

Activity Report 2019 - 2020

September 2020



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1 Introduction

- 1.1 From 01 April 2020, the Scottish Health Council's operating name changed to **Healthcare Improvement Scotland – Community Engagement**. The change has been supported by the launch of a new website – www.hisengage.scot

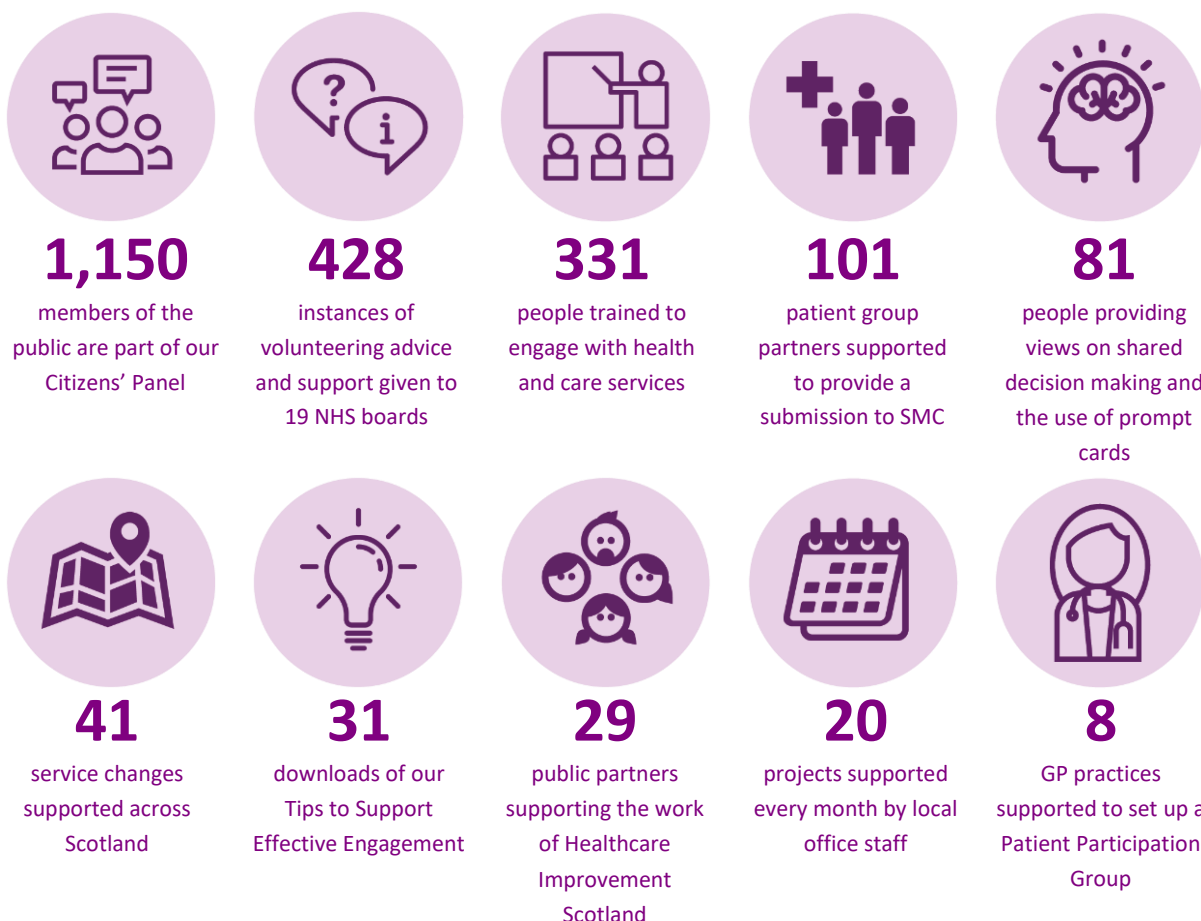
This activity report provides a summary of how we worked to strengthen community engagement in health and care services to improve the quality of care for everyone in Scotland during 2019/20.

In particular, this report:

- highlights some of our key achievements from 2019/20;
- includes examples that demonstrate where we have made a positive contribution to supporting and improving engagement in services; and
- offers conclusions on progress made in 2019/20 and how this will inform our future direction.

Following extensive consultation with stakeholders we are implementing a number of changes to refocus our work in a way that takes account of health and social care integration, and ensures our efforts are focused on the areas where we can make most impact on strengthening the engagement of people and communities.

- 1.2 This report is not designed to provide a comprehensive account of our activities in 2019/20 but to give a snapshot of our work and how we are supporting Healthcare Improvement Scotland to drive improvement in health and social care.



2 Enable people to make informed decisions about their own care and treatment

2.1 *Supporting Patient Participation Groups*

Local engagement offices have continued to support Patient Participation Groups (PPGs) in GP across Scotland to develop and improve their effectiveness. A PPG is a patient-led group linked to a local General Practice. Ideally, the PPG will be made up of a group of patients that reflect the diversity of the catchment population. They will work along with GPs and practice staff to provide a patient perspective on the healthcare services that are offered to the community. Our support has included helping PPGs to improve how they engage, recruit members and operate effectively.

During the year, local engagement offices supported an average of 8PPGs per month and 8 new PPGs were established. We have continued to update our web-based resources for PPGs, including a map showing the location of 127 PPGs across the country.

