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Scottish Health Council

Work Plan for 2006 - 2007

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Scottish Health Council

Work Plan

SECTION 1: INTRODUCTION

1.1 Introduction

The purpose of the Scottish Health Council, formally established on 1st April 2005, is to promote improvements in the quality and extent of Patient Focus and Public Involvement in the NHS in Scotland. In order to demonstrate patient focus, we expect health care services to be truly patient friendly so that, not only are clinical outcomes of the highest quality, but patients also experience a system that is sympathetic and responsive to their individual social, cultural, spiritual, emotional and physical needs. With regard to public involvement, NHS Boards have a duty to involve people in the planning, redesign and delivery of services. People have a right to be involved in decisions that will affect them and their communities. The Scottish Health Council will link the patient and public involvement agenda with work done by NHS Quality Improvement Scotland to improve the quality of health care.

This paper explains our working philosophy and ethos, broad objectives and shared understanding of the role and function of the Scottish Health Council and how it will develop in the short to medium term. It provides an opportunity to define our role so that NHS staff, patients, carers, the public and partner organisations recognise what they can expect from the Scottish Health Council and how they can engage with us.

Success depends on the active engagement of our Council members, Local Advisory Council members and staff and the acceptance of a shared responsibility for the future of the organisation.

1.2 Organisational structure

1.2.1 The Scottish Health Council

The Scottish Health Council is a part of NHS Quality Improvement Scotland with its own distinct identity. Independence is assured through our governing body, comprising a Chairman, appointed through the public appointments process, and six members, plus three members from the Local Advisory Councils. The role of the Chairman and members is to ensure efficient, effective and accountable governance for the Scottish Health Council and to provide leadership and

direction for the organisation as a whole. Members will also have a key role in ensuring that the Scottish Health Council's values are applied throughout the organisation. The Chairman of the Scottish Health Council is also a member of the Board of NHS Quality Improvement Scotland.

1.2.2 Local Advisory Councils

There is a Local Advisory Council in each of the fourteen NHS Board areas in Scotland. The Local Advisory Councils comprise 10 – 20 locally recruited members (in those two areas that have become enlarged due to the dissolution of NHS Argyll and Clyde the previous upper limit of 15 is being reviewed) . Three Local Advisory Council members from across Scotland will be nominated to serve on the Scottish Health Council on an annual rotational basis.

Essentially, the Local Advisory Councils are the 'eyes and ears' of the organisation. It will be their business to:

- become fully conversant with the Patient Focus and Public Involvement activity within their area;
- undertake ongoing observation and monitoring of the extent to which the local NHS Board is meeting statutory guidance and good practice;
- support the local assessment of NHS Board's performance in Patient Focus and Public Involvement;
- promote and encourage patient focus and public involvement, representing the Scottish Health Council in a positive way to patients, carers, statutory organisations and the public.

1.2.3 The Staff Structure

The Scottish Health Council is supported by a committed and trained workforce which complements, not only the needs of the organisation in discharging its functions, but also supports members at local and national level. The majority of staff are based in local offices and a small central team based in the national office in Glasgow. The organisational structure is contained in Appendix A.

1.2.4 Management

The Scottish Health Council is managed by a Director and a management team of five senior managers.

The organisation's 15 Local Offices are grouped into three geographical regions, (East, West and North) with each covering a number of NHS Board areas. In addition each 'region' is responsible for a number of Special Health Boards with a national remit.

