

# Internal Audit



**NHS Lothian**

## **Communications – Public Engagement Arrangements**

June 2019

### **Internal Audit Assurance Assessment:**

Objective One	Objective Two	Objective Three
Moderate Assurance	Moderate Assurance	Significant Assurance

### **Timetable**

Date closing meeting held: 16<sup>th</sup> May 2019

Date draft report issued: 22<sup>nd</sup> May 2019

Date management comments received: 4<sup>th</sup> June 2019

Date Final report issued: 4<sup>th</sup> June 2019

Date presented to Audit and Risk Committee: 17<sup>th</sup> June 2019

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## 1. Introduction

- 1.1 As the provider of health services to a large population spanning four council areas (City of Edinburgh, West Lothian, Midlothian and East Lothian), NHS Lothian must be publicly accountable and engage with the community it serves, actively involving it in development plans.
- 1.2 Public Engagement is recognised as a key priority nationally and within NHS Lothian, with the '*Our Health, Our Care, Our Future*' strategy recognising the approach needs to ensure that patients and stakeholders are fully engaged in the programme of delivery and change. The recently published 'Blueprint for Good Governance' recognises the importance of patient engagement and this was highlighted as a key risk by the NHS Lothian Board.
- 1.3 The blueprint states that to effectively engage with stakeholders, the Board should:
- Involve stakeholders in the development of policies and the setting of priorities
  - Take into account the views of stakeholders when designing services
  - Ensure priorities are clear, well communicated and understood by all stakeholders, including staff, service users and the general public
  - Establish and maintain public confidence in the organisation as a public body
  - Report on stewardship and performance and publish an Annual Report and Accounts
- 1.4 Legislation, including the NHS Reform (Scotland) Act 2004 is in place to ensure public engagement takes place and the Scottish Government monitor and review public engagement via the Scottish Health Council (SHC). In addition, there are increasing legislative requirements such as the introduction of the Community Empowerment (Scotland) Act in July 2015 which gives communities the right to bid for any land being sold by public organisations that they feel they could better make use of, and requires that local service providers engage with communities for any proposed changes to the assets.
- 1.5 In Lothian, the Public Involvement Manager sits within NHS Lothian's Communications and Engagement Team. The Public Involvement Manger post was vacant from early 2016 until late 2018 and was filled 9 months ago. Since their appointment, there have been improvements in involvement activity and the Public Involvement Manager aims to strengthen patient and public participation in all areas of the Board's work. This aim is pursued through upskilling front-line staff, providing supporting materials and facilitating ongoing dialogue with patients, including those who are hard to reach. In doing so, this will allow NHS Lothian to deliver more efficient and effective services and more patient-centred care with the wider public being more involved in decisions about their own healthcare.

## **Scope**

- 1.6 As part of the audit, we considered the design and operating effectiveness of the current approach to public engagement within NHS Lothian as well as considering future plans, and how these plans will mitigate risks identified by the Public Involvement Manager. We considered the design, and planned design of actions set out to achieve the ambition of better patient and public participation and will consider any risks to their achievement. Although it is recognised that public engagement within the region is linked to the Health and Social Care Partnerships (HSCPs), the audit has considered public engagement from an NHS Lothian strategic perspective and only considered the arrangements in place within NHS Lothian.

## **Acknowledgements**

- 1.7 We would like to thank all staff consulted during this review for their assistance and cooperation.

## 2. Executive Summary

### Summary of Findings

2.1 The table below summarises our assessment of the risks and the adequacy and effectiveness of the controls in place to meet each of the risk areas agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 1.

No.	Control Objective	Control objective assessment	Number of actions by action rating			
			Critical	High	Medium	Low
1	Public engagement is clearly defined, with all stakeholders identified and appropriate channels for communicating are used to engage with each group	Moderate Assurance		1	1	
2	During service planning and development, best practice is used to engage with the public early in the process	Moderate Assurance			3	
3	Public engagement activity is appropriately documented with outcomes captured and evaluated to inform future practices	Significant Assurance				1
<b>TOTAL</b>			-	1	4	1

### Conclusion

2.2 The review comprised of three control objectives, of which two received Moderate Assurance and one received Significant Assurance. A complete list of documents reviewed as part of the audit can be seen at Appendix 2.