We continue to use our Patient Participation Group Start-up Guide for General Practice and Development tool. A simplified version of the Start-up guide which can be used by any service provider or local community wishing to establish a participation group has proved to be a popular resource.

Local engagement offices continued to support PPGs to share examples of good practice and network with each other.

2.2 *Voices Scotland*

The Voices Scotland Programme is series of training sessions for local communities and members of the public to help them engage with health and social care services. All our local officers and some administrators have been trained in how to deliver Voices Scotland training by Chest Heart & Stroke Scotland (CHSS) who developed the programme. During 2019/20 we have worked to develop an in-house 'train the trainers' style approach so that any new staff can be trained. Over the year we ran 63 sessions which involved over 330 participants. A system is now in place which allows us to understand the impact of our training by following up with participants.

2.3 *Gathering Public Views*

Our local engagement offices continued to respond to requests from stakeholders to provide support to gather views from the public on specific topics of national interest to be able to collate a Scotland-wide view. These views are gained by a variety of means depending on the nature of the topic including online surveys, face-to-face interviews, and focus groups.

During the year, we were asked to gather views on the following three topics that are of national interest.

Gathering Views on Shared decision-making and the use of 'Question Prompts'

Shared decision-making and enabling people to make informed decisions about their care based on what matters most to them is a priority across NHSScotland. The Chief Medical Officer's 2016/17 annual report, *Practising Realistic Medicine*, described 'question prompts' as an effective and inexpensive way to support patients to become more involved in medical

consultations. The 'prompts' are written questions that are given to patients in advance of their appointment which they can ask healthcare professionals.

Building on this work during 2019/20, the Scottish Government asked us to hold discussion groups and individual interviews with members of the public to ask how they felt about the use of 'question prompts'. We shared with participants some examples of 'question prompts' and asked them for their views. We also asked them what they thought would encourage people to use the questions during medical consultations.

In October 2019, we heard from a total of 81 people in 11 focus groups and three one-to-one interviews. Discussions took place in Ayrshire and Arran, Fife, Forth Valley, Grampian, Highland, Lothian, and the Western Isles and involved a diverse group of individuals in terms of age, gender and socio-economic backgrounds, and from urban and rural locations.

The report, *Gathering Views on Shared Decision-Making and the use of 'Question Prompts'*, summarises what people told us.

Gathering Views of User Engagement in Maternity Services

During the year, we were asked by the Scottish Government to gather information about the existence of Maternity Services Liaison Committees (MSLCs) across NHSScotland to help inform considerations about how to ensure maternity service users have a voice at both a local and national level.

Our priorities in gathering information about Maternity Services Liaison Committees (MSLCs) were:

- to establish where they exist;
- to understand their role;
- to establish how they are supported and have knowledge of where to access support to carry out the role; and
- to establish whether they have the necessary information to engage locally in service improvement.

There was consideration of how to bring the MSLCs' together to learn from and share good practice with each other and provide a mechanism to enable input into national policy development and improvement.

All our local engagement offices carried out interviews with relevant NHS board staff to understand the local picture and, where possible, gain public opinion. Of the six NHS Boards with a current group or committee, our staff were able to speak with lay members and lay chairs from three areas; NHS Grampian, including Moray, NHS Highland, including Argyll & Bute and NHS Lothian.

Additionally, we spoke with a lay member from the recently disbanded group in NHS Tayside and the lay chair of the NHS Western Isles' Committee which now has an alternative method of engagement. A report of the findings will be published in August 2020.

Gathering Views of Myalgic Encephalomyelitis (M.E.) services

In response to a request from the Scottish Government, we commenced gathering views on M.E. services in February 2020. We gathered lived experience from patients with M.E. and have been able to identify different experiences dependent on the severity of the condition.

We undertook 8 face-to-face discussions with local M.E. groups and conducted telephone interviews with a number of patients where this was requested. In addition we had 522 online responses to a smart survey asking the same questions used within the discussions and telephone interviews. This engagement concluded in March 2020.

The information gathered was distributed to local engagement offices for analysis and peer review and a report is planned for autumn 2020.

2.4 *Promoting public involvement in primary care*

During the year, we introduced a thematic approach to our work in promoting public involvement in primary care.

While the activities of local engagement offices in supporting PPG linked to GP practices has been well received and will continue, we are looking beyond that approach to explore how primary care practitioners can use new and innovative ways to engage with patients, communities and the public.

We conducted a survey which was distributed to all 944 GP Practices across Scotland. The aim was to gather information on how GP Practices engaged with the public, identify what currently works well in terms of engagement and what barriers they faced when involving people. The survey also asked what support we could provide to help GP Practices improve their engagement activities. The results indicate that:

- 4% of respondents said they purposefully engage with the public and invite patients to give feedback on a range of issues;
- the most popular methods used to engage with the public were GP Practice websites used by 83% of Practices that engage with the public, patient feedback boxes (76%) and paper-based communications (73%); and
- 73% of GP Practices that engage with the public felt it had a positive impact on patient experience and 76% said it had improved communications between the Practice and patients. 66% said it had benefitted service delivery.

The results of the survey will be used to test and develop new and innovative ways for primary care practitioners to engage with local communities and patients. Further support on improving their engagement approaches and activities was requested by some GP Practices and this will be provided by our local engagement offices.

