

June 2022

WORKING TOGETHER FOR A BETTER FUTURE



# Engagement Framework



Draft Plan last updated 29th June 2022  
comments invited until 29th July 2022



NHS Highland wants to have a consistent and meaningful approach to listening to and engaging with people who live and work 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:

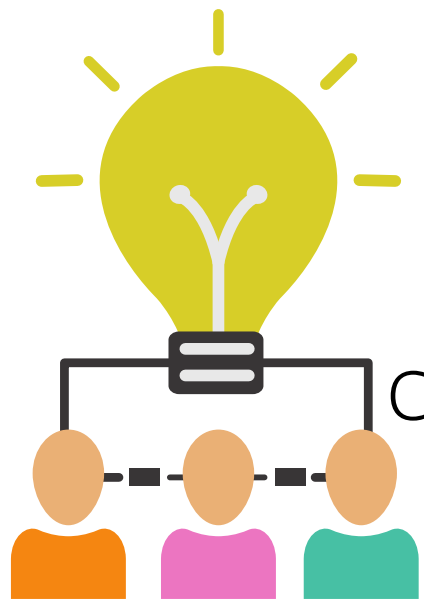
- provide clear ways for managers and staff to engage with and empower people to inform plans, decisions, policy, practice and change
- foster partnership and values based approaches to engagement with our communities and partners
- provide assurance and accountability to communities, partners and our 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

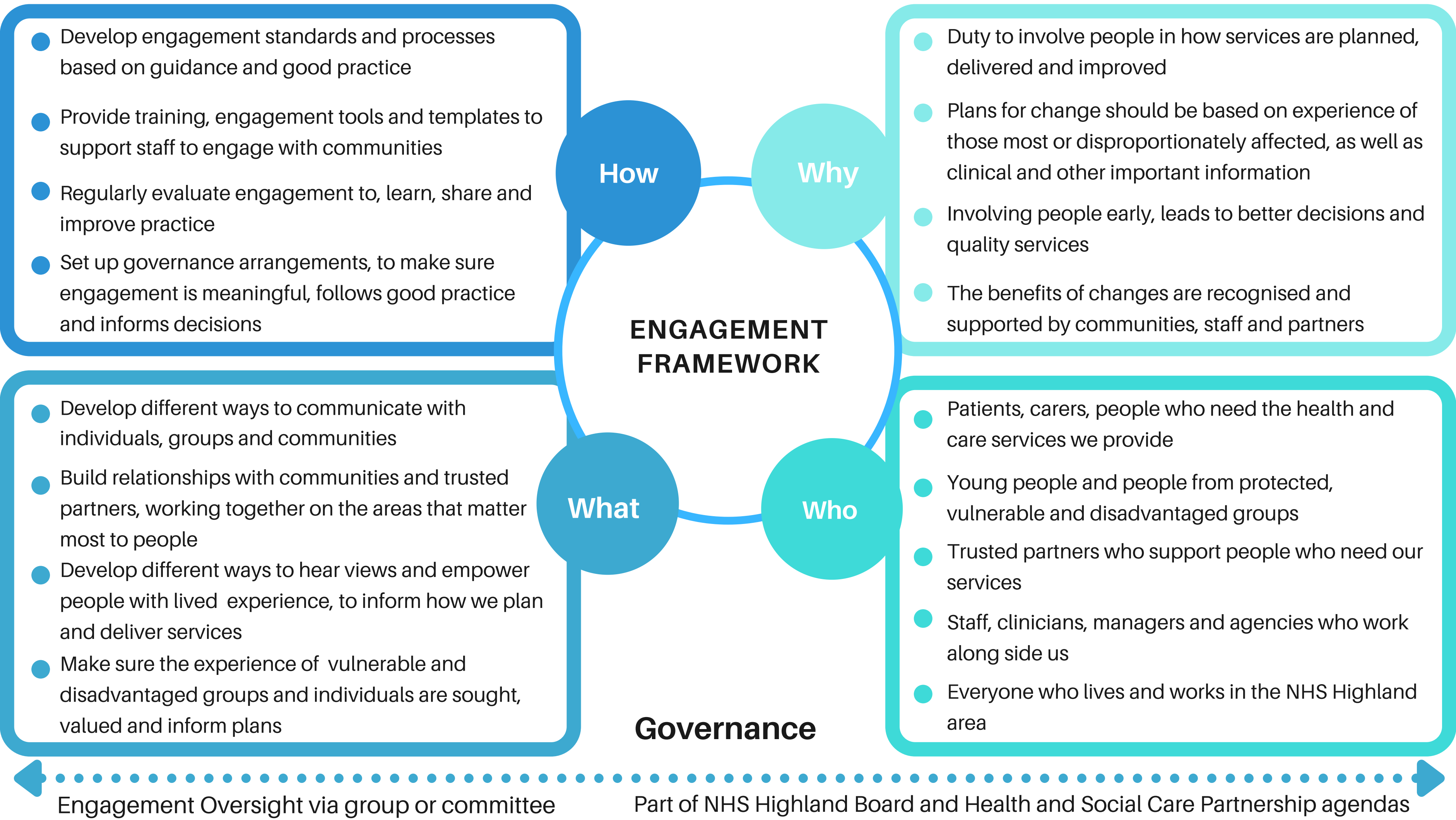
redesign will be needs led and co-design will be the main approach for developing plans and services

