input of communities, people who use our services, partners and staff. An additional annual budget of £2,500 is proposed

for the purposes of ensuring accessibility of these groups, to cover, for example, British Sign Language interpretation, or help enable carers and parents to participate, as well as to provide materials in different formats as needed.

Draft roles and remits for these groups have been influenced by the HHSCC and CGC, and are attached as Appendix 2a and 2b.

2.3 Assessment

The Engagement Framework has been co-produced with our communities and partners. Initial drafts have been well-received and several services have already begun implementing engagement supported by the values and tools encapsulated in the Framework.

We recommend the Board approves the Framework.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	x	Moderate	
Limited		None	

Comment on the level of assurance

Engagement and consultation around the development of the Framework has been substantial, providing a high level of confidence that it meets the needs of our communities. The proposed governance arrangements must now ensure the Framework approach is embedded across the organisation.

3 Impact Analysis

3.1 Quality/ Patient Care

Best practice engagement promotes the health and wellbeing of staff, patients and the wider community.

3.2 Workforce

This paper supports the Staff Governance Standard, specifically

- Well informed
- Involved in decisions

3.3 Financial

Services are required to fund their engagement activities: while the corporate Communications and Engagement Team can offer advice and support, there is no central budget for engagement.

An annual revenue budget of £2,500 is requested to ensure equality of access to the Engagement Advisory Group.

An annual revenue budget of £2,500 is requested to support community-led engagement projects.

The Volunteer Reimbursement Policy may have a moderate impact on future costs.

3.4 Risk Assessment/Management

This report relates to EDG Strategic Risk Register risk number 877: “There is a risk of services being designed and delivered in ways that make them unsuitable or inaccessible to some people; because of lack of resourcing of, or commitment to, partnership working and engagement, leading to poorer health outcomes and reduced wellbeing for people in Highland and Argyll and Bute, and damaging the performance and reputation of NHS Highland. The introduction of the Engagement Framework is a significant mitigating factor.

There remains a risk that services will not implement or utilise the Framework. This will be mitigated by ongoing training and awareness-raising, and reporting to Committees of services’ KPIs. A revised strategic risk, with appropriate actions and ownership is being developed.

3.5 Data Protection

Where individual projects may involve personal information, advice must be sought from the Data Protection Team to ensure the correct risks have been considered and documentation completed.

3.6 Equality and Diversity, including health inequalities

The development of an Engagement Framework is a key step towards ensuring we meet our duty to engage with people with protected characteristics.

3.7 Other impacts

n/a

3.8 Communication, involvement, engagement and consultation

This Framework has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Highland Health and Social Care Committee, 2 November 2022
- Clinical Governance Committee, 3 November 2022

- Engagement Framework Short-Life Working Group
- Healthcare Improvement Scotland Community Engagement
- Argyll and Bute HSCP
- Highland Council Housing and Maintenance & other departments
- Public representatives
- Unpaid carer representatives
- The wider community including:
 - a. Partner organisations
 - b. Third sector and community groups
 - c. Community Planning Partners
 - d. Community Councils
 - e. NHS Boards and HSCPs from other areas
 - f. National organisations such as the Alliance and Scottish Recovery Network

4 Recommendation

- **Decision** – to approve the Framework

4.1 List of appendices

The following appendices are included with this report:

Appendix 1: NHS Highland Draft Engagement Framework

Appendix 2a: Role and Remit Community Engagement Oversight Group

Appendix 2b: Role and Remit Community Engagement Advisory Group

Appendix 3: Feedback received and incorporated

September 2022

WORKING TOGETHER FOR A BETTER FUTURE

2021 - 2025



Engagement Framework



Final draft Plan - 7th September 2022
To be reviewed April 2025



NHS Highland wants to have a consistent and meaningful approach to listening to and engaging with people who live, work and volunteer in the Highlands



We will do this by producing a framework that meets our statutory duties, moral responsibilities and core values

Our framework aims to:

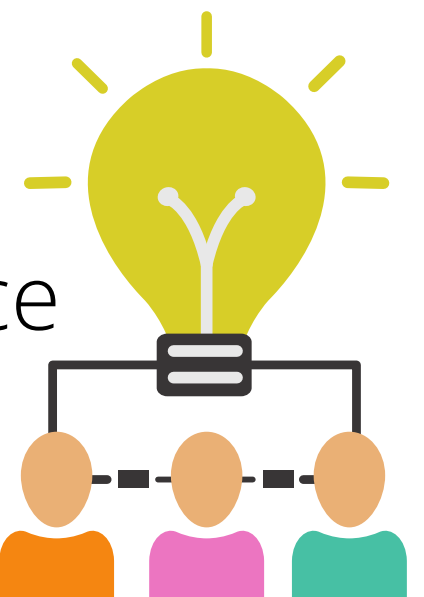
- provide clear ways for managers and staff to engage with and empower people to inform plans, decisions, policy, practice and change
- foster partnership and values based approaches to engagement with our communities and partners
- provide assurance and accountability to communities, partners and our Board, that engagement is meaningful, leads to action and demonstrates the difference it has made

What we mean by Community and Engagement

Community refers to a group of people who share a common place, a common interest, or a common identity. There are also individuals and groups with common needs. It is important to recognise that communities are diverse and that people can belong to several at one time.



Engagement covers a range of activities that encourage and enable people to be involved in decisions that affect them. This can range from encouraging communities to share their views on how their needs are best met and influence how services should be delivered, to giving communities the power to inform decisions and even provide services.





Our Engagement Values

Friendly

engagement will be welcoming, and appealing for, individuals, communities, partners and our staff

we want people to feel safe to share their views

Inclusive

we will go to where people are and everyone will be able to engage with us in a way that best suits them

we will be open and sharing with information

Timely

early engagement and participation will take place during planning and service redesign

continuous conversations with communities will be the norm

Meaningful

lived experience and peoples views and ideas will be at the heart of our plans and decisions

feedback will be valued as a gift

Together

redesign will be needs led and co-design will be the main approach for developing plans and services

people will be true partners

Responsive

we will tell people how their contributions has informed plans and decisions

people will know the difference they have made



ENGAGEMENT FRAMEWORK

How

- Develop engagement standards and processes based on guidance and good practice
- Provide training, engagement tools and templates to support staff to engage with communities
- Regularly evaluate engagement to, learn, share and improve practice
- Utilise Care Opinion to capture experience and feedback at the point of contact
- Set up governance arrangements, to make sure engagement is meaningful, follows good practice and informs decisions
- Link feedback and complaints to engagement processes & reporting