2.5 *Supporting public involvement in Healthcare Improvement Scotland*

The Public Involvement team provided advice and support to maintain and develop service user, carer and public engagement in the Scottish Health Technologies Group (SHTG), SMC (Scottish Medicines Consortium) and SIGN (Scottish Intercollegiate Guidelines Network). In addition, the team continued to provide advice and support and delivered training to ensure all Healthcare Improvement Scotland staff can embed equality and increase diversity of involvement.

Key achievements included:

- Leading the development of patient versions of SIGN guidelines on topics including the management of foetal alcohol spectrum disorder and delirium.
- SHTG produced plain language summaries for every advice statement published on their website to ensure that information is as accessible as possible for the public.
- SHTG undertook a review of stem cell treatment for people who have highly active relapsing remitting multiple sclerosis. The SHTG Public Involvement Advisor supported three patient organisations to ensure they were involved throughout the assessment process. This topic involved for the first time the use of video in a patient organisation presentation at a SHTG committee meeting, to highlight key issues for people who have MS. How patient organisations are involved has been positively received by the SHTG committee and patient organisations have rated highly the support given to them to take part in the SHTG assessment process.
- SHTG for the first time carried out a public engagement exercise to gather views on a topic it was assessing. The topic was on surgical mesh repair for primary inguinal hernia in men. The engagement exercise had a high response rate and the full report was published on the SHTG website, along with the final advice.
- SHTG has given advice to several other Health Technologies Agencies on best practice in public involvement.

3 Help health and social care organisations to redesign and continuously improve services

3.1 *Supporting service providers to improve engagement*

An important part of our role is to help health and social care organisations improve how they involve people in the planning and delivery of services. We continued to work with NHS Boards, Integration Authorities and National Boards, including NHS National Services Scotland and the National Waiting Times Centre to review and improve how they engage with service users and communities.

On average, our local engagement offices support around 60-80 projects quarterly. This has involved a range of activities including:

- helping NHS Boards and Integration Authorities to identify individuals and communities to take part in engagement and public consultation exercises;
- sharing a range of engagement methods and approaches, including our Participation Toolkit and providing assistance on how best to use the engagement techniques in practice;
- promoting awareness of how to apply equality and diversity principles when involving service users and communities, and
- sharing information about engagement approaches used by other health and social care services.

3.2 *Service Change – supporting practice*

Our Service Change team introduced new ways to share best practice and support staff who are involved in planning change and engagement in NHS Boards and Health and Social Care Partnerships.

Webinar sessions

We hosted two webinar sessions: 'Scottish Approach to Service Design' August 2019 and 'Evaluating engagement' December 2019, which were attended by approximately 75 participants, most of which were health and care staff. Feedback received via evaluation was positive, with most respondents indicating that they felt the sessions supported them to deliver their role. We plan to deliver further sessions on a quarterly basis during 2020/21.

Network session

In December 2019, we hosted a session on the development of national guidance for community engagement in partnership with Scottish Government and COSLA. The session was attended by 19 engagement leads from 10 NHS Boards and 9 Integration Authorities and formed the basis of a network to assist both this work and the development of a Quality Framework approach for engagement.

Resources developed

The Service Change team produced two animations to support practice:

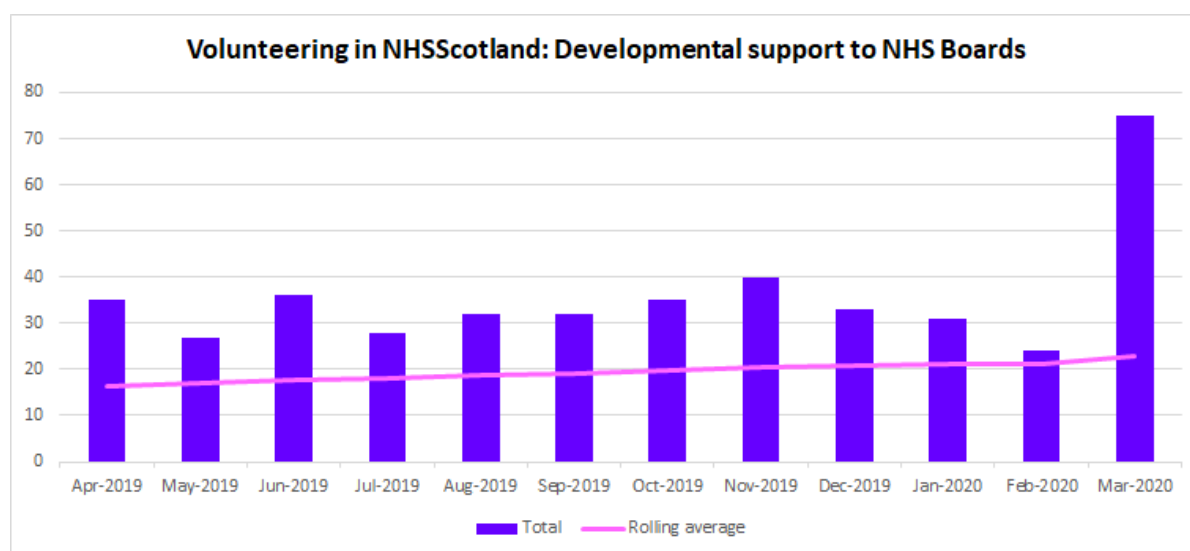
- A short animation on impact assessment was published in August 2019 titled “Understanding the impact of changes to services”. The animation has received positive feedback with NHS and Health and Social Care Partnership colleagues using it within their own structures to promote best practice.
- The second animation to support engagement practice titled “Effective engagement when redesigning health and social care services” was published in November 2019 and focused on key elements of ‘good’ engagement practices.