people will be true partners

## Responsive

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

people will know the difference they have made





# 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

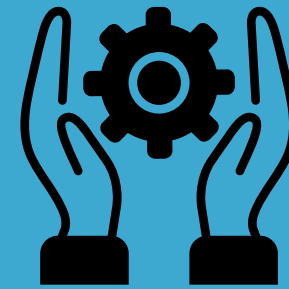


The Framework applies to all NHS Highland health and social care staff at all levels.

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

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

## What

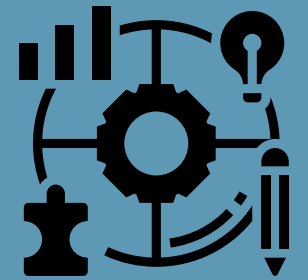


The framework will enable true partnership working to be adopted.

NHS Highland staff, patients 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



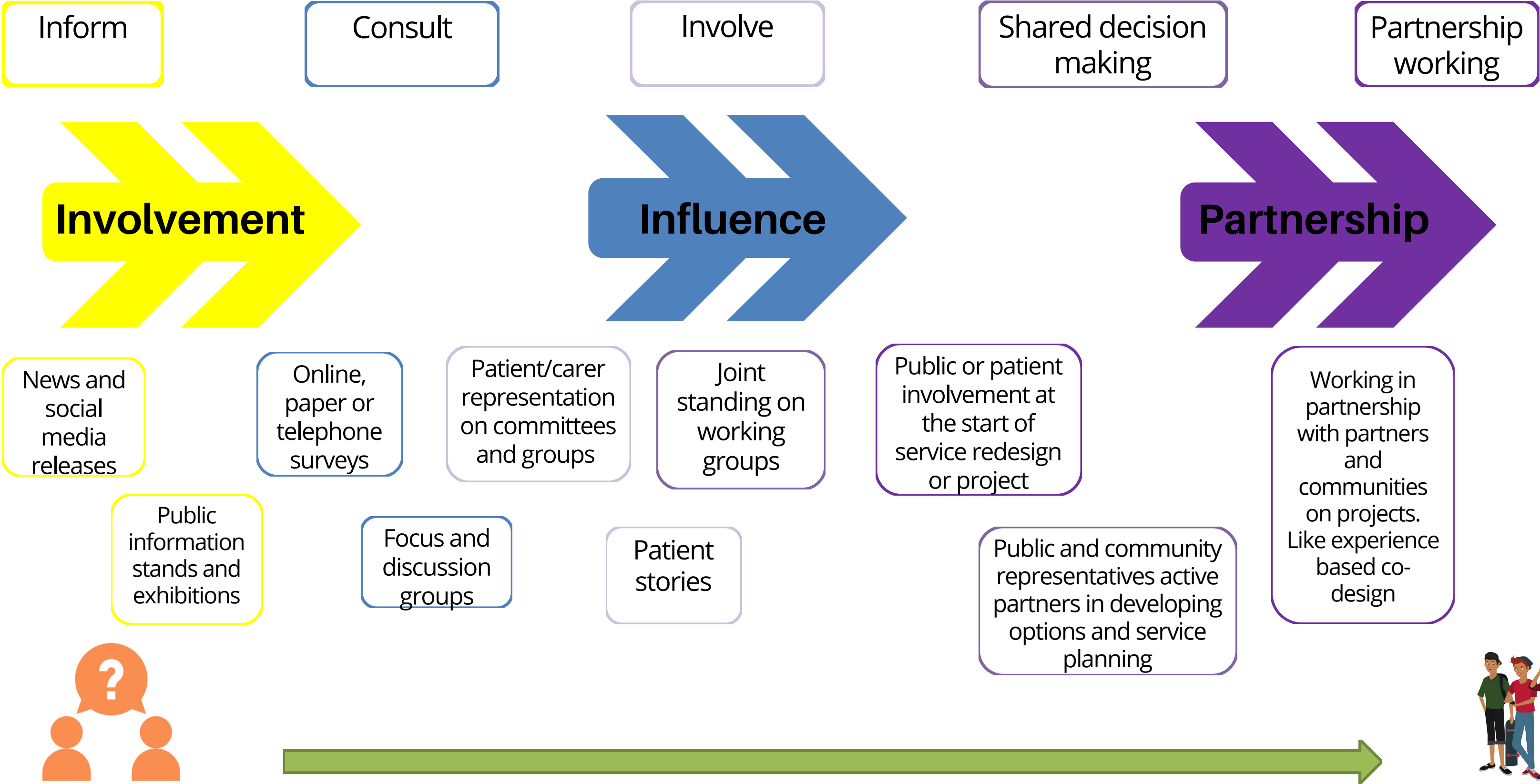
The Framework will act as a blueprint mapping different ways to meaningfully engage and involve individuals and communities in important decisions.

