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**Job Description**

**Job description ref: JD527**

**Post title:** **Engagement Officer**

**Band: AfC Band 5**

**Reporting to: As detailed in conditions of service**

**Location: As detailed in conditions of service**

**1 Job purpose**

Ensure local implementation of the directorate’s thematic work programme, the delivery of locally negotiated support to NHS Boards and integration authorities, and other assigned responsibilities. Key priorities include responsibility for supporting the development of public participation methods in conjunction with statutory bodies, patient and service user groups, the third / voluntary sector, and other community groups, through the provision of expertise, support and training, and facilitating and sharing best practice locally.

Co-ordinate aspects of designated local office activities including supervision of administration staff and support for the activities of volunteers; and promote awareness of the directorate and Healthcare Improvement Scotland by establishing, maintaining and developing links with local NHS, integration authorities, patient and public networks through contribution to planned communications activity.

**2 Job dimensions**

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| --- | --- |
| Scottish Health Council budget | c£2.7 million per annum |
| Authorised signatory | No formal delegation of budget. |
| Employee responsibilities | No direct reports. Supervisory responsibility for any locally-based administrative colleagues. |
| Meetings (internal) | Regular meetings with Area Manager.  Participation in matrix/project working with colleagues from specialist teams and/or colleagues from Healthcare Improvement Scotland as and when required and in agreement with Area Manager. |

**3Key result areas, main tasks and responsibilities**

1. Provide a range of support to NHS Boards and integration authorities to facilitate the delivery of good practice in the engagement of people and communities in health and care services.
2. Take a proactive approach and ensure the directorate has well-developed and productive links and relationships with NHS Boards, integration authorities and local communities in order to maximise opportunities and facilitate and share best practice locally.
3. Ensure that the delivery of all local activity maintains an appropriate focus on promoting equality and human rights, and tackling inequality, seeking to facilitate the engagement of people whose voices might otherwise go unheard. Carry out equality monitoring where appropriate in line with the directorate’s established approach.
4. Work with statutory and voluntary bodies including staff of NHS Boards, integration authorities and local community groups to establish and maintain positive relationships between the directorate and these agencies in order:

* that they are fully aware of the directorate and Healthcare Improvement Scotland’s role;
* to facilitate the feedback of information and evidence about the effectiveness of community engagement and equalities activity in the local area;
* to raise awareness and understanding of, and participation with, the directorate’s national and local work programmes;
* to support the directorate’s performance assessment process;
* to identify and disseminate examples of good practice in the community engagement and equalities agenda; and
* to support volunteers or other local people to participate in directorate and Healthcare Improvement Scotland activities so that the organisation complies with the Duty of User Focus.

1. Engage in the development of the local NHS Board public participation activity by highlighting, networking and sharing current emerging practice so that statutory requirements are met and supported by evidenced good practice in accordance with the directorate and other relevant national policies and guidelines.
2. Target communications and meetings with identified social groups to build relationships and network, so to develop a consistent approach to equality and diversity, ensuring that seldom-heard voices are heard and fed back to appropriate statutory bodies so that through this engagement, information is provided to enable services to be redesigned as necessary to meet the specific needs of those groups. This involves collaborative working where required with the directorate’s Service Change team.
3. Work with local people and communities to support them to engage effectively with NHS Boards and integration authorities, and/or to inform the development of national policy. This includes the planning, delivery and evaluation of training and other learning opportunities to support communities to engage in health and care issues.

1. Actively gather and evaluate information about plans, strategies and other issues affecting local health and care services in order to inform the national and local work plans and ensure that the work of the directorate and Healthcare Improvement Scotland is targeted for maximum impact.
2. Participate in *ad hoc* working groups and matrix/project working to develop, and contribute to the development of:

* internal policies and procedures;
* new or revised methods of engagement;
* content for the national learning system for engagement.