3.3 *Volunteering in NHSScotland*

The Volunteering in NHSScotland Programme provided developmental support to 19 NHS Boards a total of 428 times. Activities included:

- Advice on volunteering programme design and methodology;
- Signposting to guidance and policy;
- Contribution to board strategy and steering groups;
- Review of documentation and development proposals; and
- Delivery of bespoke workshops, for example reporting, development of services.

Figure 1. Volunteering in NHSScotland



We also began a collaborative improvement project with NHS Greater Glasgow & Clyde, NHS Fife and NHS Lanarkshire, entitled ‘Streamlining the Volunteer Recruitment Process’. The project has identified several smaller improvement projects which have improved the turnaround time for volunteer application forms and volunteer references.

In late 2019 we engaged with NHS volunteer managers to address capacity constraints and developed guidance for 'Peer Support Volunteering'.

3.3 *Impact of the Our Voice Citizens' Jury on shared decision making*

Last year we reported on how we collaborated to deliver a Citizens' Jury on the topic of shared decision making. Over the course of the last year we evaluated the short-term impacts of the Citizens' Jury process.

The Scottish Government produced its official response to the Citizens' Jury recommendations at the end of May 2019 and we published our evaluation of the approach in January 2020. The evaluation concludes that the Jury successfully provided insights on how shared decision making in health and care may be strengthened. It also demonstrates that Citizens' Juries can be an innovative and useful way to involve citizens in the policy making process.

Policy makers considered the Jury useful for validating planned work and informing new work programmes. The Jury's recommendations have directly influenced the development of a set of question prompts that can be used to promote shared decision making. They have also helped in the creation of an educational module on shared decision making.

We found that the willingness of policy makers to commit from the outset to responding to the Jury's recommendations also contributed to the success of the Citizen's Jury approach.

Figure 2. Citizens' Jury evaluation



3.4 *Our Voice Citizens' Panel*

Since November 2016, the *Our Voice* Citizens' Panel for Health and Social Care managed by us has provided statistically valid and demographically representative public views on a range of health and social care issues. It has demonstrated several key benefits in terms of good-value, robustness, flexibility and responsiveness and has begun to demonstrate impact on ongoing health and social care policy and practice, in addition to generating topic specific and media interest.

The Citizens' Panel for Health and Social Care aims to be a demographically representative, consultative body of citizens. It has been developed at a size that will allow statistically robust analysis of the views of the Panel members who were recruited from a random sample of the Scottish population.

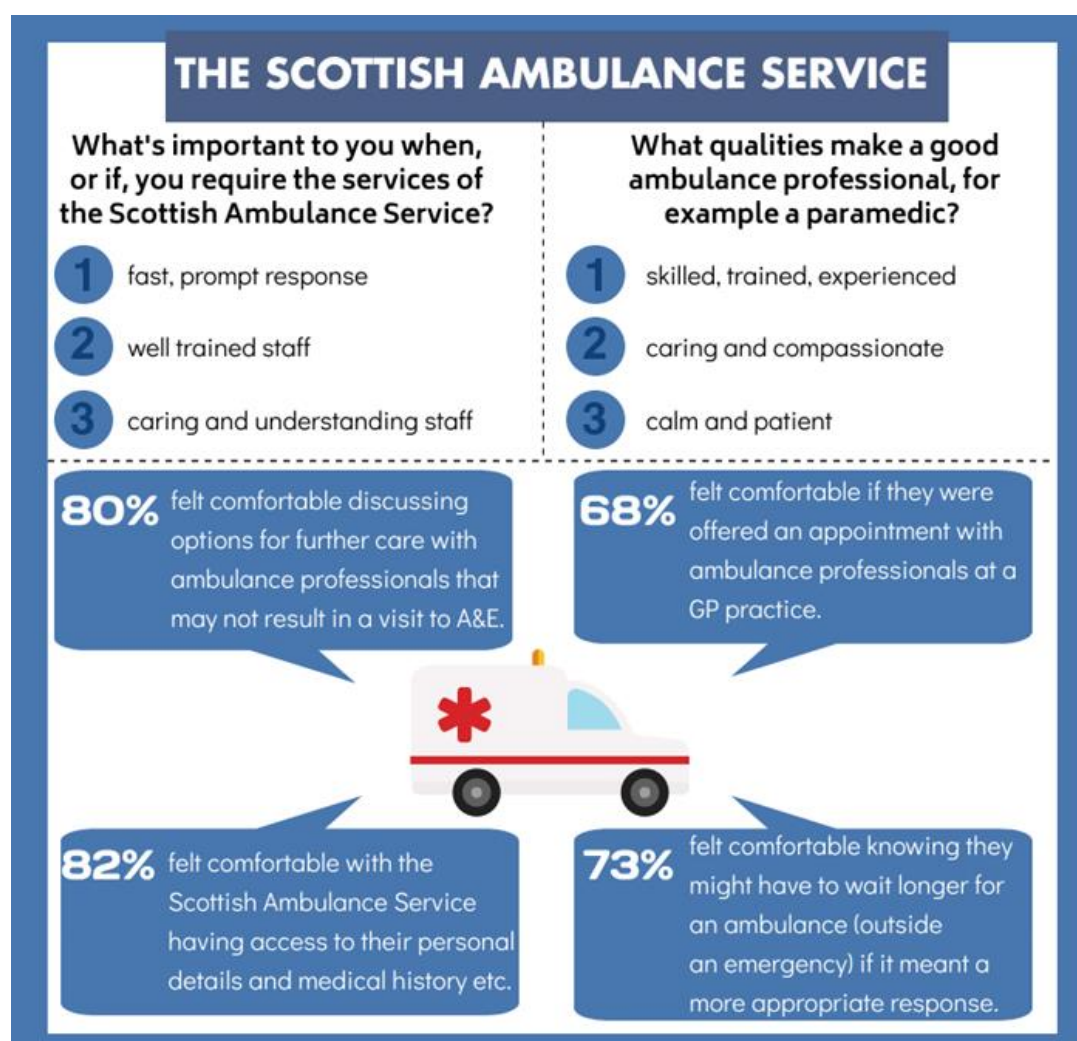
In 2019 the Citizens' Panel was refreshed with new members, and now stands at approximately 1,170 members broadly representative of the Scottish public. Since March 2019 a Topic Advisory Group has been established from health and social care stakeholders to help ensure a robust and transparent process for developing topics for future survey programmes. The group has responsibility for identifying themes and priorities for ongoing development and for creating criteria to critically assess eligibility for topic submission.