2.3 NHS Lothian have recognised that public engagement requires improvement, including how the organisation systematically identifies, involves and engages stakeholders.

2.4 There is evidence that those within the organisation understand the benefits of and requirement to engage with the public, however, there are varying practices being undertaken, which could benefit from more support in the form of best practice models and training for staff.

- 2.5 Whilst improvement work is being undertaken by the Public Involvement Manager, there are some risks to the achievement of their success including resources and identification of stakeholders. There could also be better assurances provided to the Board that public engagement activity is being performed as intended.

### **Main findings**

- 2.6 Good public engagement is not clearly defined within NHS Lothian, with clear expectations not being set. What public engagement should look like within NHS Lothian should be agreed with the Board in collaboration with the Public Involvement Manager.
- 2.7 There is evidence that poor engagement with stakeholders is being addressed, however, this still requires improvement. Good practices are being developed in relation to engaging partnership organisations such as third sector organisations and improving the engagement of lay members on committees. However, the ambition to have a database with a network of patients for consultation is not currently being achieved, with this slowly being built up, and at the time of the audit this database had only 30 members signed up.
- 2.8 There are inconsistent practices seen within the organisation, and better practice was linked to the Public Involvement Manager providing support and being engaged early in the process. Additionally, there is no training provided to staff on public engagement, resulting in some feeling uncomfortable when performing activities.
- 2.9 At present, there is limited assurance being provided to the Board on patient engagement activities being undertaken within the organisation, with board papers providing little evidence of activities which have occurred and no separate reporting on activities being performed.
- 2.10 There are opportunities to better incorporate lessons learned from past activities into future practice, through implementing models of best practice to be used across the organisation.

### 3. Management Action Plan

**Control objective 1: Public engagement is clearly defined, with all stakeholders identified and appropriate channels for communicating are used to engage with each group**

**1.1: Expectations of public engagement are not clearly defined within the organisation, resulting in inconsistent engagement practices**

**High**

**Background:**

Patient Engagement is a legal requirement of the NHS Reform (Scotland) Act 2004 and is recognised within the NHS Lothian strategy as being an outcome to be achieved with Aim 5 being to ‘Involve Patients and carers as equal partners, enabling individuals to manage their own health and wellbeing and that of their families.’

Following the publication of the ‘Blueprint for Good Governance,’ in March, a workshop was carried out considering the various areas of the blueprint. One area where it was recognised improvement could be made was in relation to improving the involvement, engagement and consultation with stakeholders. This included how the organisation systematically identifies, involves and engages stakeholders, particularly key stakeholders and disenfranchised groups. In addition, it was recognised that there is inconsistency on guidance on consultation and that NHS Lothian need to be clear as to who are the right stakeholders to involve and when. An action plan was created following this and presented to the Board for discussion on the 3<sup>rd</sup> of April 2019.

The review identified that within Lothian there is an ‘*Involving People Framework 2014-2017*’ which was created to support the delivery public engagement to align with the strategic plan and NHS Lothian’s corporate objectives.

**Observation and Risk:**

The Public Involvement Manager has identified that there is a broad range of stakeholder activities which could be undertaken within the organisation, representing different levels of engagement, as shown at Appendix 3 - Involvement and Engagement Spectrum. This provides an aspirational framework for staff and gives a clear direction of travel towards the greater involvement and participation of the public in decisions about service development and wider Board work. At present, what level of engagement staff are expected to undertake is not clear.

The ‘*Involving People Framework 2014-2017*’ is out of date and does not define some key aspects of public engagement such as when certain engagement activities would be expected to be undertaken, i.e. improvement activities vs service re-development and what level of engagement is expected for these as well as who the key stakeholders are. This framework notes it will be supported by an action plan; however, this could not be obtained during our review and it could therefore not be determined what impact this Framework has had on public engagement activities.

It is recognised within NHS Lothian that the NHS Reform (Scotland) Act 2004, the Blueprint for Good Governance and other legislation is not clear on public engagement expectations in relation to consultations, improvement work and service redevelopment and this has been included as an action for the Board, however, our review identified that there have been no discussions on how to address these actions with the Public Involvement Manager to date.

There is a risk that without a clear and agreed approach to public engagement, agreed with the Public Involvement Manager, there will be inconsistent practices throughout the organisation which are not aligned to NHS Lothian’s strategy or best practice.