1. Read and comment on draft documents to contribute to the process of ensuring the above are fit for purpose and take account of local requirements.
2. Work collaboratively with administrative staff within the designated local office including allocating and checking work, and identifying / supporting their training and development needs in conjunction with the Area Manager.
3. Conduct and analyse research or evaluation in collaboration with the Participation Network team, and support from the Area Manager. This work will based on identified and agreed requirements from the range of work programmes, plus any other assigned responsibilities. The post-holder contributes ideas to the planning of such research or evaluation work, and final decisions on design and implementation will be made in conjunction with the Participation Network team who retains responsibility for ensuring consistency and quality of approach across Scotland.
4. Participate in the recruitment process for local office administrative staff, led by the designated Area Manager. Take a key role in the continued development of local administrative staff.
5. Assist in the identification and development of draft tools and templates for the promotion, delivery and assessment of community engagement and equalities activities, within parameters determined by the Engagement Programmes senior management, the Area Manager and the Participation Network.
6. Collaborate with the Participation Network, colleagues in other specialist teams, and colleagues across the Engagement Programmes function to ensure best practice and up-to-date knowledge is shared across the directorate and to eliminate duplication of effort. Promote innovative and creative approaches to community engagement and equalities wherever possible and ensure regular contact with the Participation Network to keep appraised of new approaches.
7. Provide volunteers with necessary guidance and support to enable them to carry out work on behalf of the directorate and Healthcare Improvement Scotland (in conjunction with colleagues in the Public Involvement Unit).
8. Create and collate suitable community engagement and equalities content for internal and external communications activities as directed by the Area Manager, directorate senior management, and the Healthcare Improvement Scotland Communications Unit. Ensure related deadlines are met.

**4 Equipment and machinery**

The post-holder uses the suite of Microsoft Office products in the pursuit of their day- to-day responsibilities. The post-holder also uses agreed work-related software and web-based applications to support engagement activities

The post-holder uses a variety of office equipment including, personal computer, laptop, scanner, printer photocopier, shredder, laminator, binder, franking machine, telephone, answering machine, projector, flip charts, display stands, opinion meter, emotional touch point cards, digital camera, and videoconferencing equipment. This list is not exhaustive.

Use of a car may be required on an occasional or regular basis depending on the location of the designated local office and access to public transport.

**5** **Systems**

* Feeds into the Healthcare Improvement Scotland’s systems for regular and routine personnel and administrative procedures such as timesheets and expenses claims in respect of their own post.
* Submits expenses claims for themselves for subsequent authorisation for payment by the Area Manager or senior management.
* Contributes to the local office database of contacts in voluntary and community organisations, and statutory bodies, adhering to Healthcare Improvement Scotland’s policies on information governance.
* Contributes to the directorate database (CRM) to input details of work-related activities, ensuring that data protection requirements and those of the Freedom of Information Act are covered.

**6 Decisions and judgements**

1. The post-holder reports directly to a designated Area Manager and is responsible for contributing to the delivery and planning of the local implementation of the directorate’s thematic work programme and other assigned responsibilities. The post-holder can decide how to undertake the work within the parameters of agreed priorities and established policies and procedures with the agreement of the Area Manager, and where relevant colleagues within the Participation Network for research-related activities.
2. Once allocated, the post-holder is expected to manage their own workload, including identifying and implementing achievable solutions to day-to-day problems, seeking advice from the Area Manager, specialist teams and senior management as and when necessary.
3. During service changes the post-holder, under the direction of the Area Manager and the Service Change team, identifies the most effective methods for gathering evidence taking into consideration the available resources. There are many mechanisms that the local NHS Board will use to inform, consult and engage with the public ranging from public meetings, staff meetings through to using local newspapers and consultation documentation and reports. There are also a variety of stakeholders and key players who need to be identified and not all of these are obvious from the beginning of the public consultation process and can emerge as time passes. Activities in this regard require close collaborative working with the designated Service Change Advisor.
4. The post-holder references and interprets national and local health and care policy to inform their understanding. The post-holder uses questionnaires, observational checklists, documentation critiques (including reports, posters, press releases and the actual reported story, etc.), telephone interviews and face-to-face interviews. Quantitative and qualitative analysis can be achieved using spreadsheets, databases and/or IT statistical packages as well as subjective analysis using templates based on available national standards. In all circumstances, the post-holder will adhere to directorate requirements established by the Participation Network team who has responsibility for the consistency and quality of approach taken in these matters.
5. The post-holder supervises the designated local office’s administration staff. This involves allocation and checking of work, and providing guidance as required.
6. The post-holder has authority to decide on appropriate work to be undertaken by volunteers and to allocate this to them. This must be done with their agreement as they are volunteers, and the post-holder has no formal authority over them.
7. The post-holder may identify whether practices for the delivery of local health services conform to the principles of good community engagement and equalities practice, and bring such issues to the attention of the Area Manager, colleagues within the specialist teams, and senior management where relevant. This includes supporting the directorate’s horizon scanning activities at a local level, to help inform decision-making on existing and future thematic work programme activities and locally-agreed priorities.
8. The designated line manager reviews the post-holder’s performance through the agreement of objectives and individual performance appraisal. Formal appraisal is undertaken on an annual cycle, with informal reviews of current work issues on an ongoing basis. The designated line manager will take account of feedback from colleagues who the post-holder has collaborated with when undertaking formal and informal reviews.
9. The post-holder supports the Service Change team in the investigation, assessment and evaluation of engagement processes followed by NHS Boards which includes gathering evidence from community groups and individuals.