Why

- Duty to involve people in how services are planned, delivered and improved
- Plans for change should be based on experience of those most or disproportionately affected, as well as clinical and other important information
- Involving people early, leads to better decisions and quality services and helps to identify and address potential health inequalities - no one is left behind
- The benefits of change are recognised and supported by communities, staff and partners

What

- Develop different ways to communicate with individuals, groups and communities
- Build relationships with communities and trusted partners, working together on the areas that matter most to people
- Develop different ways to hear views and empower people with lived experience, to inform how we plan and deliver services
- Make sure the experience of vulnerable and disadvantaged groups and individuals are sought, valued and inform plans
- Make the most of every contact, collecting feedback and experience from people as they connect with services

Who

- Patients, carers, people who need the health and care services we provide
- Young people and people from protected, vulnerable, disadvantaged groups and communities of experience
- People who live in remote and rural and island communities
- Trusted partners who support people who need our services
- Staff, clinicians, managers and agencies who work along side us
- Everyone who lives and works in the North NHS Highland area (Argyll and Bute HSCP has its own similar Framework)

Governance

Engagement Oversight via group or committee ← Part of NHS Highland Board and Health and Social Care Partnership agendas →

What does this mean to me?

Why



The Framework will help NHS Highland staff and people who work with us to understand our responsibilities and commitments to involving people in decisions that affect them.

It should also help communities to understand their rights to be involved in decisions about their care, medical treatment and plans for current and future services.

Who

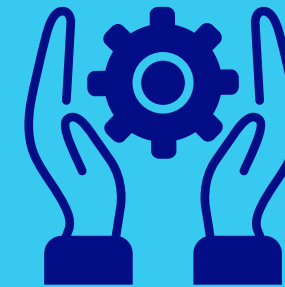


The Framework applies to all NHS Highland health and social care staff at all levels.

It also relates to everyone who lives, works and volunteers in the NHS Highland area.

It is designed to help ensure that communities of experience and vulnerable and protected groups are listened to and included within plans and important decisions.

What

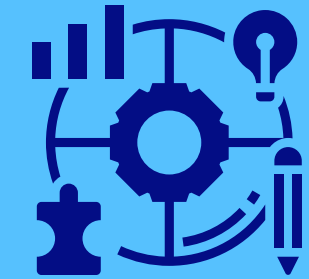


The framework will enable true partnership working to be adopted.

NHS Highland staff, people who need our services and communities will work together to identify and create engagement approaches and opportunities.

People with lived experience will be valued and empowered to inform and influence plans and decisions.

How

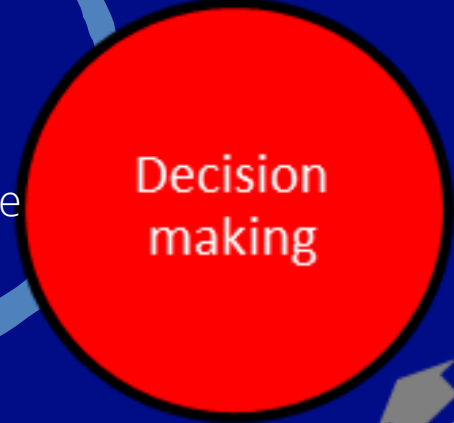


The Framework will act as a blueprint mapping different ways to meaningfully engage and involve individuals and communities in important decisions.

It will provide clear pathways and governance structures that ensure engagement is meaningful and considers relative impacts.

Training and support will be provided to all, at all levels, to make sure the framework works in practice for everyone.

Engagement Cycle



Feedback on decisions/outcome and maintain regular ongoing communication with people, organisations and communities
Responsive and Ongoing

Clear purpose of engagement and what will it include and timescales involved
Timely

Identify and involve people & organisations who may be affected
Inclusive

work together to understand the impacts, and overcome potential barriers to engagement
EQIA - Friendly

work together to plan and deliver appropriate engagement
(Together and Friendly)

use methods best suited for people and purpose
(Together and Inclusive)

Clear, regular communication with people, organisations and communities
Transparency and Responsive

Understand impact of engagement and the difference it has made to plans and decisions
Meaningful and Together

In **all** cases, the **decision-making process must be transparent** and clearly **demonstrate** that the **views** of communities **have been taken into account**. Organisations will be required to show that these principles are embedded in their practice

[Planning With People \(www.gov.scot\)](http://www.gov.scot)

Inner circle - Planning with People Engagement Cycle
Outer circle - NHS Highlands Steps to Engagement & **values** they are linked to

Levels of Engagement

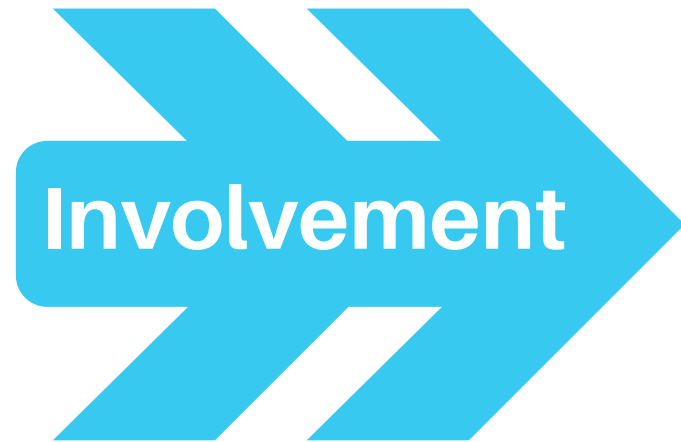
Inform

Consult

Involve

Shared decision making

Partnership working



Newspaper and social media releases

Public information stands and exhibitions

Newsletters and podcasts

Online, paper or telephone surveys

Seeking comments on plans and recommendations

Patient/carer representation on committees and groups

Focus, discussion groups & conversation cafes'