Three topics reported from the Panel's fifth survey include Scottish Ambulance Service, Organ and Tissue donation and Nursing and Midwifery Care. Impact from the results of the Citizens' Panel feedback include:

Scottish Ambulance Service

The Scottish Ambulance Service (SAS) have used the findings from the Citizen's Panel as part of a wider process of engagement around setting its future strategy. In particular, it has helped them affirming that the SAS response model should be one that focuses on improving clinical outcomes within the context of urgent and emergency response rather than a model of getting to everyone as quickly as possible. The survey results have validated this model and have been central to Scottish Government's acceptance of the future direction of SAS. The findings from the panel around support for paramedics being able to access patient-specific information to help make decisions with people about their care will also be reflected in SAS future planning discussions with partner services.

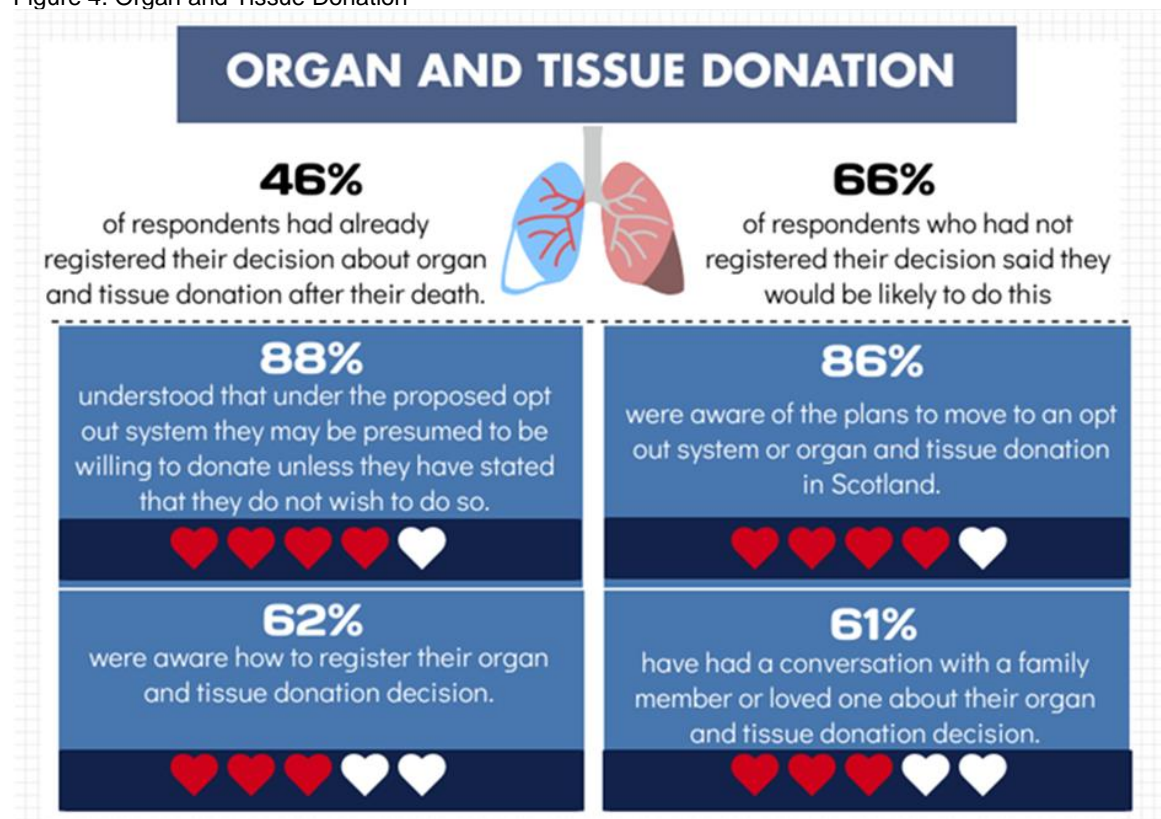
Figure 3. Scottish Ambulance Service



Organ and Tissue donation

The survey results will be a key component of the Baseline Report for the Human Tissue (Authorisation) (Scotland) Act 2019, which is currently being drafted. These baseline measures will serve as the point of comparison in the 5-year monitoring and evaluation of the new legislation and will be published on the Scottish Government website.