**7 Communications and working relationships**

The post requires management of a wide range of relationships, both within and external to the directorate and Healthcare Improvement Scotland.

**Internal**

1. Regular contact with Area Managers, senior management, peers and colleagues in other local offices, functions and the directorate’s national office. This can be face-to-face or by telephone, e-mail, or letter and is likely to be concerned with clarification of policies and procedures, sharing successful practice and learning. A new informal network of Engagement Officers will be established as a source for professional development, for sharing intelligence on local issues that may have regional or national implications, and for peer support.
2. The post-holder will collaborate with colleagues from the Participation Network to contribute ideas and local intelligence, and in devising the design, delivery and evaluation of planned research, training, and other learning-related activities.
3. There is some contact with staff in Healthcare Improvement Scotland’s support functions such as People & Workplace, Finance, and Communications. These will largely relate to routine administrative processes relating to the post-holder individually or their designated local office or for local intelligence relating to press releases / coverage, or social media-related issues.
4. The post-holder has a working relationship with volunteers. Communication can either be verbal (face-to-face or by telephone) or by e-mail or letter. Typical examples of the subject matter of the communication with volunteers are:
   * giving guidance on how they should fulfil their role (eg what meetings they should attend and what evidence they should gather);
   * gathering and encapsulating feedback obtained from volunteers in local and regional reports and work plans; and
   * providing advice on claiming expenses, etc.
5. Sensitivity is required in many of these communications, as volunteers come from different experiences and backgrounds. Some are actively recruited from “hard to reach” social groups and may have special needs and/or requirements. This can influence the tasks they can undertake and the times at which they can participate in activities.

**External**

1. The post-holder is required to develop and maintain an extensive network of contacts including various stakeholders within the statutory and voluntary sector (e.g. managers and staff in NHS Boards and integration authorities, professional network managers, members of community groups and voluntary organisations, members of the public and occasionally, local councillors or MSPs).
2. The post-holder is required to be tactful, diplomatic and demonstrate highly effective communication skills (e.g. when scoping and delivering appropriate training or guidance on community engagement and equalities topics, or engaging with external locally-based stakeholders on aspects of the directorate’s thematic work programme and locally-agreed priorities).
3. The post-holder is required to deliver presentations to statutory and voluntary organisations on the role and remit of the organisation demonstrating that the Healthcare Improvement Scotland makes a positive impact on health and care within Scotland.

**8 Physical, mental and emotional demands**

**Physical demands**

* + Standard personal computer and keyboard skills.
  + There is a requirement for frequent travel by car or public transport within the area of the territorial NHS Board and integration authorities covered by the post-holder. The distances routinely travelled, therefore, vary between relatively short “in-city” journeys to significant mileages in those local offices serving large geographic areas.
  + Post-holders based in Orkney, Shetland and the Western Isles, have to travel by plane or boat to the outer islands associated with the main island.
  + In addition, all post-holders travel occasionally out-with their local areas to attend meetings and training events, which can involve long working days, or overnight stays.
  + There may also be the requirement for post-holders to work from other local offices during the course of their employment when required by the organisation.
  + Moving and handling of materials including display equipment, laptop and projector when attending meetings and events in line with the established HIS Health & Safety Guidance and Policy.
  + The pattern of working time is sometimes irregular, involving meetings to be conducted in evenings with particular stakeholders (e.g. community groups). For some post-holders this can involve overnight stays away from home.

**Mental demands**

* + Concentration is frequently required to contribute to meetings involving multiple stakeholders when the post-holder is representing the directorate.
  + The post-holder is required to contribute to and prepare reports and letters in relation to the normal pursuit of their designated responsibilities.
  + Concentration is required for data input for approximately half a day, on average twice per week.
  + Concentration is required to read and be able to understand complex national policy and procedural documents or to translate occasionally complex information.
  + The post-holder is expected to use creative solutions to address a range of problems as and when they arise.
  + The post-holder has freedom most of the time to decide how to structure their working day, and it is rare for them to be “tied” to particular long periods of intense concentration.
  + Very often when the post-holder sets aside time to concentrate on a piece of analysis or written work it will be necessary for them to break off to deal with incoming queries from any of the range of contacts described in section 7.
  + The post-holder is expected to apply lateral thinking to current events, which may impact on their role or the role of the directorate.