Public or patient involvement at the start of service redesign or project

Patient stories

Joint standing on working groups

Citizen panels or Assemblies

Public and community representatives active partners in ongoing service improvements

public and partners co-creating service plans, options and strategies

Community or Partner led initiatives

Co-production, experience based co-design & Scottish Approach to Service Design

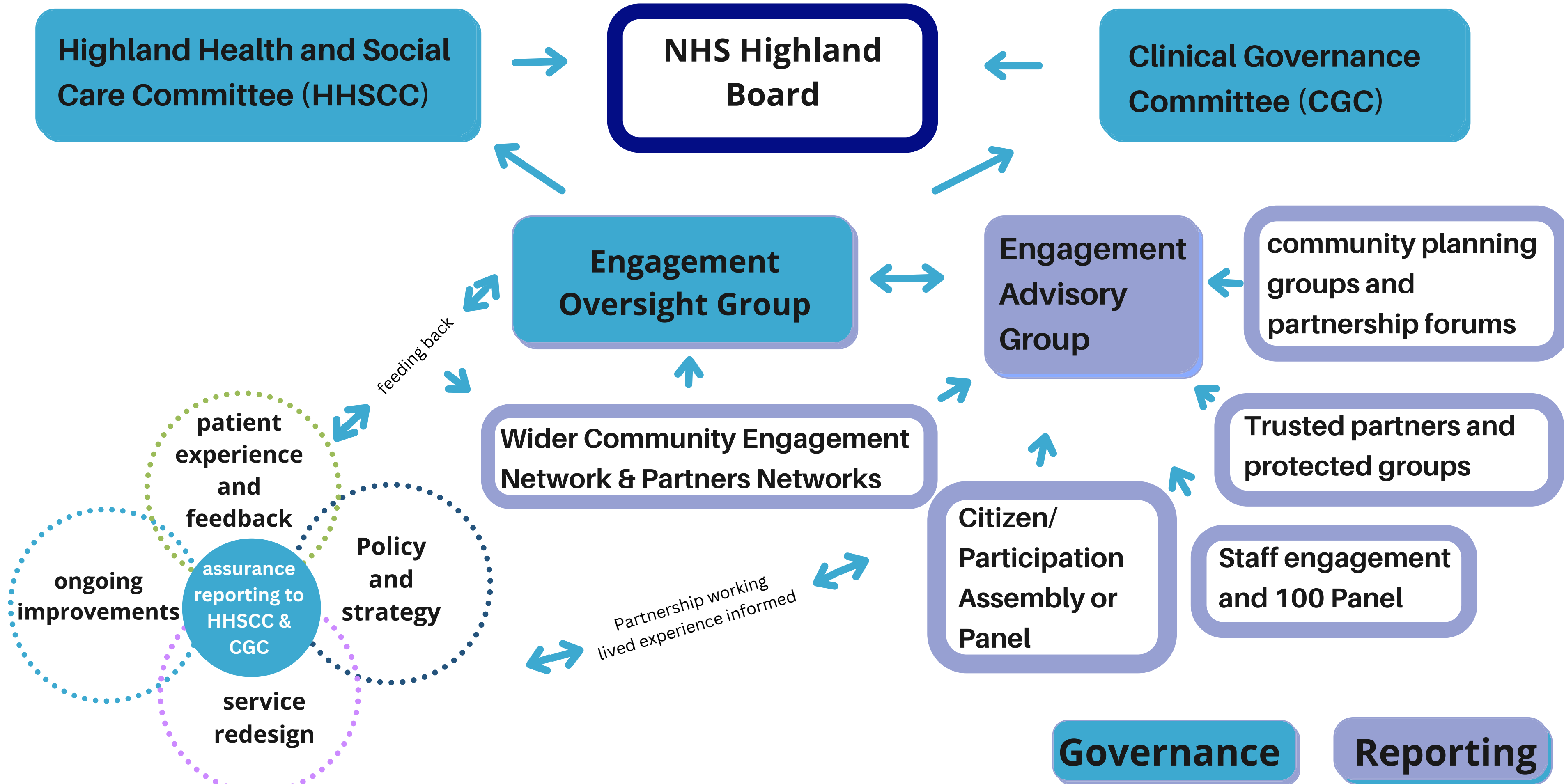


communication



Empowerment

Proposed Governance Structure



Suggested Functions

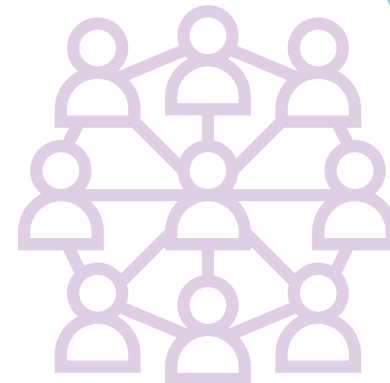
Engagement Advisory Group

Provides feedback and advice , shares good practice and Informs development of procedures, networks and training.

comments on draft engagement plans and road tests public facing information and surveys

- Representatives of people who need services
- Carer representatives
- Communities of interests and experience
- Young people
- Trusted partners (like HIS-CE, THC, TSI)
- Staff and service representatives

meets bi-monthly via Teams with periodic face to face meetings



Engagement Oversight Group

Provides assurance that NHS Highland meets its statutory duties, the National Standards for Community Engagement and our core values to involving people in important decisions that may affect them, the people they care for or their community.

- Sets and oversees Key Performance Indicators
- Ensures proportionate, meaningful engagement informs decision making in key projects and service redesigns, considering impacts and vulnerable/protected groups
- Ensures appropriate evaluation of engagement
- Shares engagement metrics with services for improvement purposes

meets quarterly with exception reporting, as needed

Citizen's Panels or Assembly & Staff Engagement & Panels

Population & staff representative panels to provide feedback and suggestions on key topics and themes, to support strategic planning and understanding of what is important to our population and workforce.

Digital and face to face periodic engagement, with identified members

Community Engagement and Partner Networks

An honest, transparent, two-way space, between our communities, population and our partners. Various engagement opportunities to support different interests, projects and preferred methods for engagement will exist, in partnership with others, where possible.

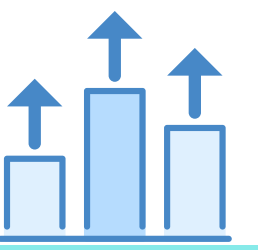
variety of ways and frequencies for engagement

People and groups will share and select topics of interest for exploration and improvement, that will be community led, and supported by us. Periodic communications and 'gatherings' will take place to provide updates and sense checking that people are being heard and accurately understood.



Key performance indicators

How will we know we are getting it right?