**Recommendation:**

In line with the actions following the review of the Blueprint for Good Governance, NHS Lothian should define what good public engagement should look like, taking into account legislation and available guidance, such as the SHC ‘*Participation Standard for the NHS in Scotland.*’ This should consider what expectations there are in relation to service planning, re-development and improvement work including what level of engagement is considered acceptable for these various types of work and who key stakeholders are. This should be done in collaboration with the Public Involvement Officer.

**Management Response:** The report found that there is a general level of understanding that engagement is important and should be getting done, but a lack of knowledge and expertise in doing it. This reflects our own experience and our response is to support front line staff to deliver effective engagement wherever the opportunity arises whilst reflecting throughout the process on what works, what staff need to do it well and how this learning can be deployed for wider benefit to the organisation.

However, it is possible to introduce some underpinning principles and a “direction of travel” expectation that can help to establish a culture of engagement. This work has started at the 2018 Annual Review public session, where the principles of an Involvement Framework were briefly introduced in the form of a simple diagram representing escalating levels of engagement alongside typical activities associated with each level.

**Management Action:**

Develop a modern Public Involvement Framework by end of March 2020 that aligns with the Blueprint for Good Governance. Launch and promote from April 2020.

**Responsibility:** Judith Mackay, Director of Communications, Engagement and Public Affairs

**Target date:** end April 2020



**Control objective 1: Public engagement is clearly defined, with all stakeholders identified and appropriate channels for communicating are used to engage with each group**

**1.2: Engagement with stakeholders requires improvement**

**Medium**

**Background:**

Historically, public engagement has been with members of the public on patient groups, lay members on committees or through contacting members of the public who had previously been involved in engagement activities.

The Public Involvement Manager and the Board (following the workshop on the Blueprint for Good Governance) has recognised that the current methods of patient engagement may not involve the right stakeholders, such as members of the public being engaged to inform service delivery, when none had been involved or recently involved in receiving that service.

The vision is to create ongoing dialogue with patients to create resources for future consultation. To do this, a network of patients and/or carers will be created to move to an engagement model that works with a public group throughout the development phase of major projects e.g. the Elective Centre.

This network of patients is planned to be built up through a database which the public can sign up to by emailing 'getinvolved@nhslothian.scot.nhs.uk' - this is highlighted on the NHS Lothian website - or people can sign up whilst at other public engagement events. The database will include basic information such as the person's region and any special interests e.g. diabetes to allow for targeting when appropriate. Following sign-up, members will be invited to focus groups and working groups, asked for email feedback, sent links to online surveys or contacted about other opportunities for involvement related to specific developments or service changes. This would work on an opt-in basis with those in the database deciding how involved they want to be.

In addition, the Public Involvement Manager has recognised that some lay members on committees are not fully equipped to partake in committee discussions, having limited understanding of issues being discussed. The vision is to work with these members to better inform them and provide training to give them the skills to speak-up in meetings. This approach is currently being trialled within the Healthcare Governance Committee, where a separate patient reference group is being piloted to prepare and support lay members for upcoming meetings.

**Observation and Risk:**

It was noted through conversations within the organisation that using existing patient groups to inform patient engagement activities can be done as a tick-box exercise and although these can sometimes be useful, continuing to inform through this method may not engage the correct stakeholders who service changes impact, therefore, building up a larger network of contacts would be better model.

At the time of the audit there were only 30 members of the public signed up to the 'Get Involved' database, with numbers slowly increasing. It is recognised that this currently too low, and more members are required to create a truly reflective database, however, there is no campaign to get people to sign up to the group and therefore knowledge of it may be limited. In addition, on searching for this on the NHS Lothian website, it was difficult to find the link to the 'Get Involved' sign up page. There is a risk that without increasing membership of this database, old methods

of engaging with the public will be relied upon and not be truly reflective of key stakeholders. Although a model is being piloted to improve the effectiveness of lay member engagement on the Healthcare Governance Committee, this is yet to be rolled out across the rest of the organisation. There is a risk that prior to this being done, lay members will not be adequately supported to effectively discuss issues and represent their views at these various committees.

**Recommendation:**

Opportunities to raise the profile of the ‘Get Involved’ database should be sought, in order to attract as many members to this as possible.

