

# Share and Shine: Matrix Champion Leads Network Sharing Workshop



Thursday 19 September 2013, 12.00 – 16.00  
 Scottish Government, Victoria Quay, Leith, Edinburgh EH6 6QQ

## Present:

Gail	Anderson	Voluntary Action Orkney
Allyson	Angus	NHS Tayside
Stephen	Bermingham	NHS Borders
Sandra	Cairney	NHS Greater Glasgow & Clyde
Brigitte	Cosford	NHS 24
Alison	Crofts	Voluntary Health Scotland
Margaret	Dawson	Third Sector First, Dumfries & Galloway
Gabriel	Docherty	NHS Lanarkshire
Lynne	Douglas	The Alliance
Hazel	Dykes	NHS Dumfries and Galloway
Nancy	El- Farargy	NHS Education Scotland
Nancy	Fancott	CCPS
Allison	Fannin	NHS Tayside
Bill	Gray	NHS Health Scotland/CFHS
Maureen	Hamill	Inverclyde Council
Rosemary	Hampson	Healthcare Improvement Scotland
Heather	Irving	West Dumbartonshire CHP
Parveen	Khan	NHS Health Scotland
Susan	Lowes	Voluntary Health Scotland
Louise	MacLennan	NHS National Services Scotland
Lucy	McTernan	SCVO
David	Morrison	NHS 24
Janet	Muir	CHEX
Lesley	Munro	Voluntary Health Scotland
Gerry	Power	Joint Improvement Team SG
Caroline	Sinclair	NHS Orkney
Claire	Stevens	Voluntary Health Scotland
Claire	Tester	Scottish Government
Danielle	Trudeau	SenScot
Christine	Wallis	NHS Lothian
Diane	Williamson	NHS Fife

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## **1. Welcome, introductions and purpose of workshop**

Claire Stevens welcomed everyone and explained the purpose of the workshop as follows:

- Share – an opportunity for all health board Matrix Champions to share their completed Matrices - bring copies to share and display as reports, posters or other media
- Shine – hear the Scottish Government feedback on what it has learned about 'what is working well' from the completed matrices it has gathered from each board
- Show - a platform for two health board Matrix Champions and their third sector partners to explain 'how it was for us' – the engagement process they used to complete their Matrix, the topics they chose and the outcome
- Survey - how do we measure and evaluate what has been achieved so far, and how can this inform our next steps in improving engagement?

## **2. Sharing the outcomes from the Engagement Matrix exercise**

Claire Tester outlined that the question posed had been 'what is working well in partnership between NHS boards and the third sector'. This was the 'ask', and the 'task' was to use the Engagement Matrix as a tool to identify this partnership working. Claire T provided a background on the policy context of the work with a Powerpoint presentation [included in Annex 3].

Claire T stressed that the Engagement Matrix could be used again and in different ways by Boards and third sector and had now been introduced and shared. The requested 'ask' had been completed and Claire T provided an overview of responses received regarding what is working well, and invited discussion of how the matrix had been used, with a shared viewing of some of the different completed matrices on display. The captured overview of comments follows.

### **Overview**

Each NHS board area approached the Matrix in different ways and used the definitions of levels which were modified by some for their own shared interpretation of levels. There were varying levels of detail and partnership working. The task of identifying what works well and through using the matrix had;

- Enabled people to get together and to focus on the positive. This had been in itself a good experience,
- The Engagement Matrix and the task had enabled a shared focus and shared activity in its completion.

- The task of identifying what works well and using the matrix had acted as a catalyst for a wider engagement agenda.

During the workshop it was clear that many boards have used the matrix to build on existing partnerships. However, there was consensus that there was a need for consistency, brought through the Leads Network, to ensure that people understand the purpose of the Engagement Matrix. Feedback on using the Matrix were gathered via Post Its and in discussion and are attached annex 1.

### **3. Showcasing NHS Orkney & NHS 24 experience of Matrix**

David Morrison, Participation and Equalities Manager, NHS 24

Caroline Sinclair, Head of Health and Community Care, Orkney Health and Care

Two boards shared their practical experience of using the Matrix: how they and their third sector partners addressed the task set by the Scottish Government, who they involved, the process they undertook, any lessons learned and whether the exercise has triggered new thinking, ideas or plans for the future.