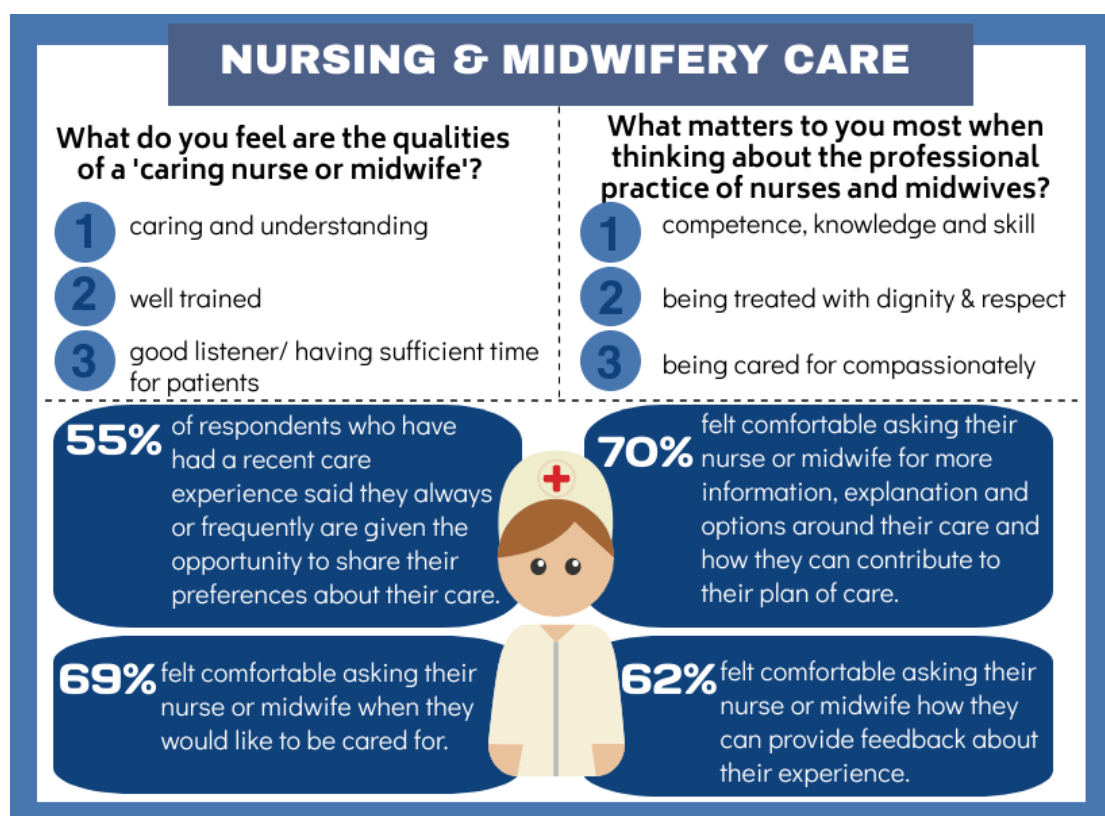
Figure 4. Organ and Tissue Donation



Nursing and Midwifery Care

The findings from the Citizens' Panel feedback have been discussed with Excellence in Care stakeholders and shared with Nurse Directors. The findings have also informed the work of Healthcare Improvement Scotland's Person Centred working group and the professionalism working group. This work will feed into the development of a quality measure directly informed by patient and public for nursing and midwifery. A workshop has been arranged to explore public and patient involvement in Excellence in Care more widely, using the findings to inform the discussion.

Figure 5. Nursing and Midwifery Care



In 2020/21 the public perception of anti-microbial resistance testing is due to be one of the topics of reports from the Citizen Panel.

4 Provide evidence and share knowledge to help services to improve and enable people to gain the most out of the services

4.1 *Volunteering in NHSScotland*

The programme published nine case studies including Mealtime volunteers, Breastfeeding support volunteers, Community Chaplaincy Listening and volunteering in an NHS care home.



We identified and shared 34 publications on our online Community of Practice including research papers to support and develop services such as:

- 'Motivations and experiences of volunteers and patients in mental health befriending: a thematic analysis'; and
- 'Trained volunteers to support chronically ill, multi-morbid elderly between hospital and domesticity – a systematic review of one-on-one-intervention types, effects, and underlying training concepts'.

We facilitated national network meetings for volunteer managers in NHSScotland which included:

- Volunteering for All, Scottish Government;
- #iwill initiative, Youthlink Scotland;
- Inclusive Volunteering, Scottish Volunteering Forum;
- Spotlight sessions from NHS Greater Glasgow & Clyde, NHS Lothian (2), NHS Tayside;
- Workshops on volunteer peer support, and volunteer case studies; and
- A workshop on the changes to Protection of Vulnerable Groups and Disclosure legislation

Feedback from delegates included:

- "I'm going to look at the #iwill initiative and speak to our communication team - an opportunity to highlight younger volunteers. I will look at sharing the National Framework, particularly the outcomes, wider within my remit."
- "I am very new into post and have taken a lot from this event."
- "Broaden thinking beyond my setting, communicate more with external partners to highlight opportunities for collaboration."
- "I will take learning from the models proposed and what other Boards are doing."