- **WEST REGION**

NHS Boards

Lanarkshire, Ayrshire & Arran, Greater Glasgow & Clyde and Dumfries & Galloway

Special Boards

NHS 24 and the State Hospitals Board

- **EAST REGION**

NHS Boards

Borders, Forth Valley, Lothian and Fife

Special Boards

NHS Health, NHS Education and National Services Scotland

- **NORTH REGION**

NHS Boards

Tayside, Grampian, Highland, Western Isles, Orkney and Shetland

Special Boards

Golden Jubilee National Waiting Times Hospital and the Scottish Ambulance Service

1.3 GUIDING PRINCIPLES

1.3.1 Organisational Philosophy

Our guiding principles include:

- putting patients, carers and the public first;

- paying particular attention to the needs of people who face disadvantage in making their voice heard;
- being independent of NHS service providers;
- focusing on achieving improvement in Patient Focus and Public Involvement and better outcomes for patients;
- being fair and consistent in our assessments;
- using the best evidence available;
- being open about the way we work and accountable for our actions;
- working in partnership to co-ordinate our activities and make best use of our resources and provide value for money;

1.3.2 Ethos

As a new organisation, the Scottish Health Council brings together a diverse range of staff and volunteers with a wealth of experience of health services and Patient Focus and Public Involvement. From this strong base, it has the opportunity to evolve a shared culture and organisational identity that is grounded in the strengths of the past and looks positively and creatively to the future.

The values and culture of an organisation depend largely on the actions and attitudes of the people who contribute to its work as staff or members. The Scottish Health Council aspires to be an organisation where people feel motivated and valued, understand what is expected of them to meet the objectives of the organisation and know that they can make a difference to developing effective Patient Focus and Public Involvement.

The organisational values of the Scottish Health Council include commitments to:

- patient and public involvement in the development of all guidance, standards and assessments;
- acknowledge and celebrate success and build on skills and experience;
- a solutions focussed 'can do' culture where staff and members work in mutually supportive teams;
- value members of staff and their 'expertise by experience';

- work across local and regional boundaries so that we have the skills of the right person, in the right place at the right time;
- an organisation that values ability and offers opportunities to learn and develop;

As an organisation we believe we can make a difference to the effectiveness of Patient Focus and Public Involvement and thereby influence the strategic direction of the NHS in Scotland. Both members and staff have a duty to make that difference a reality.

1.3.3 Functions

The organisational purpose of the Scottish Health Council will be achieved through Assessment, Feedback and Development described below. Through these functions, the Scottish Health Council will work with NHS Boards to evaluate their performance in Patient Focus and Public Involvement, and encourage the development and sharing of good and emerging practice, including how best to gather and learn from patients' comments, complaints and suggestions. Feedback was initially viewed as a separate function but experience over the first year of operation suggests that feedback does not stand alone but is an integral part of both assessment and development.

Assessment and Feedback

- Undertaking independent and evidence-based verification of NHS Boards' self-assessment in relation to Patient Focus and Public Involvement by comparing these with local information gathered from individuals and communities and against national guidelines and standards.
- Making sure that patients and their carers are able to provide feedback to NHS Boards and others about their experience of health services and that action to improve services is undertaken as a result.

Development and Feedback

- providing or facilitating access to a critical mass of expertise, available to NHS Boards and organisations representing the interests of patients and the public, to help develop and spread good practice in Patient Focus and Public Involvement in the NHS.
- sharing good practice on mechanisms for patient and community feedback and promoting an approach that is responsive to the individual and their needs.

Our plans for taking forward these functions are outlined below by describing:

- where are we now?
- where do we want to be?
- how will we get there?
- how will we know it is happening?

SECTION 2: THE ASSESSMENT AND FEEDBACK FUNCTION

2.1 Introduction

Assessing the performance of NHS Boards and Special Health Boards, with the exception of NHS Quality Improvement Scotland¹, in terms of the quality and extent of their Patient Focus and Public Involvement activities, will be fundamental to the work of the Scottish Health Council. We will achieve this by reviewing the self-assessments NHS Boards provide of their achievements on Patient Focus and Public Involvement against established Performance Assessment quality indicators. We shall also review NHS Boards' activities using national guidance and standards, such as the draft *Informing, Engaging Consulting*² guidance and the *National Standards for Community Engagement*³ developed by Communities Scotland.