**Emotional demands**

* + Being tactful, persuasive, diplomatic and constructive in dealing with representatives of statutory bodies in carrying out the directorate’s thematic work programme and other assigned responsibilities.
  + Responding sensitively and empathetically to service users and members of community groups who are concerned or dissatisfied regarding health and care service provision. This often involves working with vulnerable people and groups and hearing experiences that can provoke emotional responses from participants, and the post-holder, which requires careful and sensitive handling.
  + On occasion, having to deal with dissatisfied members of the public who are concerned about health and care service changes.
  + Effectively communicating with and supporting volunteers who may have complex individual requirements.

**9 Most challenging parts of the job**

1. Creating, maintaining and developing effective and productive working relationships with a range of personnel from the statutory bodies, some of whom are more senior to the post-holder. Area Managers, colleagues from specialist teams, and directorate senior management are sources of support and guidance for the post-holder in this regard.
2. The post-holder also plays key supporting roles for directorate senior management in the on-going maintenance and development of strategic relationships between the directorate and external stakeholders within the post-holder’s geographical area of responsibility, and for specialist teams across the range of their activities.
3. Promoting awareness and credibility of the directorate and Healthcare Improvement Scotland, and demonstrating the benefits of the organisation’s role in supporting the engagement of people and communities in co-designing and co-producing health and care services in Scotland and ultimately in improving service delivery to patients and service users.
4. Building productive relationships with community groups and other stakeholders to advance the public participation agenda and ensure the successful delivery of the thematic work programme and other assigned responsibilities.
5. Working in a flexible manner that facilitates fulfilment of the organisation’s key priorities and the overall operational plan, and working collaboratively with Area Managers, Service Change Advisors, colleagues from the Participation Network, colleagues from the Volunteering in NHSScotland programme, and senior management as appropriate.
6. Managing the work of volunteers who contribute to the work of the directorate. They are individuals from a diverse range of backgrounds and with diverse motivations and different development needs. Without having any formal authority over them, the post-holder applies their interpersonal skills in order to exercise a degree of influence over their activities and how they conduct them.

**10 Knowledge, training and experience**

1. Educated to Degree level or equivalent.
2. In-depth knowledge of public participation processes and community engagement and equalities best practice.
3. Working understanding of the infrastructure of Scottish health and care organisations, community and voluntary services, and how they interrelate.
4. Working understanding of health and care legislation and policy in Scotland.
5. Working understanding of research methods.
6. Previous work experience in a public service office environment allowing development of skills in self-organisation and others to deliver discrete areas of work with minimal supervision.
7. Competent technical skills in operating a computer-based software packages including MS Office, problem solving, conducting basic research, report-writing, business correspondence and project management.
8. Well-developed communication and presentation skills including the ability to rapidly establish personal credibility and rapport, and design, deliver and evaluate relevant training and other learning opportunities to support communities to engage on health and care issues.
9. Car driver desirable.

**Final structure (for phased implementation from September 2019)**

**Director of Community Engagement / Chief Officer, Scottish Health Council**

**PA to Chair & Director**

**Head of Engagement Programmes**

**Head of Engagement & Equalities Policy**

**Engagement & Equalities Policy Manager**

**Engagement Programmes Manager**

*(North)*

**Engagement Programmes Manager**

*(East)*

**Engagement Programmes Manager**

*(West)*

**Service Change**

**Manager**

**Senior**

**Project Officer**

**Area**

**Manager**

*(West)*

**Area**

**Manager**

*(East)*

**Area**

**Manager**

*(North*

**Service Change team**

**Service Change**

**Advisor**

*(Multiple Posts)*

**Local office network**

**Engagement Officer**

*(Multiple Posts)*

**Administrator**

*(Multiple Posts)*

**Volunteering in NHSScotland team**

**Programme**

**Manager**

**Project Officer**

**Administrator(s)**

**Participation Network team**

**Social**

**Researcher**

*(Multiple Posts)*

**Information**

**Officer**

**Events & Publicity Officer**

**HIS Public Involvement team**

**Public Partnership**

**Co-ordinator**

**Public Involvement**

**Co-ordinator**

**Public Involvement Officer / Advisor**

*(Multiple Posts)*

**Equality & Diversity Advisor**