Following an assessment of the introduced patient reference group to the Healthcare Governance Committee, this model for engaging with lay members should be considered for other key committees within NHS Lothian, to improve public engagement in discussions.

**Management Response:**

The report notes the work to introduce a public reference group to the healthcare Governance Committee. This is being tested and developed with a view to offering it as a model for wider adoption across relevant NHS Lothian committees.

A redesign of NHS Lothian’s website is underway which will give more flexibility and, with it, scope to improve signposting to public involvement content to encourage more people to sign up to our database.

The database is growing slowly but steadily. The aspiration is to produce a public newsletter on a regular basis to grow this audience and keep it fresh however, under the terms of GDPR legislation to do so requires a ‘subscribe and ‘unsubscribe’ function we cannot provide without subscription to a distribution system (such as mailchimp). There is currently no funding resource to support this aspiration.

**Management Action:**

Work with PET team to raise awareness of engagement opportunities.

Launch a campaign to raise staff awareness of the benefits of embracing Care Opinion as a positive feedback mechanism that can be used to help improve services.

Improve signposting of Public Involvement content on the landing page of the NHS Lothian corporate website and ensure that there is a prominent ‘call to action’ inviting people to sign up to the Public Involvement Database.

**Responsibility:** Judith Mackay, Director of Communications, Engagement and Public Affairs

**Target date:** December 2019

**Control objective 2: During service planning and development, best practice is used to engage with the public early in the process**

**2.1: Good practice is seen inconsistently throughout the organisation which could be enhanced by having a set approach and training**

**Medium**

**Background:**

Public engagement is expected to be understood and carried out at various levels of the organisation, including the following:

- Front line staff who have direct/indirect contact with stakeholders, patients, carers and their families
- Front line managers who have a direct responsibility for front line staff
- Public Involvement and Equality & Diversity staff
- Senior managers who have a responsibility for setting policy/designing services and who have accountability for delivery of these policies or services
- Executive staff who have overall accountability for delivery and governance of NHS services within their area.

The SHC publishes ‘Participation Standard’ guidance which acts as a measure for how well NHS Boards focus on the patient, how well they involve the public and how well Board’s take responsibility for informing the public. There is a suite of resources available on the SHC website called the ‘Participation Toolkit’ which has been compiled to support health and social care staff to more effectively involve the public in decisions about their care.

As part of our review, we were not able to be provided with a complete listing of engagement activities currently taking place or which had taken place in the organisation. To identify public engagement activities to test, we selected a sample of activities from Board Papers where under Section 7 ‘Duty to inform, Engage and Consult People who use our services,’ engagement activities had been stated. In addition, we selected a sample of projects being undertaken by the Sustainability & Value Team where we would expect some form of public engagement to have taken place.

**Observation and Risk:**

It is worth stating that without NHS Lothian defining what good practice looks like as noted in Finding 1.1, it was not possible to assess activities undertaken in the organisation against a set standard. However, the following observations of work undertaken were made:

- All those contacted were aware that public engagement was expected to be performed in some capacity in relation to their work
- Better practice was linked to projects which had staff experienced in public engagement and those which engaged the Public Involvement Manager to inform their plans e.g. the Edinburgh Cancer Centre re-design which worked in partnership with the public using the Experience Based Co-Design model as shown as working in Partnership in Appendix 3.
- Some projects had performed minimal public engagement e.g. The British Association for Day Surgery project where only patient stories had been used to inform practices
- Engagement was not necessarily done at the right stage in the process, for example

the Short Stay Elective Centre, where plans to move site were agreed before engagement. There is a risk that stakeholders are being engaged to agree with an already made up decision rather than involved in the resulting decision.

- Through discussions it was noted that some staff felt uncomfortable in performing public engagement due to a lack of training and/or support

There is currently no training provided to staff on public engagement or models for approaching public engagement. Models based on best practice are currently being developed by the Public Involvement Manager and it is noted that support for staff in developing their planned engagement activities or workshops would be beneficial.

There is a risk that without a consistent approach with staff being supported to perform public engagement activities, there will be inconsistent and poor practices used within the organisation.