One of the first roles of the Scottish Health Council, in terms of assessment, is to set the indicators for Patient Focus and Public Involvement. In 2004-2005 the Performance Indicators contained within the current version of Section 5 of the Performance Assessment Framework were used. This framework is the tool used by the Scottish Executive Health Department and the Minister for Health and

¹ The Scottish Executive Health Department will assess the Patient Focus and Public Involvement activity of NHS Quality Improvement Scotland as the Scottish Health Council is a directorate of that organisation. The Scottish Health Council will, however, provide development support to NHS Quality Improvement Scotland.

² *Informing, Engaging, and Consulting the Public in Developing Health and Community Care policies and Services*, Draft Guidance, Scottish Executive Health Department, March 2004

³ *National Standards for Community Engagement*, Communities Scotland 2005

Community Care to judge how well local health systems are delivering their objectives including; safe and effective health care, best value within the resources allocated, involving local communities in changes to services and delivering services that treat patients as partners and with respect for their dignity, autonomy and the diversity of their needs.

2.2 Ensuring that the framework for assessing performance is fit for purpose

Where are we now?

We inherited Section 5 of the Performance Assessment Framework which had been used in 2004/5. We decided to review this Framework and held two focus groups involving patients, carers and representatives from the community and voluntary groups, Scottish Health Council members and staff, and NHS staff. We made minor revisions for 2005/6. We asked participants to reflect on the timing of previous submissions and make suggestions on how we ensure realistic and achievable submission dates. This revised framework was issued to NHS Boards for comments in September 2005 and an amended version later confirmed for use. The amended version was used for the assessment exercise for year 2005/6 and Boards were asked to complete their draft self assessments by the end of January 2006.

Where do we want to be?

We want to ensure that the performance indicators are accessible and meaningful to anyone who reads them. We believe that if the public is to hold the NHS to account they must be able to understand what is expected from the NHS so that they can contribute to the Scottish Health Council's view of NHS achievements and progress in meeting targets for Patient Focus and Public Involvement. We will involve patients, carers, NHS and Scottish Health Council staff, our Local Advisory Council members and other interested parties in this process to ensure that all can contribute to, and take ownership of, the revised framework. We will develop the framework to find out what has changed as a result of the involvement, either on an individual or collective basis. We will also seek to integrate assessment tools, for example, with NHS Quality Improvement Scotland, to minimise duplication and effort.

How will we get there?

There will be a rigorous and robust review of the framework, working with the Scottish Executive Health Department. While recognising the challenges inherent

in accessing the views of some traditionally excluded or disadvantaged groups, we will endeavour to ensure that as wide a range as possible of interested people contribute to this process and agree revisions. We will look at how to include specific indicators for equality and diversity outcomes as well as learning from the first round how to improve and develop indicators for Patient Focus and Public Involvement more generally. We will actively seek the views and involvement of seldom heard and marginalised groups to ensure that the Performance Assessment Framework development is inclusive of as wide as possible a range of patient groups and communities. In doing so we will review methods of engagement/involvement to ensure they are accessible and appropriately resourced.

How will we know it is happening?

Through our ongoing discussion with NHS Boards, NHS staff, patients, carers, and communities, we will record any concerns and identified gaps within the framework. We will evaluate the framework to ensure that it effectively identifies what is working well together with areas for improvement that we can assist in developing. We will review other assessment tools to identify potential duplication and gaps.

2.3 Carrying out independent assessments of NHS Boards in achieving Patient Focus and Public Involvement

Where are we now?

The assessment of NHS Boards, previously carried out by the Involving People Team, was supported in 2003/2004 by some of the former Local Health Councils. In 2005/2006 the assessment was carried out for the first time by the Scottish Health Council using a range of assessment tools and templates developed through an inclusive process involving staff from across the organisation.

Where do we want to be?