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.

Argyll and Bute Health and Social Care Partnership has its own framework, that applies to staff who work in this area. The Argyll and Bute framework can be found at <https://nhsh.scot/EngageArgyllandBute>

# Our Engagement Model



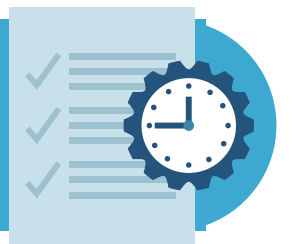
communication



Empowerment

# Key performance indicators

How will we know we are getting it right?



## Strategic level

- Services feel more confident they are engaging well
- Service users report an improvement and say they feel their input made a difference
- Services receive a regular stream of feedback from people who access services
- 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
- 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



# INTERNAL GOVERNANCE

How people will be assured we are doing what we said

**Highland Health and Social  
Care Committee**

**Clinical Governance Committee**

Regular or exception reporting,  
depending on Committee  
preference

## Engagement Advisory Group

*Advises on and shares good practice  
Informs development of procedures, networks and training  
Tests draft engagement plans*

- Service user representatives
- Carer representatives
- Trusted partners (eg HIS)
- Service representatives

## Engagement Oversight Group

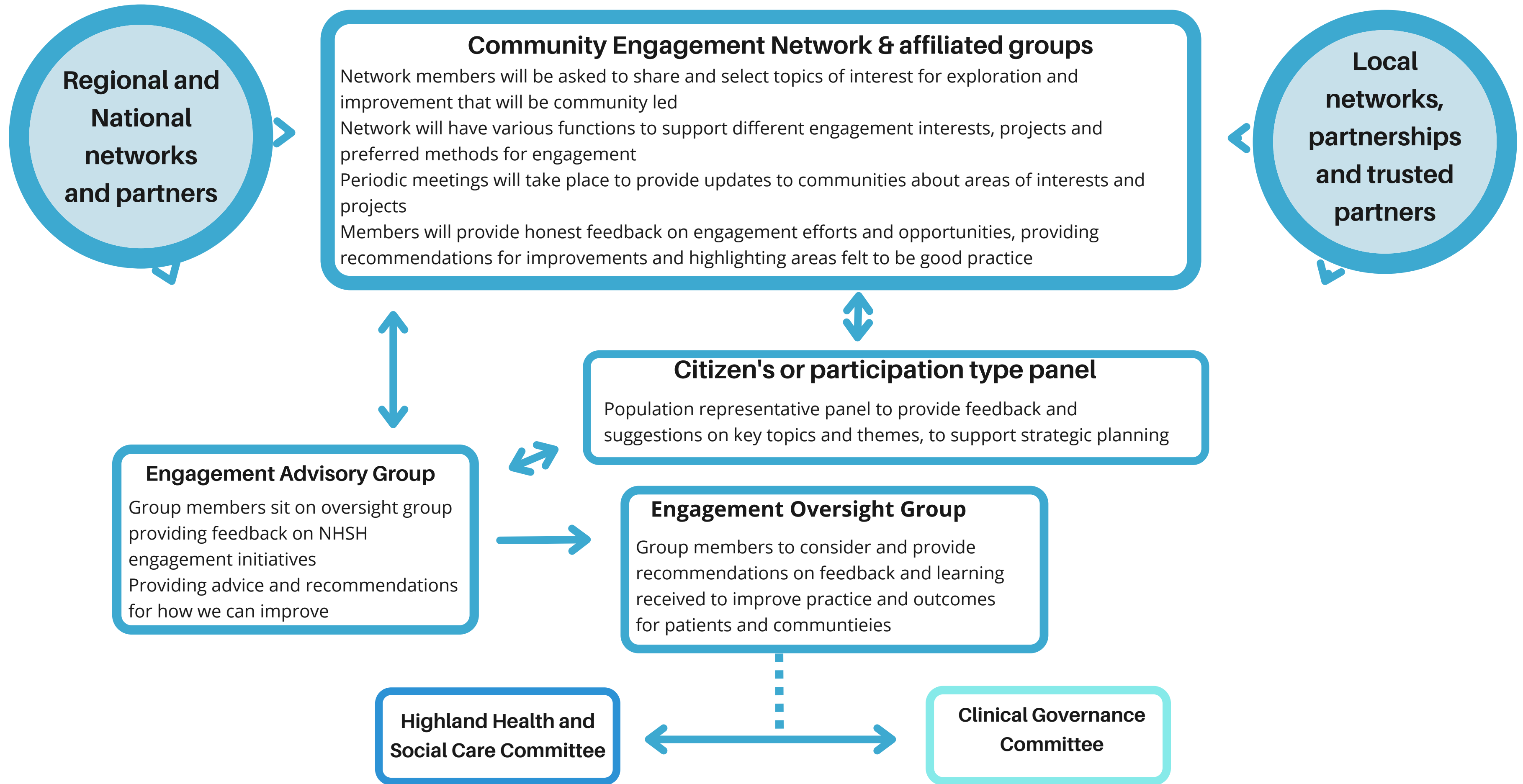
*Sets and oversees Key Performance Indicators  
Ensures proportionate, meaningful engagement informs decision making in key  
projects and service redesigns, considering impacts and vulnerable/protected groups  
Ensures appropriate evaluation of engagement  
Shares engagement metrics with services for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