We presented at the Voluntary Health Scotland Valuing and Sustaining Volunteering conference and delivered a workshop at the 2019 NHSScotland event, providing a 'myth busting' session to delegates, and supported NHS boards and volunteers to take part in a Parliamentary Reception for Volunteering.

Figure 6. Volunteering



4.2 *Capturing patient and carer experiences and views on the impact of new medicines*

When the SMC assesses a new medicine, the SMC Public Involvement Team proactively engages with patient and carer groups by:

- providing them with comprehensive information and support; and
- encouraging them to participate in the assessment process through written patient group submissions, and by participating in Patient and Clinician Engagement Meetings and SMC Committee Meetings.

This allows SMC to fully understand the potential impact of a new medicine to patients and carers when it makes decisions.

This year the SMC Public Involvement Team supported 103 patient group partners to provide a submission to SMC, 52 patient group partners to participate at SMC decision-

making committees and 61 patient and carer representatives to participate in Patient and Clinician Engagement Meetings.

58 of all 62 medicine assessments in the past year have benefited from patient and/or carer participation. This reflects a sustained increase in patient and/or carer participation in recent years.

SMC's partnership approach to engagement is internationally recognised as a benchmark for good practice. A representative from the Public Involvement Team delivered two presentations at the 2019 Health Technology Assessment International (HTAi) Annual Congress and participated in a panel session as an international leader in patient, carer and public engagement in health technology assessment. One member from the team also participated, as a speaker, on what makes good patient and public involvement, at the 2020 Patients as Partners Europe Conference, in January.

SMC's innovative "Summary Information for Patient Groups" information resource, which is provided for every new medicine assessment, has been adopted by HTAi and is currently being implemented internationally.

5 Provide and embed quality assurance that gives people confidence in the quality and sustainability of services and supports providers to improve

5.1 Service Change

Our Service Change team offered advice and support on engagement to 41 service changes across 12 NHS Boards and 10 Integration Authorities including the following two major service changes.

NHS Lanarkshire – Monklands Replacement Project

The Scottish Health Council has been working with NHS Lanarkshire during 2019/20, following the publication of the independent report on the Monklands review.

This has involved activity relating to the Independent Review Panel's report to revisit site options and included a public exercise to identify viable options. This process resulted in a short-list of pre-existing site options, alongside an additional option at Wester Moffat, near Airdrie.

Next steps for this work will be an option appraisal exercise to identify any preferred option to be carried out in 2020-21.

NHS Tayside – Shaping Orthopaedic services

NHS Tayside commenced a public consultation on proposed changes to orthopaedic services "shaping orthopaedic services" in July 2019. The proposal is to transfer all orthopaedic trauma surgery to Ninewells Hospital, Dundee and for Perth Royal Infirmary to become a "centre of excellence" for planned orthopaedic surgery and non-surgical orthopaedics.

In December 2019 we published our quality assurance report on the engagement and consultation process highlighting that NHS Tayside's activity had been in line with guidance. Several areas of good practice were highlighted and feedback indicated that those involved felt that they had the opportunity to influence proposals.

Quality Framework for Community Engagement

The Scottish Government and COSLA are leading on work to develop new national guidance on community engagement for health and social care bodies. In tandem with this work we have been considering how we deliver our statutory duties across health and social care services in line with current practices within Healthcare Improvement Scotland, and in partnership with other organisations such as the Care Inspectorate.

We are proposing the development of a process aligned to the "quality of care approach" to assure meaningful engagement across health and care. The approach moves the focus from quality assurance of services being "done to" organisations to one which is "done with" them. The emphasis is on regular open and honest organisational self-evaluation.

During the final quarter of 2019/20 internal and external engagement mechanisms were established along with an internal short-life working group, cross organisational reference group and an External Advisory Panel. The work was paused due to the emergent COVID-19 pandemic. However, it is envisaged that this work will recommence in the coming months

in order to shape the development of a self-evaluation process that will be refined and tested during the remainder of 2020/21.

5.2 *Volunteering in NHSScotland*

We provide the Volunteering Information System which is a bespoke management system for volunteering programmes to NHS Boards. It is in use in 18 NHS boards and provides:

- a system compliant with all data protection, information governance and data security policy and legislation;
- a reduction in the administrative burden on staff who manage and support volunteers;
- an improvement in the accuracy and efficiency of reporting on volunteer engagement; and
- an accurate picture of volunteer engagement locally and nationally.

An annual report is produced each year which provides NHS Boards, the National Group for Volunteering in NHSScotland and Scottish Government with information and trends on volunteer engagement.

We delivered three workshops on Demonstrating the Impact of Volunteering to 22 delegates from 12 NHS Boards building on local, national and international practice and tools. The workshops covered the following topics:

- The Learning, Evaluating and Planning (LEAP) Framework from the Scottish Community Development Centre (SCDC);
- Volunteering for All - the volunteering outcomes framework for Scotland;
- Three key questions – good practice from NHS Tayside;
- So What? - A practical guide to evaluating impact from the Scottish Volunteering Forum (SVF); and
- Helping in Hospitals - A guide to high impact volunteering in hospitals (Nesta)

Delegates reported an increase in knowledge of all tools and increased readiness to implement outcome-focussed evaluation and planning. The Programme has also supported the development and establishment of palliative care volunteering in NHS Boards as part of a UK-wide programme for end of life care volunteering.