We agreed how to verify NHS Boards' self assessments. This process included gathering information from patients and the public and feedback from our Local Advisory Council members who will also work closely with the emerging Public Partnership Forums being established by the new Community Health Partnerships. The verification of performance must be evidence based and the Scottish Health Council will rely heavily on feedback from patients and the public that will support or challenge NHS Board's own view of its success. We will ensure that our assessments are open, transparent and independent. We will

also ensure that our methods of engaging with patients and the public, to collate evidence and verify information, comply with national guidance and strategies. We will work proactively and creatively taking account of the '*Good Practice Guidance on Consultation with Equalities Groups*'⁴ and partner organisations to involve 'hard to reach' and marginalised groups to contribute their perspective on how well they are being involved and consulted.

How will we get there?

We will continue to develop and review a range of tools and mechanisms to support the ongoing collation of evidence and this is likely to include local monitoring of activity, on-site verification activity, exit interviews at meetings, focus groups, interviews with patients and meetings with community groups. Information will be collected in a systemic, standardised way to enable good and emerging practice to be readily shared. We will routinely evaluate our mechanisms and tools to ensure that they remain fit for purpose.

We will support the development of the Public Partnership Forums as outlined in the section on our development function.

How will we know it is happening?

We will have ongoing discussion with the NHS Boards and patients, carers and the public. We will feedback our assessments to Boards and patients, carers and the public and encourage discussion on this process. We will identify development needs through the assessment process and work with patients, carers, communities and the NHS, to share what works well and begin to see evidence of year on year improvement in Patient Focus and Public Involvement.

How might this look in practice?

For example, in their self-assessment submission to the Scottish Health Council, an NHS Board provides evidence of having involved service users in the redesign of paediatric services. To verify this Local Advisory Council members meet with members of the patients' council and other children's community and voluntary groups. Local Advisory Council members note that while the Board consulted with patients and carers of children with chronic conditions, there has been no consultation with children with Attention Deficit Hyperactivity Disorder, or their parents. Scottish Health Council staff provide details of local support groups and assist the NHS Board to make contact and seek their involvement.

³ *Good Practice Guidance, Consultation with Equalities Groups*. Scottish Executive Central Research Unit and Equality Group, 2002

2.4 Ensuring that consultation on significant service change is robust, transparent and accessible to all

Where are we now?

If the Scottish Health Council considers that a consultation on significant service change has not been conducted properly, we can advise the Health Minister to ask that it be repeated. In 2005/06 we held two focus groups involving patients, carers, communities and NHS staff in order to elicit views and develop a shared understanding of what constitutes 'significant service change' and contribute to the review and update of the "*Informing, Engaging, Consulting*"⁵ guidance that was issued in draft by the Scottish Executive Health Department in 2003.

In 2006/07 we will undertake further inclusive work to update and agree a final version of the guidance. This will be issued to NHS Boards by the Scottish Executive Health Department as statutory guidance.

Where do we want to be?

We will develop guidance on consultation, incorporating existing draft guidelines, such as "*Informing, Engaging and Consulting*". We will support NHS Boards in translating and implementing this guidance and advise on realistic timescales around consultation, and ensure the provision of documents, events, and feedback are open and accessible to all, including those with a sensory impairment. We will also expect NHS Boards to feedback the outcomes of consultation in an open and transparent way.

How will we get there?

We will be facilitating short-life groups composed of patients, community representatives, health professionals and others looking at emerging issues around consultation, with the aim of reaching a shared understanding of the best ways for NHS Boards to consult and evidence that views have been properly considered. The information from these groups will contribute to new guidance that will inform how NHS Boards approach significant service change.

⁵ *Informing, Engaging , and Consulting the Public in Developing Health and Community Care policies and Services*, Draft Guidance , Scottish Executive Health Department, March 2004

How will we know it is happening?

We will seek the views of patients and carers on the process of consultation, through, for example, exit interviews at events. We will gather information from patients, carers and communities on their experience of involvement.

How might this look in practice?