These presentations are attached in annex 3.

### **4. Reviewing the experience of using the Matrix**

Small buzz groups considered a set of questions suggested by the Health and Social Care Alliance:

- How did you go about using the matrix? Who was involved?
- What did you do? And how did it go/feel?
- What did the matrix help you with ?
- Did the matrix help you identify strengths/ gaps?
- What did you learn that you'd like to share with others?
- Was the matrix easy to use? Anything you would change?

Some comments were made about language being biased to a NHS rather than third sector. Also that there were competing requests from Scottish Government relating to Participation Standards which affected the undertaking of the task. .

A number of concerns were raised as to how the Matrix as a tool for further use could be used:

- Does the tool add value? Or are boards merely fitting things into boxes, or using it as a tool for future engagement?
- Has it been used as an audit/assessment rather than as an engagement tool?
- Good sense check with 3<sup>rd</sup> sector and is a good framework to use moving forward
- Appraisal is an added benefit
- Would like to see 3<sup>rd</sup> sector drive forward to help inform NHS – still top-down (NHS GGC got 3<sup>rd</sup> sector to sign up)
- Looking at places where it is crucial to have joint working

- Tool to encourage involvement and engagement helps facilitate communication, mindset change and coproductive working
- Should be used but not mandatory
  - Ownership is key
  - Financial relationships made approach positive – key part
  - Preparation, planning and carry-through of relationship is the main consideration in Fife
  - Funding too – matrix is the beginning of joint opportunities
  - East Lothian found easy for initial stages (too easy)
  - Language needs changing?
    - Common themes and common understanding needed
    - Don't think we will ever get the same language – but understating and beginning of processes
    - Teaching the language can help understanding and beginning to converse
    - Acknowledge/accept/work on
  - Guidance needs to make it clear that its ok to have empty boxes
  - Words/processes to help/assist
  - Case studies to help people that are new to the matrix

## 5. Next Steps

Claire Tester will be producing a report based on the Engagement Matrix submissions to the 'task and ask' of examples of what is working well in partnership between the third sector and NHs boards. This will be shared at a meeting of the NHS Chief Executives, and the Chairs, and with the Scottish Government. Claire T assured that she will not be editing anyone's submitted work and it would all go forward as annex to the report which would be synthesis of the shared work. This report will be shared and returned to all contributors after the Chief Execs meeting towards the end of this year. **Action: Claire Tester**

The consensus view on the future of the leads network was that it had been formed to support the development of the Engagement Matrix, and to oversee the 'Task and Ask' of the Scottish Government. These tasks had been achieved but there is more work to be done to ensure better partnership working between third sector and NHS boards but needed to also include the health and social care agenda too. Lucy McTernan pointed out that there is still an ongoing task/need to consolidate Third Sector Interface understanding and buy-in to the Matrix. Claire T suggested that The Gathering event led by Scottish Council of Voluntary Organisations (SCVO) in February 2014 could provide a further opportunity for a shared session between the Leads Network and the wider third sector. **Action: Claire T to discuss this further with Lucy.**

