

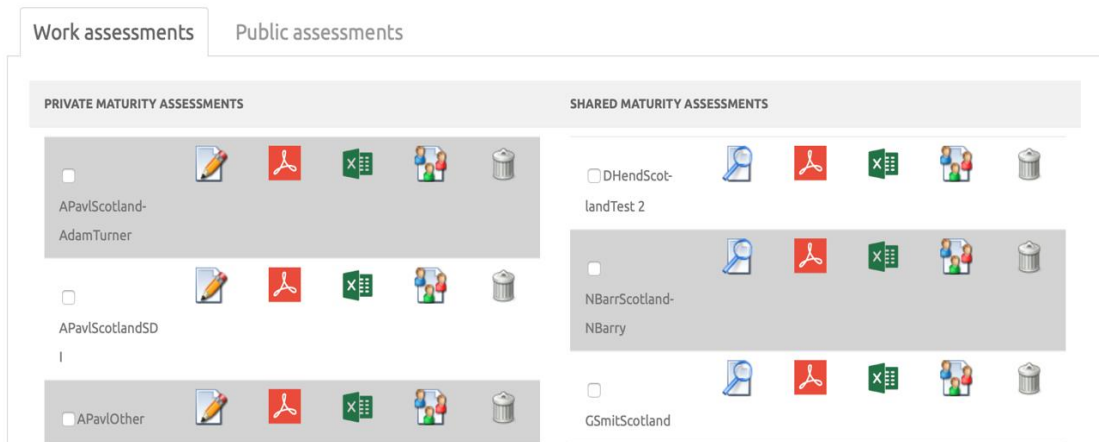
Top tips for the facilitators of the maturity assessment process, using SCIROCCO Exchange Integrated Care Online Self-Assessment Tool (OSAT)

1. Preparation for the SCIROCCO Exchange maturity assessment process

- a) **Select local stakeholders** to be involved in the maturity assessment process, based on the objectives and scope of your assessment process. There is no prescriptive number on the number of stakeholders, however at least 3 stakeholders should participate in the process in order to capture range of different perspectives and opinions.
- b) **Invite the stakeholders** to participate in the maturity assessment process.
- c) The crucial part of the email is to **set the deadlines for all the phases** of the maturity assessment process in order to allow the scheduling of these phases well in advance.
- d) **Organise an online meeting/webinar** with selected stakeholders in order to explain in details the maturity assessment process, its objectives, expected inputs and participation of stakeholders. This step is necessary and will help to save time when you get to the consensus workshop stage.
- e) An alternative to an online meeting can be to share the Powerpoint presentation detailing this process: <https://www.sciroccoexchange.com/healthcare-authorities>
- f) **Identify at least one contact point/local co-ordinator** for the maturity assessment process.

2. Preparation for the individual assessments

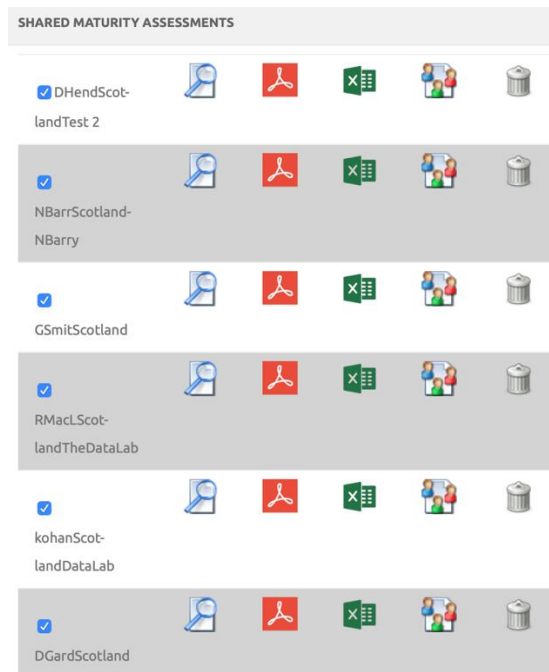
- a) **Invite selected stakeholders to conduct individual assessments** and remind them the following:
 - it is self-assessment process with an objective to capture people's perceptions and opinions in a given time rather than objective evaluation or measurement;
 - it takes maximum 60 minutes to conduct individual assessments;
 - after completion, the selected stakeholders need to share their assessments with local contact point/co-ordinator.
 - Remind the participants that they should also add some text to the justification for each dimension when they are completing their assessment.
- b) **Share with selected stakeholders all tutorial documents** to support them in the maturity assessment process, namely:
 - Quick User Guide describing step by step the use of online SCIROCCO Exchange tool
 - SCIROCCO Exchange Maturity Model describing 12 dimensions, their objectives and assessment scales, serving as the basis for an online self-assessment tool: <https://www.sciroccoexchange.com/maturity-model>
- c) **Monitor the progress in the maturity assessment process**, using the dashboard of an online self-assessment tool. All successfully shared assessments will appear here:



The local contact point/co-ordinator is also notified directly by email when the assessment was successfully shared.

d) Conduct the analysis of the individual assessments by:

- Downloading all individual responses (in the format of pdf or excel file) as illustrated on the Figure above;
- Creating the composite diagram overlaying all individual responses and thus illustrating the commonalities and differences in stakeholders' perceptions and opinions. To create the composite diagram local contact point/co-ordinator needs to tick the boxes next to all relevant assessments and use the button "compare only" on the bottom of page.



Compare Only

Compare and Enter Consensus

3. Preparation for the consensus-building workshop

The composite diagram will serve as the basis for the next phase of the maturity assessment process which is the negotiation and consensus-building workshop. To prepare for the workshop it is recommended:

- a) **compile and analyse all of the individual responses** against each dimension of SCIROCCO Exchange Maturity Model;
- b) **send the agenda for the workshop**;
- c) **make sure all stakeholders have a copy of their individual assessments** prior the consensus-building workshop and also at the meeting itself;
- d) **select three local contact points/co-ordinators to run the consensus-building workshop**:
 - One contact point/co-ordinator to negotiate and facilitate the consensus-building;
 - One contact point/co-ordinator to record the outcomes of the consensus-building process;
 - One contact point/co-ordinator to overview the whole meeting in terms of timing and focus.

4. Facilitation of the consensus-building workshop

The duration of the consensus-building workshop is minimum 90 minutes to allow 10 minutes of discussion per each of the 12 dimensions of SCIROCCO Exchange Self-Assessment Tool.

The facilitator of the workshop will set the scene for the meeting in terms of:

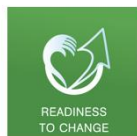
- agenda and objectives of the meeting
- brief summary of the OSAT process
- some highlights of the individual and composite responses.

In our experience, you should have a minimum of two (three is even better) facilitators to support the session and their roles will be:

- One person to guide the group through the responses to the OSAT and negotiate a consensus score.
- One person to input the results online on the Tool while the session is on-going and to share the 'new' spider diagram at the end of the session.
- One person to take additional notes on the discussion and field any individual question from participants.

Remember that it is possible that not all those who participate in the workshop will have had the chance to complete the OSAT – you may wish to capture the scores they give for each dimension during the session.

This introduction is then followed by the negotiation and consensus-building. The local contact point/co-ordinator introduces each of the dimensions, its objectives and range of assessment outcome, including the justifications to provide the basis for the discussion:



The existing systems of care (the term "care" refers to both health and social care) need to be re-designed to provide a more innovative and user driven set of services. This will require change across many levels, the creation of new roles, capabilities, methodologies and working practices. It will also require new systems and infrastructure (e.g. living labs) to support information sharing, working and collaboration across innovation intermediaries involved. This might be disruptive and may be viewed negatively, so we need clear cases including a justification, a strategic plan, and a vision for demand-driven innovation.

1. Readiness to Change 

- 0- No acknowledgement of compelling need to change
- 1- Compelling need is recognised, but no clear vision or strategic plan (Voted by 3)
- 2- Dialogue and consensus-building underway; plan being developed (Voted by 9)
- 3- Vision or plan embedded in policy; leaders and champions emerging (Voted by 20)
- 4- Leadership, vision and plan clear to the general public; pressure for change (Voted by 2)
- 5- Political consensus; public support; visible stakeholder engagement.































DIMENSION	JUSTIFICATIONS
 <p>READINESS TO CHANGE</p>	<p>1 – There is a need but the health and social care sectors have a low capacity to absorb innovation and maintain the status quo systems. There is no plan or vision for innovation; no top level governance. Lot of separate initiatives and funding streams. Lack of coordination and leadership.</p> <p>2 – There are various strategies; leadership is not clearly visible or recognised – champions not defined; fragmentation. Too many stakeholders involved and not aligned. Plans are being developed in a number of areas, reliance on pilots and projects, no large scale-up and roll-out. Change is happening, there is a vision and dialogue on-going.</p>
	<p>3 – Framework (Digital Health and Care Strategy) and intentions for change exist but more work still needs to be done around readiness to change and actual implementation. Champions exist, with clear leaders in some areas but it is not filtered to wider public or political consensus/accountability even though the need to engage with people is recognised. Changes to working practices are triggered by COVID-19 - "sense of urgency". New demand has brought about the acceleration of national work to enhance capabilities and new collaborative plans are being developed. Predominant focus on "health" and limited opportunities for social care. Need for strategic approach to support the development of right solutions and avoid duplication.</p> <p>4 – Pandemic accelerating pressure; commitment to support Innovation Centres at the top governance level.</p>
FINAL SCORING	

The objective of this negotiation is to reach the final maturity level on each of the 12 dimensions of SCIROCCO Exchange Maturity Model.