**Recommendation:**

The requirement to complete public engagement within NHS Lothian should be clearly communicated to staff responsible for planning, redesigning and improving services to ensure there is awareness of this requirement. In order to enable these staff to deliver public engagement throughout Lothian, they should be provided with appropriate training such as workshops with other staff who are involved in public engagement to learn from each other, the Public Involvement Manager and from any lessons learned. Additionally, once developed, the profile of the supporting toolkits and guidance on public engagement should be raised, ensuring relevant staff know to utilise these when conducting activities.

To ensure the Public Involvement Manager is sighted on major service planning, re-development and improvement activities happening within NHS Lothian where support may be required, better links should be established to other NHS Lothian departments such as Strategic Planning.

**Management Response:**

There are examples of good practice in engagement however it is patchy. The challenge is not just to train people to ‘do engagement well’ but to create the conditions for culture change so that staff recognise the very real benefits of good engagement practice and are motivated to do it well to improve NHS Lothian’s services.

**Management Action:**

Develop online resources to provide a “toolkit” to support staff to carry out effective engagement

Face to face development intervention to be designed and commissioned to help build capability and confidence.

Knowledge sharing to be built into the process of documenting engagement activity

**Responsibility:** Judith Mackay, Director of Communications, Engagement and Public Affairs

**Target date:** June 2020

**Control objective 2: During service planning and development, best practice is used to engage with the public early in the process**

**2.2: Better assurances could be provided on engagement activity being undertaken**

**Medium**

**Background:**

At present, public engagement is an expectation of the organisation, and all Board/Committee papers require prepares to include a section on engaging with the public (this is included within the template Board paper reports):

***'Section 7. Duty to inform, Engage and Consult People who use our services'***

On review of Board minutes, there was no scrutiny shown over what engagement had taken place for each policy/service change, however, we recognise that this scrutiny does not need to be provided at Board level. The SHC Participation Standard states that 'robust governance arrangements should be in place for involving people, founded on mutuality, equality, diversity and human rights principles. This can be evidenced by the Board being assured on systems and processes being in place to enable it to meet statutory requirements.'

In past years, an annual 'Involving People' report was presented to the Healthcare Governance Committee which provided information on engagement projects and activities throughout the year including, capital planning projects and consultations and reviews. This report has not been presented to the Healthcare Governance Committee since May 2016.

**Observation and Risk:**

As part of this audit, we could not be provided with a complete listing of where public engagement is taking place or has taken place in the organisation, and therefore, we noted that there is limited oversight of projects taking place within the organisation. This could be improved by involving the Public Involvement Manager early when projects/policies are being designed as noted in Finding 2.1.

On review of the May 2016 'Involving People' report there were actions within this including the development of a participation database (which is still ongoing) and clarification of what should be included within Section 7 of Board papers to help provide better assurance to committees. On review, we noted that responses under Section 7 of Board papers varied, with some not updating the template wording and others providing limited detail of work performed despite evidence of extensive work being undertaken, for example, under Section 7:

- The paper on the Waiting Times Improvement Plan presented on the 6<sup>th</sup> Feb 2019 stated:  
*'Actions to deliver the Waiting List Improvement Plan will have the appropriate impact assessments and consultation required'*
- The paper on Current Performance in Scheduled and Unscheduled care presented on the 5<sup>th</sup> Dec 2018 stated:  
*'The individual proposals outlined in here all bring the duty to inform, engage, and consult, and so these actions are being taken forward in each individual piece of work.'*

- The paper on the Royal Edinburgh Hospital presented on the 3<sup>rd</sup> Oct 2018 stated:  
*‘Appropriate arrangements are in place to consult service users on both the NHS and IJB Board sides throughout the process. In particular, the REH Patient Council and key stakeholders in all activities.’*

There is a risk that without an annual report on Public Engagement activities and clarity for staff on what is expected to be reported under Section 7 of Board Papers, that there will be limited assurance provided to the Board on the engagement activities being undertaken in the organisation.

**Recommendation:**

In recognition that the Board require assurance, there could be benefit in reporting to a committee or the Board on what public engagement has taken place within the organisation based on an agreed framework. If this is seen to be beneficial, the format, timing and content of reporting should be agreed by the Board/Committee and Public Involvement Manager.

In addition, clarification of what is expected within section 7 of Board papers would have benefit to provide greater transparency over what engagement had taken place for activities and provide better assurance to the Board.