## Annex 1 Feedback on using the Engagement Matrix (group post-it-notes)

<p>CHP point of view – 3<sup>rd</sup> sector engagement core part of the integration agenda, i.e. integrated services do not just include health and social care – also includes 3<sup>rd</sup> sector and communities</p>
<p>There are a variety of levels this tool can be used</p> <p>It should be used at every level and engagement – or every engagement opportunity</p> <p>The process (rather than the specific tool) of engagement should be built into the way we routinely do things in partnerships</p>
<p>Is there something about values in the matrix?</p> <p>Some of the sticking things about Orkney's presentation was reference to all partners being <b>respectful</b> of each other</p>
<p>Take in a community planning approach</p> <p>Not keen on ladder approach – so matrix is about change</p> <p>Core values in working together</p>
<p>Helped us to reflect on the quality of the partnership</p>
<p>Used it to get a sense-check of the matrix by experienced 3<sup>rd</sup> sector colleagues</p>
<p>No one involved</p> <p>Not for particular reasons</p> <p>Achieved – ideas to take forward and identified issues and needs</p> <p>Particular weaknesses such as 'learning exchange' and 'needs assessment'</p> <p>Strategy and partnership agreement</p>
<p>Matrix was very straightforward. Welcomed by 3<sup>rd</sup> sector partners</p>
<p>It has helped us develop a way forward for further engagement</p>
<p>Engagement event – TSI/NHS</p> <p>Scope people's feelings about where people are at and where they want to go</p> <p>Mix of large organisation/small local groups/community members</p> <p>Test where TSIs wanted to be involved</p> <p>Find out about TSIs that have a direct impact in health</p> <p>NHS to be aware of small groups who contribute to 'health'</p> <p>Mapping</p> <p>Community planning partners coming together</p>
<p>The matrix was easy to use and guidance was clear and short</p> <p>The matrix recognised that national boards are different so it was a tool that can be used and applied very different to the scrutiny model like participation standard</p>
<p>The matrix was used to capture work in progress and supported the lead to capture the evidence with the 3<sup>rd</sup> sector</p>
<p>Might be helpful to scope Scottish Health Council's good practice/case studies as they will</p>

evidence 3 <sup>rd</sup> sector engagement to support the Gathering event
You mentioned 'procurement' – it would be helpful to explore this (NHS National Services Scotland delivers on national procurement for NHS Scotland)
Comment on a third sector lead network – useful if clear aims, outcomes, purpose, terms of reference
Are we joined up? <ul style="list-style-type: none"> <li>• Person centred healthcare</li> <li>• Participation standard</li> <li>• Human rights and equality</li> <li>• Relationship with scrutiny?</li> </ul>
Feels collaborative. Good to hear a 'buzz' in the room and not 'moaning and groaning' meeting
Boxes - people tend to think they have to fill in all of the boxes – e.g. empowerment – people think they need to be empowered in all cases – not necessarily the case for everything – i.e. empowerment can be seen as paternalistic, may be misinterpreted as total control or can be an imbalance in a co-productive relationship
The engagement matrix is one of several tools to encourage involvement/ collaboration and good practice
It is part of the fabric of the asset based approach and relates to co-production and better resources use across partner organisations and sectors
The actual process of engagement makes you think about working with partners in a more 'engaged' way
You need to be thoughtful about informing people about the parameters in which you are engaging with people i.e. expectations need to be made clear to avoid disappointment and devaluation of process
Good tool for mapping – identifying gaps
3 <sup>rd</sup> sector leading process creates/promotes trust and ownership
A flexible and transferable model that works at small and macro level
Think the matrix tool could help develop people involvement in some part – users, carers and wider community
Think it would be useful for leads and TSI leads to continue as a network to share learning
Links with participation standard and leads?
Think about integration agenda. Role of the 3 <sup>rd</sup> sector tagged on? E.g. Public Sector Bill – little coverage given to the 3 <sup>rd</sup> sector
Allocated approach?
Strengthened by financial agreement – funded 3 <sup>rd</sup> sector. V no funded
Flipside – organisations e.g. WRVS and Macmillan who give money
Potential tension between commissioning and partnership working
Voluntary organisation involvement in campaigning and potentially conflicting
Potential 'conflict' with religious affiliation/faiths/beliefs
Good process tool – not about audit but it is about owning and accountability
An 'on-going' tool – it is never finished Easy – as challenging as you want it to be – it depends what your agreed outcomes are to how it is used

## Annex 2 Share and Shine Workshop Flyer



**Share and Shine: Matrix Champion Leads Network Sharing Workshop**

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2. **Shine** – hear the Scottish Government feedback on what it has learned about 'what is working well' from the completed matrices it has gathered from each board
3. **Show** - a platform for two health board Matrix Champions and their third sector partners to explain 'how it was for us' – the engagement process they used to complete their Matrix, the topics they chose and the outcomes
4. **Survey** - how useful has the Engagement Matrix been?

## Annex 3 Presentations

Claire Tester – Route Map and 20:20 Vision



Claire Tester - Route map and 2020 Vision.

David Morrison, Participation and Equalities Manager, NHS 24



NHS 24 - Engagement Matrix P

Caroline Sinclair, Head of Health and Community Care, Orkney Health and Care



Orkney Engagement Matrix Presentation.p