5.3 *Supporting public involvement in Healthcare Improvement Scotland*

The Public Involvement team continued to support the participation of people in the work of Healthcare Improvement Scotland. Key achievements included:

- Public partners continued to be involved in the Quality of Care reviews and hospital inspections;
- Piloted a new training course for public partners working in the Evidence Directorate; and
- SHTG provided advice to several other Health Technologies Agencies on best practice in patient and public involvement.

6 Make best use of all resources

6.1 *Scottish Health Council review process*

During 2019/20 we have taken forward the proposals for change by the Healthcare Improvement Scotland Board during 2018/19 to refocus the Scottish Health Council's work in a way that takes into account the integration of health and care, and ensures our efforts are focused on the areas where we can make most impact on strengthening the engagement of people and communities

Our core purpose was further refined as follows:

Support the engagement of people and communities in shaping health and care services in Scotland.

All our future work will fulfil three key tests which are regarded as essential by stakeholders who participated in the directorate's review process, namely:

- Adding distinct value and avoiding duplication;
- Collaborating with others where there is benefit in doing so; and
- Demonstrating positive impact.

A change implementation plan to ensure co-ordinated delivery of the review recommendations was created, with quarterly governance reporting to the Scottish Health Council Committee throughout 2019/20.

In late summer 2019 the decision was made to operationally rename and rebrand the Scottish Health Council as **Healthcare Improvement Scotland – Community Engagement** from 01 April 2020. This decision was directly informed by the wealth of views gained over the previous two years from both the external stakeholder engagement work, and the internal staff consultation. The legal entity will remain the Scottish Health Council as provided in statute.

Following the successful recruitment of the new Scottish Health Council Chair and Director, recruitment processes were undertaken to fill the directorate's new senior management positions culminating in the full implementation of the directorate's new structure from 01 February 2020.

During this time the directorate also took forward the recruitment of four new Scottish Health Council Committee Members as part of recommendations to strengthen our governance arrangements. We received applications from a diverse range of high-calibre individuals with experience in a variety of sectors, each with compelling insights to community engagement and the importance of public involvement in the design and delivery of services. The four new Committee Members who emerged from the selection process took up their appointments from 01 January 2020.

New terms of reference for the Scottish Health Council Committee were agreed in 2019/20. These strengthen the Committee's role in holding all parts of Healthcare Improvement Scotland to account for performance in areas of patient and public involvement, the duty of user focus and equalities and human rights.

The change implementation plan was formerly closed in February 2020 having completed all key actions in the preparation for the launch of the new directorate from 01 April 2020.

6.2 *Outcome-focused planning*

In July 2019, Directorate Management Team members took part in a workshop on how to apply outcome-focused planning to work programmes. The workshop helped to shape our planning processes and embed evaluation across each of the workstreams. This is something we will be further developing in 2020/21 as we take forward plans to embed a thematic approach to our work.

6.3 *Supporting public involvement in Healthcare Improvement Scotland*

The Public Involvement team leads and supports delivery of Healthcare Improvement Scotland's Equality and Diversity Mainstreaming Action Plan and Corporate Parenting Plan. To achieve implementation of these agendas and associated actions, and to engage staff across Healthcare Improvement Scotland, the team facilitates two key cross-organisational groups: the Equality and Diversity Working Group and the Children and Young People Working Group.

In addition, the team provides organisation-wide support to staff seeking public partner, service user, carer or public involvement in their work and provides ongoing support and development of public partners to ensure capability for involvement.

Key achievements include the following:

- 29 public partners are supported and involved in five of the six directorates across Healthcare Improvement Scotland;
- Facilitated a workshop with service users to identify their views and preferences to help inform the SIGN guideline on eating disorders;
- Supported two young people with epilepsy to present their experiences and views at a SIGN national open meeting;
- The Equality and Diversity Working Group were responsive to issues highlighted by staff which led to a menopause policy and awareness raising of these issues as well as a number of others for example LGBT history month;
- Developed a mental health short life working group to raise awareness and develop support for colleagues;
- Evidence of meeting all legal requirements through the delivery of equality mainstreaming action plan, a children's rights report, and a corporate parenting action plan;
- Mandatory equality and diversity awareness training was delivered to new staff at corporate induction. Existing staff also received the equality and diversity awareness training.
- Through the Children and Young People's Working Group raised awareness and development of e-learning;

- Involved staff in raising funds and collecting toys for Barnardo's Christmas Appeal and raise awareness of corporate parenting responsibilities; and
- Completed a review of the role of involving people in the work of Healthcare Improvement Scotland with recommendations being worked on to improve and strengthen this area during 2020/21.

7 Conclusions

- 7.1 2019/20 was a period of transition for the Scottish Health Council, with a number of changes implemented to support our future direction and ways of working, such as recruiting a new senior team; implementing new and revised job descriptions across all job roles; deciding upon a new directorate name; and focusing on strengthening our governance arrangements. These activities have been undertaken with a clear recognition of the importance of the continued delivery of our core functions.
- 7.2 This report offers an insight to the wide range of work that was carried out by our staff, working with stakeholders in a variety of ways to support meaningful community engagement in health and care services, and in the work of Healthcare Improvement Scotland. Whilst not an exhaustive summary of the work that was carried out, it seeks to demonstrate the unique contribution that we have made, and the added value that has been brought to the health and social care system within Scotland.
- 7.3 We became ***Healthcare Improvement Scotland – Community Engagement*** from 01 April 2020, and we look forward with confidence to supporting the engagement of people and communities in shaping health and care services in Scotland.



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