Strategic level

- Services feel more confident they are engaging well
- People who need services will report an improvement and say they feel their input made a difference
- Services receive a regular stream of feedback from people who access services from a range of sources
- We can show that feedback and lived experience has been used to inform strategy at the highest level

Service redesign level

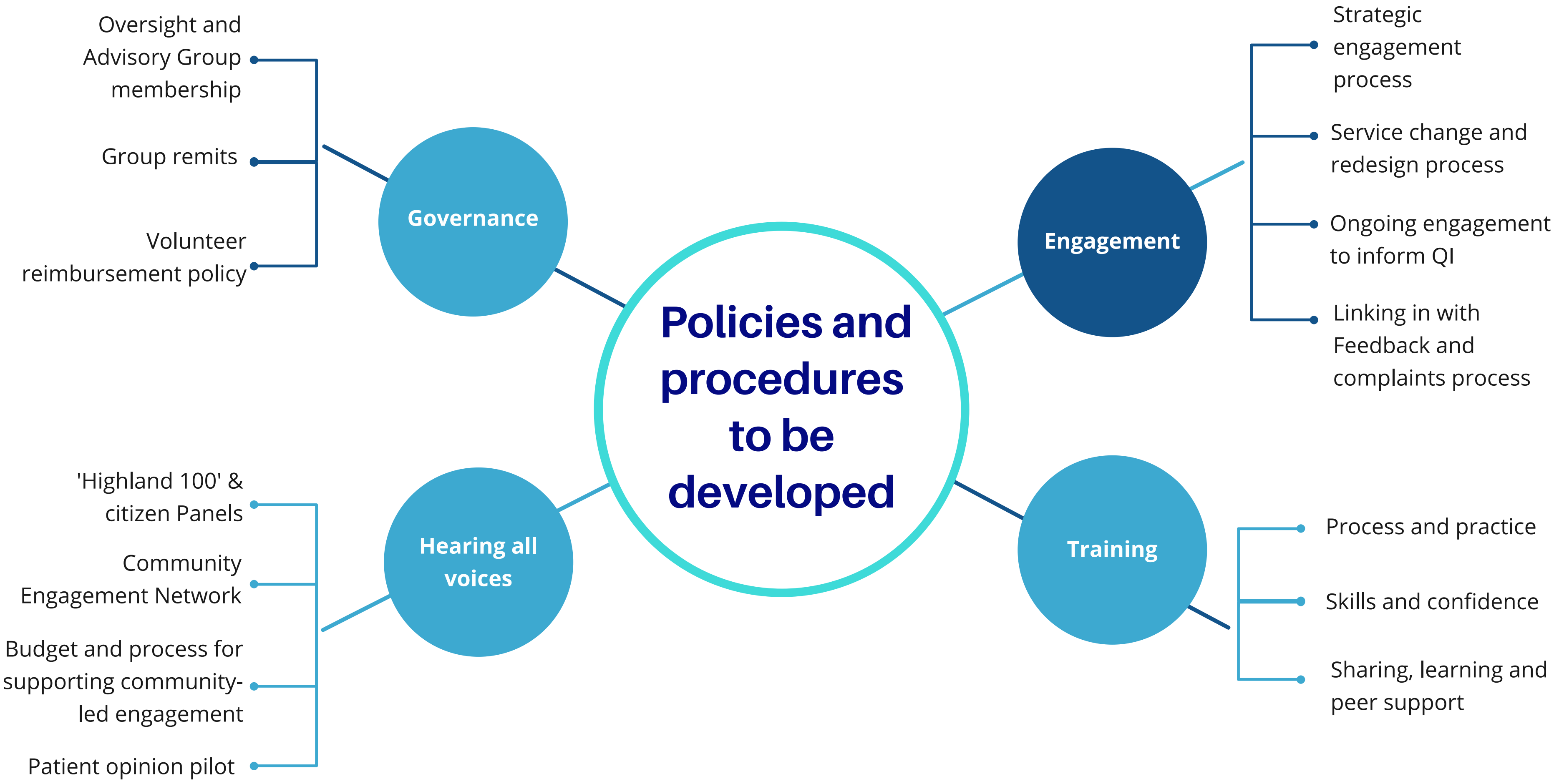
- Service redesign programmes are using the Engagement Framework and process, including required timeframes and sufficient notice, and have an appropriate, dedicated budget for engagement
- We can show that early, timely and ongoing engagement with everyone impacted by these programmes
- We can show that protected and vulnerable groups have been appropriately included (*to include numbers of people involved and support provided to enable meaningful participation*)
- We can show that feedback and lived experience has had an impact on redesign outcomes

Service improvement level

- Service improvement projects are using the Engagement Framework and process, including appropriate timeframes and sufficient notice, and have a budget for engagement
- Impact assessments will inform engagement plans and activity
- We can show that engagement, based on each project's bespoke objectives, has listened to feedback from appropriate audiences
- We can show that feedback and lived experience has had an impact on service improvement and changes made

Operational level

- Training and awareness sessions are well received, and templates and support materials well used
- Relationships with stakeholders improve and new relationships are forged
- People will be supported and empowered to share their lived experience and feedback in a range of ways
- People will be empowered and supported to identify and lead on improvement areas important to them
- Improvements are informed by ongoing, regular conversations with people, communities & partners



Implementation

A three stage plan

2021- 2022 Foundations

- Start developing networks
- Start developing connections & joint working opportunities
- Establish working groups
- Agree success criteria and measurement plan
- Establish channels for regular updates
- Start developing engagement processes
- Agree governance and oversight process
- Agree central engagement channels
- Identify potential test sites

2022 -2023 Building

- Develop guidance, SOPs and mentoring approach to support tests
- Set up and test governance and reporting structures
- Test engagement processes & protocols
- Set up and test central engagement channels
- Evaluate test areas and make relevant changes
- Draft awareness raising and training materials - focusing on test examples
- Draft implementation plan
- Draft ongoing evaluation tools

2023 - 2024 Living

- Start awareness and training sessions in a tiered approach, *including; NHS Highland Board, Health & Social Care Partnerships (HSCPs), governance committees, senior managers and operational and clinical leads and project teams*
- Governance and reporting structures go live
- Process and protocols go live
- Engagement channels are in place
- Supportive structures are in place
- Ongoing evaluation and feedback mechanisms are in place

RESOURCES & SUPPORT

Additional staff resource

- 1x FT Engagement Manager
- 1x PT Engagement Coordinator
- 1x FT Administrator (fixed term March 23)
- 1x FT Web Manager (developing new website)

Providing ongoing & adhoc advice & support to staff (like RNI & Ruthven Ward Refurbishment)

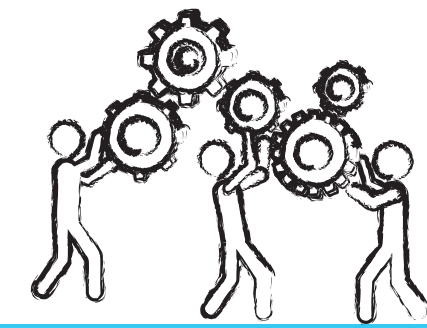
Specialist engagement advice and support for;

- Skye, Lochaber and Maternity Redesigns
- NHS wide Strategies (like Together We Care)
- Delivering on Anchor Well action(s) within ADP