**Management Response:**

Noted.

**Management Action:**

Develop simplified reporting template to facilitate meaningful, appropriate reporting by the services that give assurance about engagement activity. This will then be for services to use through normal governance routes to Board.

Provide a section on Public Involvement to be incorporated into the Patient Experience Annual report.

**Responsibility:** Judith Mackay, Director of Communications, Engagement and Public Affairs (and services)

**Target date:** June 2020

**Control objective 2: During service planning and development, best practice is used to engage with the public early in the process**

**2.3: The resource requirements to deliver a framework have not been analysed and there may be inadequate resources to achieve future vision**

**Medium**

**Background:**

Within NHS Lothian there is a one Public Involvement Manager who has been in post for 9 months at the date of this review. Prior to this, there was a Public Involvement Coordinator in post who left NHS Lothian in early 2016.

Out with NHS Lothian, there is some resource within the HSCPs involved in public engagement, however, this resource is variable, with posts not always fully dedicated to public engagement.

**Observation and Risk:**

It was clear that the lack of Public Involvement staff was noticeable for those performing public engagement activities, as has been evidenced through discussions with staff. Additionally, it has been noted that the ‘Involving People Framework 2014-2017’ and actions identified within the annual Healthcare Governance Report were not implemented or fully completed with no Manager in post and no progress made against these organisational strategies.

If NHS Lothian set out an ambitious framework for public engagement, there is a risk that the current resources will not be adequate to deliver its achievement. This includes ambitions of staff training, lay members training, creation and implementation of best practice models, providing support to teams participating in public engagement and increased reporting to committees, which would be a large remit for the Public Involvement Manager.

Our review also identified that there is no specific funding allocated to support patient groups, including funding for basic practices such as providing cakes, coffees and teas during a focus group. Funding to support groups has been provided by the Edinburgh Lothian’s and Health Foundation through an agreement with the Public Involvement Manager.

There are clear links between Public Involvement and other teams within the organisation, such as the Patient Experience Team who work to address feedback received from service users which sits alongside the Public Health team where public engagement is performed for Equalities and Human Rights Work. Insights are starting to be shared between these team and the Public Involvement Manager, where possible.

Additionally, as has been shown to work for the Short Stay Elective Centre, the public engagement staff within the HSCPs could be engaged for joint pieces of work, allowing NHS Lothian to tap into their community networks and utilise their experience.

**Recommendation:**

Following agreement of a framework for improving public engagement, resources should be assessed against this to determine if they are adequate to achieve delivery, including any budget for training and delivering engagement events.

Where possible, a network approach should be developed with the HSCPs and other NHS Lothian teams to make better use of their networks, knowledge of public engagement and

resources.	
<p><b>Management Response:</b></p> <p>Initial work in this area indicates that potential does exist to build strong cooperative working models with HSCPs around engagement. Links have been made with the engagement staff in each HSCP where they exist. For example, they are working closely with NHS Lothian on engagement activity for the new elective centre at St John’s Hospital. As this work develops, the intention is to review and build on this as a model for future engagement.</p> <p>A strategic commitment to develop coordinated engagement work across NHS Lothian and the HSCPs will embed this approach and also serve to ensure it has a strong profile in future developments – something currently lacking.</p> <p><b>Management Action:</b></p> <p>Schedule a CMT development workshop to co-create and define our public involvement ambition for NHS Lothian, working with partner organisations as appropriate. From this a Public Involvement Framework will be produced, and agreement sought on what resource is required to deliver and embed it in the business-as-usual practice of NHS Lothian.</p>	
<p><b>Responsibility:</b> Janis Butler, Director of Human Resources and Organisational Development (and CMT)</p>	<p><b>Target date:</b> October 2019</p>