For example, an NHS Board undertakes a consultation on significant service review that includes a proposal to relocate the service. Some members of the public are unhappy that they will have to travel further to receive services, and disagree with the outcome of the consultation which supports relocation. The Scottish Health Council independently reviews the consultation process and finds that the NHS Board's consultation has been carried out in accordance with guidance and has used appropriate methods. The Scottish Health Council finds that the views of patients and the public have been taken into account in the decision making process along with financial and clinical considerations, despite the fact that not everyone is happy with the outcome.

2.5 Ensuring that Health Boards are providing access to advocacy services to those who require them

Where are we now?

Currently Boards have a duty to provide access to advocacy services for those who require them.

Where do we want to be?

A robust monitoring system which ensures that NHS Boards are providing access to advocacy to those that require this service.

How will we get there?

The Scottish Executive Health Department will be providing funding to the Scottish Health Council to set up a system to monitor that Boards are providing access as required.

SECTION 3: THE DEVELOPMENT AND FEEDBACK FUNCTION

3.1 Introduction

The development function is about providing leadership in Patient Focus and Public Involvement and supporting the development, dissemination and implementation of good practice. The development agenda will include supporting the implementation of new Scottish Executive policies, such as the establishment of Community Health Partnerships and Public Partnership Forums. It should also include issues arising from NHS Boards' previous self-assessments, together with gaps highlighted by communities and individuals. We will develop the Scottish Health Council as a source of expertise on Patient Focus and Public Involvement and make that available to both the NHS and communities. We will work in an inclusive way in recognition of the expertise on patient focus within the NHS, voluntary sector and other public service providers and the longer-term strategic objective of shared public service consultation mechanisms.

Initial priorities in 2005/2006 included:

- ensuring the support needs of Public Partnership Forums were identified and met by the NHS;
- sharing, developing and defining good practice;
- supporting the development and sharing of approaches that work both within the Scottish Health Council and the wider NHS;
- developing the capacity of Scottish Health Council members and staff to advise and support the NHS and communities;

In November 2005 the first networking event for all staff with an interest in Patient Focus and Public Involvement was held in Edinburgh and attracted 70 delegates. The programme included presentations and workshops on Patient Focus and Public Involvement and feedback was very positive with many delegates expressing an enthusiasm for meeting on a regular basis. In 2006/2007 we will develop these networks with events in the North and West and a Scotland-wide networking event in spring 2007. Each regional network will meet approximately every six months.

In 2006/2007 we will review NHS Boards' development needs, as recorded in their performance assessment, and discuss with the NHS Boards what they would find most helpful in taking forward Patient Focus and Public Involvement. Our approach will be both responsive to the needs of NHS Boards and to feedback from communities identifying the support they require. We will also be proactive in seeking out national and international good practice and act as a catalyst for the development of new and innovative approaches working with a range of partners including NHS Education and others.

3.2 Supporting the development of Public Partnership Forums and agreeing working relationships and commitments

Where are we now?

As Community Health Partnerships and Public Partnership Forums become established, our Local Advisory Council members and staff will continue to initiate and maintain an interest in their operation and comment on the support provided to them by their local health system.

Where do we want to be?

An established network of Public Partnership Forums across Scotland, with the Scottish Health Council having a national overview of how it is developing, informed by our local offices and advisory council members. Sharing of good practice between the Forums, and the Scottish Health Council able to identify support needs, and assist with either directly supplying support, or playing a role in how this support is met.

How will we get there?

The Scottish Health Council will monitor and encourage the support provided to Public Partnership Forums. Our Local Advisory Council members may choose, and will be encouraged, to participate in the Forums and offer support and advice on good practice, drawing upon the Scottish Executive "*Guidance and Communities Scotland Standards for Community Engagement*". Local members will observe any problems experienced and seek early resolution. This approach demonstrates how the assessment and development functions work in tandem. In 2005-06 we explored the progress made towards establishing the Public Partnership Forums across Scotland and will undertake further work as the shape of these embryonic organisations become clearer. We have allocated £5,000 to each Community Health Partnership to support the development of their Public Partnership Forums and will seek evidence from them of how these funds have been used in 2006/2007. We will also bring together NHS and community involvement practitioners and colleagues from the voluntary sector to share and discuss the progress towards fully operational and effective forums. We will work with key stakeholders including Councils for Voluntary Service, the Scottish Consumer Council, Voluntary Health Scotland and others.