External resources, training and support, available, like Care Opinion, Healthcare

Improvement Scotland-Community Engagement (HIS-CE), Scottish Recovery Network, The Alliance & others

Progress so far



TRAINING & AWARENESS

- 3x engagement & EQIA in redesign (recorded)
- 2x digital inclusion (recorded)
- 1x planning with people for lay reps
- Voices training for lay reps planning for late 2022
- Sign posting to external training and resources

TEMPLATES AVAILABLE

- existing EQIA material
- engagement strategy & action plans
- Canva infographics explaining change, processes and timelines
- Sway newsletters internal & community facing
- survey templates for patients & communities
- Argyll and Bute engagement spec template

NETWORKS & CONTACTS

Building connections with

- key partners, including; HIS-CE, The Highland Council (THC), Third Sector Interface (TSI), University of the Highlands & Islands (UHI)
- vulnerable and protected groups
- internal networks
- localities to support redesign work
- developing an overarching network

Starting conversations with key contacts about approaches and ways we can work together - effectively communicate and meaningfully engage

PROCESS

- established people for short life working group to help progress elements within the framework
- gained learning and examples from successful examples
- connected with THC, TSI & Police Scotland about joint engagement opportunities
- working up and trying out engagement processes for Skye redesign and Mental Health & Learning Disability Strategy
- Collecting examples of practice and 'how to' type information to support practice
- drafting roles and remits for groups within governance process & overarching engagement network functions
- exploring how Argyll and Bute HSCP & NHS Highlands processes can align



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Draft for approval 29.11.2022

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NHS Highland would like to thank the everyone involved in creating this document and the frameworks within. We would particulalry like to thank the individuals, groups, communities, partners and members of staff, who took the time to share their feedback and suggestions on the draft version, as part of our initial consultation.

Credit and reference goes to, Argyll and Bute HSCP, The Highland Council, NHS Greater Glasgow and Clyde, NHS Lothian, NHS Borders, Fife HSCP, East Renfrewshire HSCP, NHS Wigan, Healthcare Improvement Scotland - Community Engagement, The Scottish Recovery Network, The Alliance, and Cope Scotland, whose shared practice, learning and advice form part of our approaches and governance structures.

Special thanks goes to our short life working group members, that include Non-Executive Board members, NHS Highland staff, managers, local partners and public representatives, who helped to coproduce this framework and the suggested models within.



Purpose

To provide assurance that NHS Highland meets its [statutory](#) duties, the National Standards for [Community Engagement](#) and our core values to involving people in important decisions that may affect them, the people they care for or their community.

Setting and overseeing Key Performance Indicators relating to meaningful engagement, in line with current legislation, Scottish Government [Guidance](#) and recognised good practice to ensure;

- we meet our statutory responsibilities relating to engagement and involving people in decisions that affect them
- the Engagement Framework is an integral part of NHS Highlands strategic, redesign and everyday work

Membership

To ensure sufficient analysis and assurance is provided, group membership will include;

- 2 Board Non-Executive Director members,
- Senior Managers/Programme leads Health and Social Care
- 2 members of the Advisory Group (individuals representing community and lived experience)
- Unpaid carer representative
- Communications and Engagement Manager/Head of
- Equality Officer or lead
- Information officer/lead
- Third Sector
- Key partners (including HIS-CE, University of Highlands and Islands, The Highland Council)

Meetings

Quarterly meetings will take place, to oversee live and planned processes to ensure priority projects are scrutinised promptly. An agreed set of key performance indicators will be used to measure criteria for meaningful engagement and successful sign off before projects can move to the next stage in the governance and/or redesign process.

Exception reporting could be arranged if needed.

Quorum

For a meeting to progress a quorum is needed, for this group a quorum is defined as at least six members. Including one representative from

- Non-Executive
- Public (individuals representing communities, lived experience or carers)
- Communications and Engagement
- Senior Manager
- Public sector partner organisation
- Third Sector organisation

Remit

The group will oversee engagement processes, to check that proportionate, meaningful engagement informs decision making in key projects, strategy developments and service redesigns, considering;

- potential impacts and if an EQIA (Equality Impact Assessment) has been completed, in line with [Equality Act 2010](#), [Fairer Scotland Duty](#) and [Islands \(Scotland\) Act 2018](#),
- scale and status of change – note, major service change requires external assurance from [Healthcare Improvement Scotland - Community Engagement](#)
- transparency, accessibility, availability and frequency of information and communications with those affected, partners and local communities
- appropriate and proportionate stakeholder involvement, considering vulnerable, protected and less heard from individuals, groups and communities
- opportunities for people most affected to inform and influence plans and key decisions in decision making process
- opportunities for [Co-production](#), [co-design](#), and innovative practice in partnership with others
- evaluation of and learning from engagement processes and activities

Shares engagement metrics and findings with services for improvement purposes

Authority

The engagement model and values have been coproduced with a short life working group, consisting of NHS Highland staff, managers, Non-Executive Board members, public and carer representatives and key partners and has been approved at Health and Social Care Partnership and NHS Board level.

Reporting arrangements

The diagram below shows the suggested governance and assurance structures.

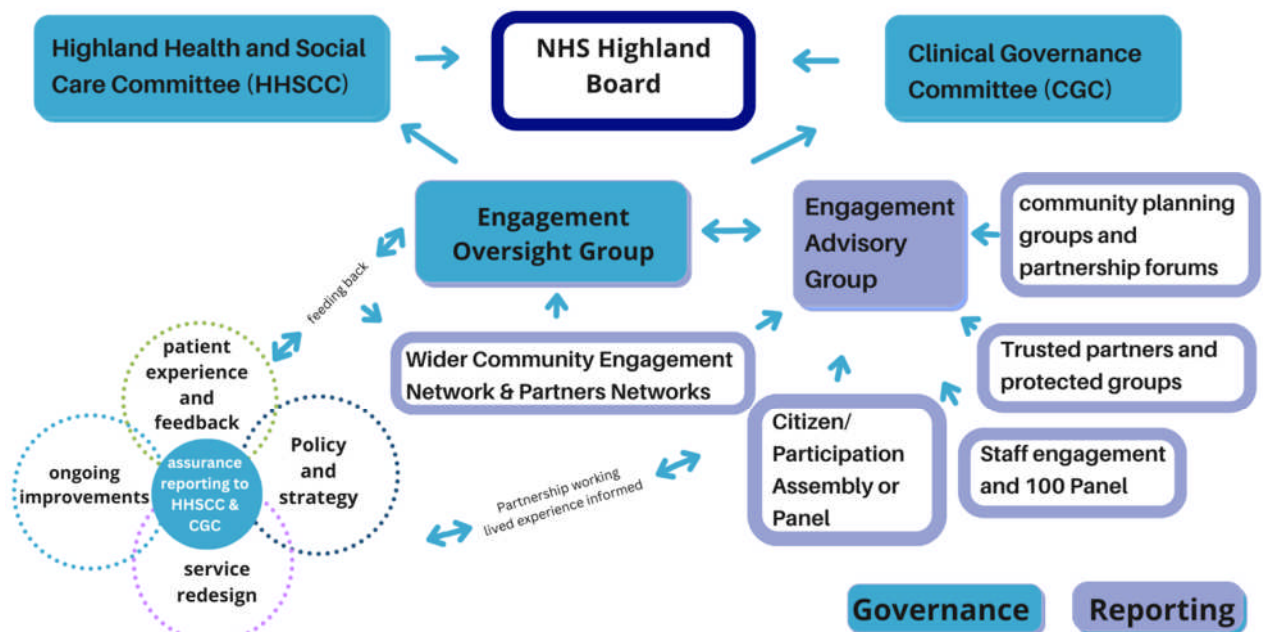
Larger projects or major redesigns will be required to include details within their assurance reports to the Health and Social Care Committees and Clinical Governance Committee, describing;