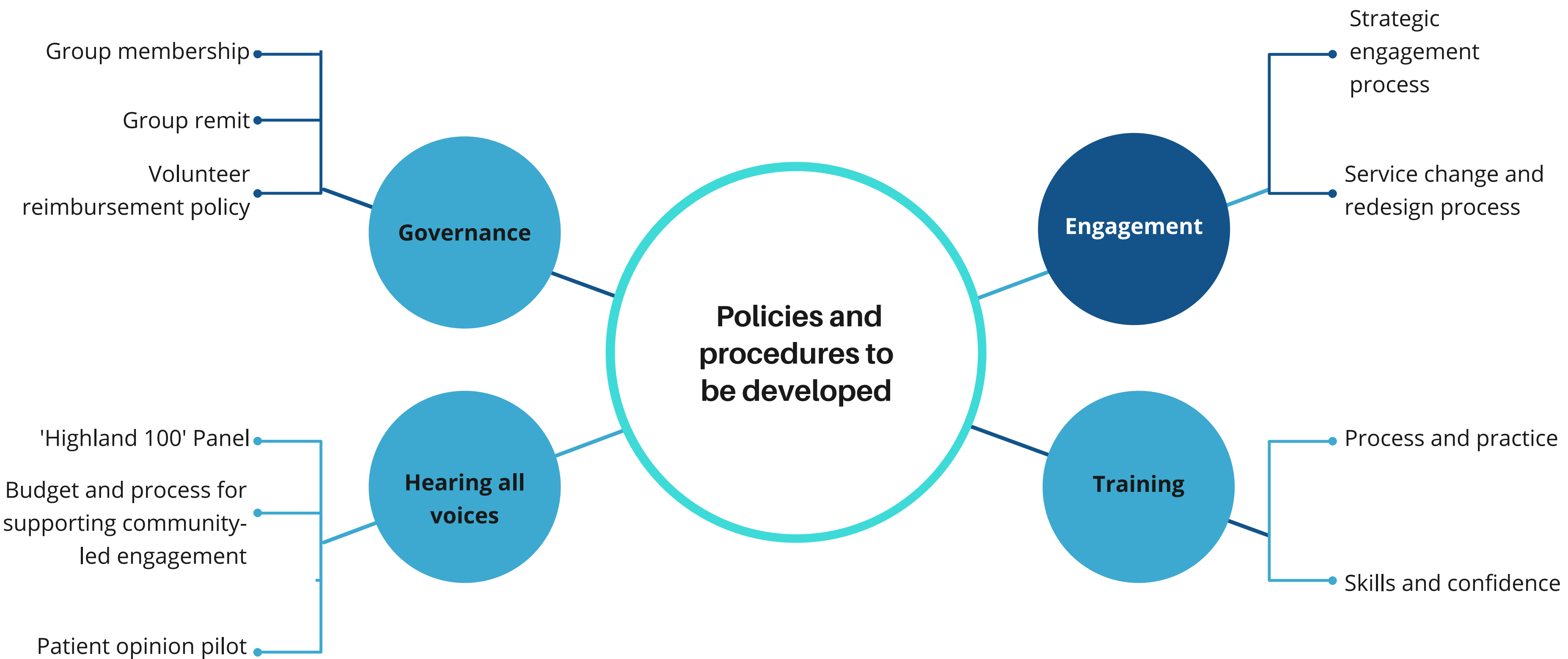
- Exec Director representative
- Non Exec Director representative
- 2 members from Advisory Group
- Comms and Engagement representative