In 2006/2007 we will develop guidance on data capture and management that will allow NHS Boards and Community Health Partnerships to analyse, track and

target the involvement of individuals and communities appropriately. We will develop our own systems that may be used as a potential model for the NHS.

How will we know it is happening?

The Public Partnership Forums will be seen as increasingly cohesive and effective bodies as demonstrated by improved satisfaction with public engagement processes and patient satisfaction surveys carried out by the local NHS. Forum members will report an appropriate level of support from the NHS and members will recognise the role of the Local Advisory Council as key local contacts for the Scottish Health Council and as a source or channel of expertise and advice. Consultation on service change and development will become increasingly effective and the contribution of patients and the public will be evident.

3.3 Establishing relationships with communities

Where are we now?

Local offices of the Scottish Health Council already hold extensive contact information for the voluntary and community sector in their area and this has in the past been a considerable resource for some NHS Boards. Local Officers will ensure that this information is routinely maintained and developed through the establishment of a national contacts database. In many cases, Local Officers will have inherited positive liaison arrangements with their communities and will have an established track record of engaging with them on NHS issues.

Where do we want to be?

As described above, Local Officers will work with Local Advisory Council to promote liaison arrangements with the community and establish an understanding with groups about the role of the Scottish Health Council.

How will we get there?

Local Officers will develop further their databases of community and voluntary groups and key partner organisations in line with a nationally developed framework. This will allow them to track, analyse and manage Scottish Health Council engagement with communities and individuals. Staff and members will be seeking feedback from communities on the quality of the engagement and consultation processes, identifying development needs and reporting these back to NHS Boards. Staff will also discuss how best the support NHS Boards need

can be provided and facilitate and advise NHS Boards and communities on possible options for development of a comments database.

We will continue to build and develop the capacity of staff and members to advise and support the local NHS and also, through the practitioner networks, offer similar training opportunities to NHS staff. We will begin to develop local offices, where there is suitable accommodation, as resource centres on Patient Focus and Public Involvement for the NHS and communities.

How might this look in practice?

For example, Local Officers attend a meeting of an elderly forum to give a presentation on the role and work of the Scottish Health Council. Following the presentation, they ask members of the group about their experiences of being consulted on the redesign of services for older people. They could focus on whether the consultation has followed the standards set out in the Scottish Executive's draft "*Informing, Engaging, Consulting*" Guidance (if deemed to be significant service change) or the National Standards for Community Engagement produced by Communities Scotland. Members of the Forum may highlight issues about the quality of the information they were given, the suitability of the opportunities set up for discussion of the issues, the level of support provided to enable them to participate and whether they received feedback on the outcome. The experiences and support needs identified by the community groups will be fed back to NHS Boards as issues they need to address and staff will also offer advice on how best to do this. This could include advice on developing accessible information, reviewing who should be involved and how establishing a database of community contacts that charts peoples' involvement preferences can lead to more effective and targeted involvement and reduce consultation overload.

How will we know it is happening?

People will be more willing to be involved and have greater understanding of the pressures for change in the NHS. Consultation will be targeted, appropriate mechanisms will be used and consultation overload will be reduced. People will feel that there is 'someone on their side' and that the Scottish Health Council's role in both assessing and developing Patient Focus and Public Involvement is bringing this agenda to the forefront within the NHS. Local Officer, Local Advisory Council members and Scottish Health Council members will receive positive reports from community contacts.

3.4 Establishing systems and networks to ensure that information about good practice is captured, recorded and disseminated

Where are we now?

Currently there is a limited understanding across NHS Scotland about the range of approaches adopted by different NHS Board areas. Staff responsible for developing Patient Focus and Public Involvement have expressed interest in networking with colleagues, both locally and nationally, to share and reflect on successes and challenges.