- how they have followed the engagement framework
- partnership working opportunities and approaches
- how and where lived experience and views have informed plans in line with good practice and national guidance

The Oversight group will have a key role in supporting the development of an annual report, detailing progress with the implementation and delivery of the Engagement Framework.

The report will be presented to the Governing Committees and NHS Board and will provide an honest appraisal of how the Framework is working in practice, in relation to the Key Performance Indicators, as well as to identify areas of good practice and improvement.

Proposed Governance Structure



Purpose

A group of mixed stakeholders from different backgrounds and experiences, to provide feedback, advice and share good practice to inform the development of inclusive and thorough engagement plans and procedures, on key projects within NHS Highland.

The group will support the development of networks and engagement related training, to help embed the [Engagement Framework](#) as part of our everyday practice and procedures.

The group will also act as one of our 'expert sources' to;

- provide comment, advice and identify potential gaps and appropriate approaches on draft public facing information, surveys, and engagement methods
- and, to reach and hear experiences from protected, vulnerable and less heard from voices within our communities

Membership

Group membership will include two members, where possible, from each of the following groups or roles;

- Members of the public and communities
- Communities of interest and/or experience
- Carers (including unpaid carers who are not employees of NHS Highland)
- Young people
- Groups representing people who are vulnerable or have protected characteristics
- Expert bodies, including Healthcare Improvement Scotland
- Equality Officer or lead
- Deaf Services & See Hear Highland Education & Learning Services [SHHELS] and Speech and Language
- Third Sector and Private and Statutory partners
- NHS Highland employees
- Communications and Engagement Manager or Co-ordinator
- Service and project leads (as needed)

Meetings

Bi-monthly meetings will take place, to provide advice and support to live and planned processes, to ensure priority projects undertake early and meaningful engagement with affected individuals and communities. Documents and supporting information for agenda items will be emailed out to group members one week in advance, where possible, to allow time for people to read and prepare advice or questions in advance of meetings. Documents can be printed and posted out to members on request, or provided in an alternative format, for example large print, easy read or a different language.

Quorum

For a meeting to take place a quorum is needed. For this group this is defined as at least 7 members, plus project or service leads requesting advice.

This should include at least one representative from:

- The public or community networks
- Unpaid carers
- Vulnerable or protected groups
- Third Sector
- Trusted partners
- NHS Highland staff or clinicians
- Communications and Engagement team

Remit

The group will provide advice and support to inform engagement processes, to help ensure that they are inclusive, proportionate and will lead to meaningful engagement to inform decision making in key projects, strategy developments and service redesigns.

Considering;

- If the people most affected have been identified in plans – this information should be part of an Equality Impact Assessment on engagement plans, considering vulnerable, protected and marginalised groups identified in [Equality Act 2010](#), [Fairer Scotland Duty](#) and [Islands \(Scotland\) Act 2018](#),
- advice about accessible information and communications and best ways to share this with representative groups/communities
- advice relating to best ways to engage and involve vulnerable, protected and less heard from individuals, groups and communities – methods and connections and links to groups/communities, advice about support needed and available
- share ideas, approaches, methods and best practice for developing plans and options in partnership with others when designing plans and future services
- share examples and experience of [Co-production](#), [co-design](#), and innovative practice
- act as a source of advice and testing for major service change plans and approaches (note major service changes are externally assured by [Healthcare Improvement Scotland - Community Engagement](#))
- support evaluation of and share ways to capture learning from participants to inform future engagement processes and activities

Reporting arrangements

The diagram below shows the suggested governance and assurance structures.

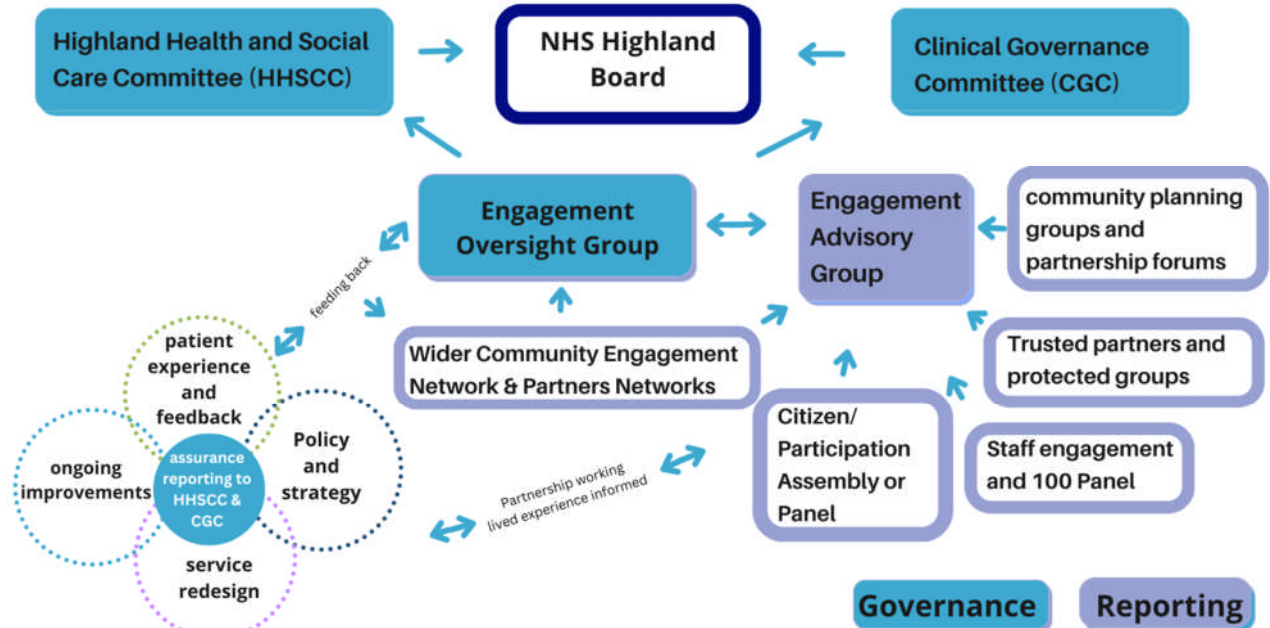
Larger projects or major redesigns will be required to include details within their assurance reports to the Health and Social Care Committees and Clinical Governance Committee, describing;