<b>Control objective 3: Public engagement activity is appropriately documented with outcomes captured and evaluated to inform future practices</b>	
<b>3.1: There was limited evidence that lessons learned had been incorporated into future practices.</b>	<b>Low</b>
<p><b>Background:</b></p> <p>The SHC participation standard recognises that one of the criteria of involving people in service planning and development is to perform evaluation of the involvement carried out on an ongoing basis.</p> <p>Where public engagement was evidenced, it was well documented with some performing comprehensive lessons learned exercises.</p> <p><b>Observation and Risk:</b></p> <p>However, it was not clear how the lessons learned will be built into future work to inform practices. This was mainly due to teams being involved in public engagement within their own teams and lessons learned not shared across the wider organisation, or engagement activity being specific to a project with no plans to perform this engagement activity again soon.</p> <p>There is a risk that without a systematic process to incorporate lessons learned into practices going forwards, ineffective engagement activities may continue to be used across the organisation. This is planned to be mitigated by the Public Involvement Manager developing best practice models for engagement which will be developed through understanding what has worked well.</p>	
<p><b>Recommendation:</b></p> <p>Recognising that the Public Involvement Manager is in the process of developing models for engagement which are planned to be used as best practice, a process should be established to ensure lessons learned are built into future practices and are understood by those partaking in public engagement in the organisation.</p>	
<p><b>Management Response:</b></p> <p>Noted</p> <p><b>Management Action:</b></p> <p>Debriefing and case studies will be introduced involving the Public Engagement Manager. That will lead to service improvements locally and learning will be shared on the Intranet.</p>	
<p><b>Responsibility:</b> Judith Mackay, Director of Communications, Engagement and Public Affairs</p>	<p><b>Target date:</b> October 2019</p>

## 4 Appendix 1 - Definition of Ratings

### Findings and management actions ratings

Finding Ratings	Definition
<b>Critical</b>	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention
<b>High</b>	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
<b>Medium</b>	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified.
<b>Low</b>	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective

### Report ratings and overall assurance provided

Report Ratings	Definition	When Internal Audit will award this level
<b>No assurance</b>	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)
<b>Limited assurance</b>	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	<p>This may be used when:</p> <ul style="list-style-type: none"> <li>• There are known material weaknesses in key control areas.</li> <li>• It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for.</li> </ul> <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>
<b>Moderate assurance</b>	<p>The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied.</p> <p>There remains a moderate amount of residual risk.</p>	<p>In most respects the “purpose” is being achieved. There are some areas where further action is required, and the residual risk is greater than “insignificant”.</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of ‘medium’ findings and ‘low’ findings)</p>
<b>Significant assurance</b>	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>	<p>There is little evidence of system failure and the system appears to be robust and sustainable.</p> <p>The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as ‘low’ or no findings)</p>

## 5 Appendix 2 – Staff Involved and Documents Reviewed

### Staff Involved

- Director of Human resources and Organisational Development
- Director of Communications, Engagement and Public Affairs
- Public Involvement Manager

For evidence of public engagement activities:

- Director of Child Health Commissioner
- Strategic Programme Manager
- Community Nurse Programme Manager
- Director of Strategic Planning
- Service Director, Women's and Children's Services
- Research and Development Director
- Various project managers within NHS Lothian

### Documents Reviewed

- SHC Participation Standard
- Blueprint for Good Governance
- NHS Reform (Scotland) Act 2004 legislation
- NHS Lothian Communications Strategy 2014-2016
- Involving People Strategy 2014 - 2017
- Involvement Spectrum (Appendix 3)
- Involving People Sign-up sheet
- NHS Lothian website for evidence of 'Get Involved' sign-up
- Board Papers April 2018 – February 2019 for reporting under section 7. of Board papers
- Patient Experience Paper – 1 August 2018
- Patient Experience Report 2017-2018
- Involving People Report – May 2016
- Integrated Impact Assessment templates
- Participation Standard- Summary Report for NHS Lothian 2016-17
- Various documents evidencing the public engagement of the East Region Short Stay Elective Centre
- Various documents evidencing public engagement of the Volunteering Strategy
- Various documents evidencing public engagement on Corporate Parenting
- Various documents evidencing public engagement on the Best Start Maternity Strategy
- Various documents evidencing public engagement on the Royal Edinburgh Hospital
- Various documents evidencing public engagement on the Waiting Times Improvement Plan
- Various documents evidencing public engagement on the partial re-opening of St John's Paediatric Ward
- Various documents evidencing public engagement on the Best Start Maternity Strategy
- Various documents evidencing public engagement on the new Cancer Centre at the Western Infirmary
- Test of response to the 'Get Involved' database

## 6 Appendix 3 – Involvement and Engagement Spectrum