Showing participants, the score for each dimension alongside the justification for that score will facilitate the discussion. If there is a clear majority and agreement you can move on, some dimensions will stimulate more discussion than others.

During the discussion, the other contact point/co-ordinator can record all the response and final outcomes directly onto the Tool. This can be done by using the functionality "Compare and Enter Consensus" on the page below:

SHARED MATURITY ASSESSMENTS

<input checked="" type="checkbox"/>	DHendScot-landTest 2					
<input checked="" type="checkbox"/>	NBarrScotland-NBarry					
<input checked="" type="checkbox"/>	GSmitScotland					
<input checked="" type="checkbox"/>	RMacLScot-landTheDataLab					
<input checked="" type="checkbox"/>	kohanScot-landDataLab					
<input checked="" type="checkbox"/>	DGardScotland					

Compare Only

Compare and Enter Consensus

After clicking on this button, the following page will appear allowing the recording of the discussion:

Consensus Maturity Assessment

This page allows you to reach a consensus amongst your team as to the level of maturity of your region/country with regards to demand-driven innovation, considering the views of the different individual respondents or sub-teams.

Legend

Total of 35 responses selected. [See individual assessments](#)

- Voted by 1-25% respondents (1-8 respondent(s))
- Voted by 26-50% respondents (9-16 respondent(s))
- Voted by 51-75% respondents (17-24 respondent(s))
- Voted by 76-100% respondents (25-35 respondent(s))

Questions marked with * are compulsory. Please fill in the 'Assessment' tab, and then the 'Country/region' tab to choose the country/region this assessment is for.

Assessment name (optionally, provide your name or stakeholder group):

Cons-Scotland

Assessment Country/region*

Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12

1. Readiness to Change ⓘ

0- No acknowledgement of compelling need to change

1- Compelling need is recognised, but no clear vision or strategic plan (Voted by 3)

2- Dialogue and consensus-building underway; plan being developed (Voted by 10)

3- Vision or plan embedded in policy; leaders and champions emerging (Voted by 20)

4- Leadership, vision and plan clear to the general public; pressure for change (Voted by 2)

5- Political consensus; public support; visible stakeholder engagement.

If someone asked you to justify your rating here what would you say (please provide a few short sentences):

Justifications from respondents ranking 1

Justifications from respondents ranking 2

Justifications from respondents ranking 3

Justifications from respondents ranking 4

Change is happening, dialogue is underway. Framework (Digital Health and Care Strategy) and intentions for change exist but more work still needs to be done around readiness to change and actual implementation; vision is not embedded across the piece in the policy. Champions exist, with clear leaders in some areas



The outcomes of these negotiation building is capture as a black line on the spider diagram. Once this consensus assessment is saved it will appear on your dashboard as follows:

CONSENSUS MATURITY ASSESSMENTS						
<input type="checkbox"/> Cons-						ScotlandDataLabCon
<input type="checkbox"/> Cons-						ScotlandAllianceCo
<input type="checkbox"/> Cons-ScotlandSG-						Cons
<input type="checkbox"/> Cons-Scotland-						Scot-Cons

These outcomes can be downloaded in pdf and excel file or can be summarised in a short report. The example of such a report can be accessed: <https://www.sciroccoexchange.com/healthcare-authorities>

5. Priority setting

The outcomes of the negotiation and consensus-building then serves as the basis for the discussion on the prioritisation of the domains for further learning and improvement as well as potential coaching. This meeting is usually scheduled for 1-1.5 hours, facilitated by at least 2 local points/co-ordinators. One local point/co-ordinator is responsible for the facilitation of the discussion and other(s) for notes taking. In preparation for this meeting it is recommended to:

- Remind the stakeholders outcomes of the consensus-building workshop by sending the final report from the workshop and ensure stakeholders refer to this document during this meeting;
- Circulate the list of questions for the discussion to allow preparation of the stakeholders in advance of the meeting.