- how they have followed the engagement framework
- partnership working opportunities and approaches
- how and where lived experience and views have informed plans in line with good practice and national guidance

The Advisory group will have a role in supporting the development of an annual report, detailing progress with the implementation and delivery of the Engagement Framework.

The report will be presented to the Governing Committees and NHS Board and will provide an honest appraisal of how the Framework is working in practice, in relation to the Key Performance Indicators, as well as to identify areas of good practice and improvement.

Proposed Governance Structure



NHS Highland Engagement Framework Summarised Feedback and linked Changes

The NHS Highland Engagement Framework has been created organically, through conversations, meetings, discussions and shared learning with many individuals, groups, organisations, including examples of already established processes and resources from other areas.

During July 2022, NHS Highland also shared a draft of the Engagement Framework with staff, communities and partners for comment, as part of the frameworks final development phase.

Feedback was captured and shared via email, one to one phone or teams and group meetings, Board Development meeting and Short Life Working Group meeting. Approximately 20 items of feedback were received from a range of sources, including, members of the public, community groups, community councils, partner organisations, third sector organisations, staff, managers and NHS Highland Board members.

Below shows a table noting the changes that have been made due to the feedback we received.

Changes made	Summarised linked feedback	Further actions
Indicators added to reflect lived experience	Verbal feedback received from partner organisation relating to indicators and adding lived experience as part of measurements	Indicators to be reviewed by Oversight group once in place
Complaints and feedback linked into the framework and the processes within	Verbal feedback from various sources relating to how framework connects and links in with NHH established feedback and complaints process	Further thought and development of processes and procedures to enable stronger and clearer links to be made
Care Opinion trial is currently being planned and progressed by engagement team to capture and share learning. Care Opinion provides different routes to enable people to give feedback. This includes written or drawn, online via their website, on the phone	Verbal feedback from community member relating to making feedback easier for people to give	Learning from trial shared and soft roll out of Care Opinion planned and supported Developing training, tools and resources to support a wide range of ways to capture feedback from people in accessible and preferred ways
Argyll and Bute are currently conducting a review of their strategy. Updated and used	Verbal feedback from multiply sources, querying if the Framework includes Argyll and	Continue to support the review of Argyll and Bute engagement strategy and

existing Argyll and Bute planning and flow chart templates to support implementation of North Highland Framework and create consistency. Included explanation and a link to Argyll and Bute's Strategy in North Highland Framework for clarity.	Bute Health and Social Care Partnership, and if not to clarify the relationship between the two engagement strategies	explore opportunities to combine or dovetail processes, procedures and support.
No changes made	Query from staff member regarding plans to introduce portals for patients to access results and reports, similar to NHS England	Consider if this fits within the engagement framework portfolio or if it belongs a different directorate
Sources of reference and examples used added and links provided throughout document and at the end of the document Page name also changed to 'Levels of Engagement' to provide clarity	Written feedback from partner organisation about 'Our Engagement Model page 7' consultation version of the Framework – asked if a blended model from a number of sources and to provide references to any models used	None
Document written in plain language, acronyms have been removed or explained where possible. Tools and resources with clear guidance and links to policy, and resources relating to accessible information and communication, have been developed and are being tested within test sites.	Written and verbal feedback from various sources, need to improve our patient communication in general and to keep abbreviations/acronyms to a minimum, using terms in full where possible or explaining them where not	Continue to develop ways to communicate with people using methods that suit differing needs and preferences Develop training, guidance and links to existing resources, examples and requirements for accessible communication and information
Reference was linked to Voices training (Chest Heart and Stroke Scotland), link to website explanation now included	Written feedback from partner organisation, relating to the Training and Awareness box on page 13 – query if referring to the VOiCE online engagement tool or Voices Scotland training for lay representatives?	
Remote and rural added and recognised in the framework slide as 'lived experience'	Verbal feedback from a community member that living in a remote and rural area is a lived experience.	

<p>None - lived experience is referenced and incorporated as an essential element throughout the Framework and is at the very heart of informing all of the supporting features in a variety of ways.</p>	<p>Verbal feedback community member, raising that internal governance slide does not mention lived experience – is this is a potential gap for decision making</p>	
<p>Framework updated to include more Standard Operating Procedures (SOPs) and policies to support the implementation of the framework</p> <p>EQIA is highlighted and noted as an essential element both within the Engagement Cycle Slide and supportive resources that have been created for staff and managers.</p>	<p>Verbal feedback community member suggesting Equality Impact Assessments should look at the needs of disabled people, as well as other protected groups. Making sure that the needs of people with physical, learning and neuro diverse disabilities are equally recognised and considered. Also to involve disabled people in designing engagement processes and for more policies to guide staff which will lead to better practice</p>	<p>Develop relevant SOP's and policies – suggest list be reviewed and updated periodically following a partnership approach</p> <p>EQIA training and awareness to be refreshed as part of training and awareness package, working with key partners to ensure it is sufficiently inclusive and robust</p>
<p>Initial training and links with Ability Net, Deaf Services & See Hear Highland Education & Learning Services [SHHELS], and British Deaf Association have been established.</p>	<p>Verbal feedback community, suggestion for disabled people to participate and share experience as part of staff training and awareness sessions.</p>	<p>To be explored in greater detail with relevant partners, as part of the next phase of developing training</p>
<p>Framework supportive tools have been created to support holistic views of patients, following a value based and what matters to you, approach. These have been approved by the SLWG and are currently being tested by a small number of live projects.</p>	<p>Verbal feedback community, engagement should capture the holistic views of patients, unpaid carers and their situations.</p>	<p>Approaches to be further developed in partnership, as implementation plans progress and skills, practice and contributions grow.</p> <p>Continue to support the formation and development of the carers union and to work with partners to ensure views of carers are heard and incorporated.</p>
<p>The two governance slides have been combined into one and an additional functions slide created, to describe functions and the makeup of groups within the governance structure.</p>	<p>Written and verbal feedback received from various sources about the clarity and functions of the groups within the proposed governance structure.</p>	<p>Reporting arrangements and related timescales to be agreed with HHSCC and Clinical Governance Committees and approved by NHS Board during November 2022.</p>