**Wider Community Engagement Network & Partners**

# EXTERNAL GOVERNANCE

How people will be assured we are listening to what they told us





# How we will get where we want to be

## DEVELOP NETWORKS

01

- internal
- partners
- Third Sector
- communities of interest
- equality & protected groups
- wider communities

02

## ESTABLISH GROUPS

- Set up short-life Working Group
- Set up community engagement network/directory
- Set up engagement Advisory Group
- Join or form area engagement practitioners group
- Join or form equality group or forum
- Join or form communication and information group

03

## DEVELOP PROCESS

- general engagement processes
- service change & redesign protocols
- strategic engagement process
- governance process
- making the most of every contact - e.g patient opinion

04

## DEVELOP TRAINING

- re process & practice for staff, managers & governance committees
- skills and confidence
- engagement methods
- sharing practice/peer support

05

## ROLL OUT FRAMEWORK

- establish governance channel
- conduct small tests of change
- evaluate and share results
- set transition timeframe
- conduct awareness and training campaign
- Implement processes and governance channels

06

## EVALUATE & IMPROVE

- evaluate transition period and improve as needed
- establish ongoing evaluation to capture learning and make adjustments
- set up internal peer network to support and share practice and learning

## RESOURCES & SUPPORT

### Permanent additional staff resource

- 1x FT Engagement Manager
- 1x PT Engagement Coordinator

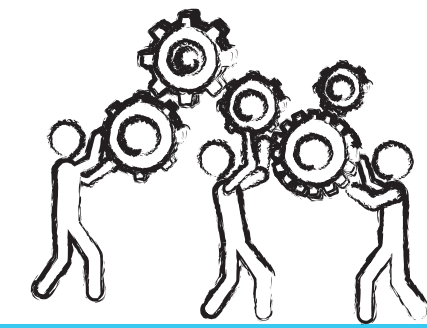
### Providing ongoing & adhoc advice & support to managers (like RNI & Dental team)

### Direct engagement support for;

- Skye, Lochaber and Caithness Redesigns
- NESH wide Strategies
- B & S and SLSWR new hospitals

**External resources, training and support, available,** like Care Opinion, 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 planned May/June 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, THC, TSI, 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 shortlife working group to help progress elements within the framework
- gained learning and examples from successful examples (Fife, Borders, Wigan)
- connected with THC, TSI & Police Scotland about joint engagement opportunities
- working up and trying out engagement processes for Skye redesign and MH & LD strategy
- Collecting examples of practice and 'how to' type information to support practice



# Implementation

A three stage plan

## 2021- 2022

- Develop networks
- Develop connections & joint working opportunities
- Establish working groups
- Agree success criteria and measurement plan
- Establish regular comms updates
- Develop engagement processes
- Establish governance and oversight process
- Start to set up central engagement channels

## 2022 -2023

- Develop guidance, SOPs and initial training to support tests
- Test governance and reporting structures
- Test engagement processes & protocols
- Evaluate test areas and make relevant changes
- Draft awareness raising and training materials
- Draft implementation plan
- Draft ongoing evaluation tools

## 2023 - 2024

- Start awareness and training sessions in a tiered approach, including, NHSH Board, 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 fully operative
- Supportive structures are in place
- Ongoing evaluation and feedback mechanisms are in place

June 2022

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# Engagement Framework



Draft Plan, comments invited until 29th July 2022

Please email comments to Kayleigh Fraser,  
**[kayleigh.fraser@nhs.scot](mailto:kayleigh.fraser@nhs.scot)**