Where do we want to be?

We want to see an NHS that is competent to engage with its population, and to do so, it is essential to develop communication systems, including a database of potentially interested groups, individuals and organisations to allow the tracking, analysis and management of contacts and feedback with consultees.

In order to support the development, dissemination and implementation of good practice we will facilitate information sharing, identify training needs and encourage the adoption of good practice through publications, events and effective relationship building. We will also encourage evaluation of the impact and outcomes of Patient Focus and Public Involvement.

The involvement of patients and the public will be central to defining good practice. We will encourage ongoing appraisal of the processes of involvement so that over time we will be able to define what works best in terms of organisational efficiency, value for money and community acceptability.

How do we get there?

The involvement of patients and the public will be central to defining good practice. We will encourage ongoing appraisal of the processes of involvement so that over time we will be able to define what works best and what is not acceptable to communities. Work to develop standards has already been carried out by Communities Scotland⁶ and we will promote and build on these in partnership with others.

⁶ *National Standards for Community Engagement*. Communities Scotland 2005

Working closely with NHS Education and others we will support the establishment of an accessible web-fronted database of good practice that celebrates current practice in involving patients and the public. This also allows the patients, the public and staff from the NHS and other public sector organisations to share practical experience and effective approaches. This electronic resource will be grounded in the reality of people who work in the NHS and provide them with easily accessible practical examples of current practice. It will be linked to the networks of staff and community and voluntary sector organisations and be an additional source of support.

We will organise events, seminars and workshops to allow the sharing of good and emerging practice and promote a reflective approach to the development of public involvement approaches.

How might this look in practice?

For example, a network of public involvement practitioners is established in one of the Scottish Health Council's regions. This includes NHS, voluntary sector, and Local Authority and Community Planning staff. The NHS staff share with their colleagues the difficulties they have in identifying and engaging with gypsy traveller families. Local Authority staff hold information about where such families are based and agree to share this and support contact. One of the voluntary sector groups also has strong links with local travelling families and agrees to facilitate a joint approach to engaging with the travelling families on health and social care services. At the next meeting, the successes and challenges of this approach are shared and it is agreed to submit an outline of the project to the Scottish Health Council database of good practice so that people elsewhere can learn from their experience and add their own ideas and comments.

For example, staff at the drop-in sexual health clinic are concerned because fewer young people have been attending and they are keen to find out why. A quick search on the Scottish Health Council website brings up several initiatives that have been successful in engaging with young people. These include a Dialogue Youth online questionnaire, a health issues workshop and a work with a community health initiative. The staff contact some of these initiatives and decide to organise an online questionnaire with Youth Dialogue. This flags up some issues that they had been unaware of and helps make the service accessible.

We will host a range of conferences and events including, in spring 2007, a conference on Patient Focus and Public Involvement drawing on innovative practice from the United Kingdom and elsewhere.

How will we know it is happening?

The Patient Focus and Public Involvement agenda will have a higher profile in the NHS and with communities, patients and carers. We will see better and more innovative practice that is integral to everyday work in the NHS rather than something that is an additional imposition so that staff routinely treat the whole patient. Patients from excluded and marginalised groups will report more positive experiences of the NHS and will see their spiritual and cultural needs met by the NHS as a matter of course.

Section 4: FEEDBACK AND THE ASSESSMENT AND DEVELOPMENT FUNCTIONS

4.1 Introduction

The Scottish Health Council will ensure that individuals patients and their carers, who have views about their experience of health services, have the opportunity, and where necessary the support, to express their views directly to the NHS. We will encourage patients and carers to make positive feedback and suggestions about services as well as complaints. We will, through the Performance Assessment Framework, or its successor, require NHS Boards to demonstrate not only how they encourage and support feedback, but also how they have responded to comments and complaints.