<p>Draft role and remit documents have been created for both the Advisory and Oversight Groups.</p>		
<p>What does it mean to me slide, states that it applies to all NHS Highland health and social care staff at all levels.</p>	<p>Written feedback from staff member, querying if the term NHS staff includes primary care</p>	<p>Further development of processes for some areas of primary care are required, in partnership with GP practices and other affiliated practitioners and commissioned services</p>
<p>Resources and tools have and will continue to be developed to support staff to implement the engagement framework into their everyday and improvement or redesign work.</p>	<p>Written query from staff member regarding how local teams will put the framework into action and how they would select the groups and sectors in the community to engage with.</p>	<p>Continue to develop tools, training and resources in partnership, testing via identified test areas. Arrange training, awareness and peer support sessions to support transition to this way of working.</p>
<p>Training, tools and resources are being drafted to support staffs skills, understanding and practice regarding effective and meaningful engagement. The Advisory and Oversight group remits have been developed and will provide an additional source of advice and support and will be able to identify gaps and people or groups who are missing from engagement. Community Led Engagement idea was created through feedback received and will provide a way for groups and communities to identify and resource engagement meaningful to them. The governance structure has been strengthened in order to provide an additional layer of assurance that</p>	<p>Written and verbal feedback from various sources relating to effective, meaningful engagement not being 'easy', and can become "tick the box" by solely focusing on 'usual suspects' and those already engaged, like active/visible representative groups or organisations. Need to include vulnerable and protected groups and 'overlooked' sections of communities, as well as those who provide informal support to these groups and people.</p> <p>Need to also ensure investment in public/patient representatives/user led organisation and for the right staff to be there to support this to happen.</p>	<p>Continue;</p> <ul style="list-style-type: none"> - to develop and adapt training, resources and support - Establish governance structures and groups - develop and grow networks and relationships with trusted partners and communities - develop process and means to support community lead engagement process

engagement has been meaningful and that the people who are most affected have been proportionally involved in decisions.		
Number of test sites are currently following the framework using different approaches – these will be written up as examples and used in the next phase to demonstrate different approaches in practice and sharing learning and techniques	Written feedback from partner, would be meaningful to have a slide which showed particular examples of new types of engagement working well on different projects to really demonstrate the framework in practice	Continue to develop approaches and capture learning to share. Emphasis for all is values based engagement of lived experience and partnership working, with everyone affected or involved.
Transparency, engagement informing decision-making and feedback are main features of the engagement framework. Added slide to clearly demonstrate the planning with people engagement cycle that explains decision-making and highlights feedback as a part of the process.	Written feedback from partner, not clear how people will really know that their input has made a different. How will participants get feedback (where/when will updates be circulated and in what format)? How will the public know what has changed as a result of community engagement – lessons learned or actions taken?	The establishment of communication and engagement channels to support this way of working are part of the next phase of the Frameworks development. Including - developing ways to receive and provide feedback - establishing and linking with existing networks - developing stakeholder panels and community led engagement as described within engagement framework
Engagement Cycle and NHSH steps added to create clearer process for continual engagement and conversational approach	Feedback from various sources, move to continual engagement and conversation, rather than peaks and troughs	This theme to be a reoccurring and key theme for training and support materials
NHS Highland has an established reimbursement policy and process	Feedback from various sources relating to volunteering expenses and payments and the need to ensure that people are supported and the time and contributions they give are recognised and fully valued.	To explore expenses and payments ideas and options with key partners and update or create policies and processes as appropriate.
Engagement Cycle and process flowchart has been developed to demonstrate where engagement sits within decision making	Written feedback from community member, community consultation should not become overly removed from the processes of	Development of training and awareness resources, materials and training to support understanding, skills and practice.

process.	decision making, otherwise there is a danger that some people can come to feel these processes are tokenistic.	Governance structure should also ensure engagement is meaningful and not tokenistic.
The Engagement Cycle slide and supportive resources have been created to make sure that engagement is inclusive and considers everyone who may be affected or involved.	Written feedback from community member relating to importance of any community consultation group to include people with a local voice who genuinely represent the variety of community views.	Awareness raising, training and peer support will form part of implementation. Governance and supportive structures should also help to ensure plans and processes are genuinely inclusive.
The framework aims to improve local networks and how we connect or work with local groups. Guidance and resources have been created to support local teams to move to this way of working and will be rolled out as part of implementation of the Framework.	Written feedback from community group we rarely hear proactively and directly from anyone in the NHS and would welcome that changing - whether this be through a network or us being associated with this framework.	As above
The framework aims to address inconsistency with how we involve people in important decisions and improve relationships and trust by working with people, in a partnership approach. Engagement processes have been created, and training, tools and resources are being developed to make sure and support meaningful engagement, that informs important decisions, takes place at all levels within NHS Highland.	Feedback from community member, "at present I am utterly shocked by the way our services have deteriorated over the years and feel that the voice of the community is completely ignored. I'm sorry that my response is so negative but I feel that I must be honest in my response."	
No change but welcome sharing our ideas, practice and learning with others.	Feedback from Partner organisation, overall we feel this is an excellent document - it is well presented, easy to read and there is	Continue to develop local, national and wider peer networks to inform and improve practice.

<p>Current guidance and good practice is at the heart of the framework.</p> <p>A review date for 2025 has been suggested to ensure that the framework continues to evolve, reflecting learning, emerging practice and changes. within guidance, legislation and duties.</p>	<p>good use of visuals to aid understanding.</p> <p>We are often asked to share examples of engagement frameworks and once this NHS Highland Framework is finalised we are keen to use as an example.</p> <p>It is clearly laid out and straightforward to follow</p> <p>It clearly describes and demonstrates NHS Highland's commitment to community engagement and involving people</p> <p>It makes useful reference to up to date Scottish Government engagement e.g. 'Planning with People' which is useful context for people reading the document</p>	
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12th October 2022