4.2 Assessment and feedback

When it has been drawn to the attention of the Scottish Health Council by an individual, or through the assessment and verification process, that gaps exist in an NHS Board's feedback systems we will advise the NHS Board of this and, as part of the development function, offer advice on relevant improvements to their systems. We will expect to see improvements in subsequent assessments and will seek verification from Local Advisory Council members that information on how patients and carers can feedback is readily available and accessible to all.

As part of the assessment function we will develop standards for feedback and these will be included in the Performance Assessment indicators in 2006/07. This process will be initiated at an international conference to be held in Edinburgh in March 2006. The development process will include the contribution of Scottish

Health Council members and staff, NHS staff and other relevant individuals and organisations. We will establish networks with other agencies and NHS colleagues, across the rest of the United Kingdom, to identify and disseminate best and emerging practice on learning from feedback and complaints. We will work with the *Scottish Public Services Ombudsman to organise three learning events, 'Complaints: Symptoms and Solutions'* to be held across Scotland in March 2006.

We will also, in partnership with the Scottish Public Services Ombudsman, undertake an evaluation of the complaints process, which will capture patients' views of the complaints process (2006/7).

4.3 Quality Assuring the complaints process

The new NHS complaints procedure, '*Can I Help You? Learning from Comments, Complaints and Concerns*', was introduced on 1 April 2005. A framework has been developed, under the direction of Citizens Advice Scotland, on the development of independent advice and support services for anyone wishing to make a comment or complaint. The role of the Scottish Health Council will be to monitor the Board's implementation of the Scottish Executive guidance on the new procedure, including the commissioning of this independent service.

NHS Boards will demonstrate to the Scottish Health Council, in their response to the Performance Assessment process, that they are compliant with the guidance. Through our verification process, Local Advisory Council members will collate evidence on the accessibility and availability of complaints information.

For example, The Local Advisory Council found that an NHS Board had not clearly advised GP practices about the need to display (new) NHS Complaints leaflets. They also found that many front line practice staff were unaware of changes to the complaints process, i.e. that the process has been reduced from three to two stages. As a result of Local Advisory Council activity, the NHS Board commissioned a local GP to go round all practices in the area giving information and highlighting the new complaints process.

4.4 Development and Feedback

Through the feedback conference mentioned in section 4.2, research and ongoing assessment and verification we will identify gaps in practice and promote shared learning and development around handling and learning from complaints, comments and feedback.

How might this look in practice?

For example, following feedback from a carer, an NHS Board reviews translation services for asylum seekers in Accident and Emergency departments. The findings of the review are shared with service users, community representatives and local authority support workers who collectively agree an action plan. On the advice of Local Officers of the Scottish Health Council the NHS Board identifies resources and pilots the service. The service is evaluated and rolled out across the NHS Board area.

The Scottish Health Council has not been created to be a channel for Health Services to obtain feedback but to encourage and monitor how well health services do this themselves. However there may be exceptional circumstances where the Scottish Health Council does 'step in' to ensure that patients' views are taken on board.

For example, widespread dissatisfaction with the orthopaedic service is reported in the local press. This has not been picked up by the NHS Board and patients report that their attempts to make their views known were negatively received despite the NHS Board having recorded in their self assessment that patients' comments and complaints are valued and acted on to improve services. The Local Officers of the Scottish Health Council suggest various approaches to gathering patient views including discharge questionnaires, telephone interviews, feedback forms and focus groups based on the patient journey. Monitoring over the next few months suggests that the NHS Board has responded to patient views and positive changes have been made in the service.

How do we evaluate how well the Scottish Health Council is doing?

The operation of the Scottish Health Council will be monitored by the Scottish Executive Health Department. In addition, we will commission an independent assessment of the organisation's achievements and our methods and findings will be subject to scrutiny. We will also get regular feedback from patients, the public, and professionals through consultations, conferences, meetings and other events.

5 CONCLUSION

The Scottish Health Council has major challenges and opportunities in taking forward the agenda that has the potential to transform the NHS in Scotland.

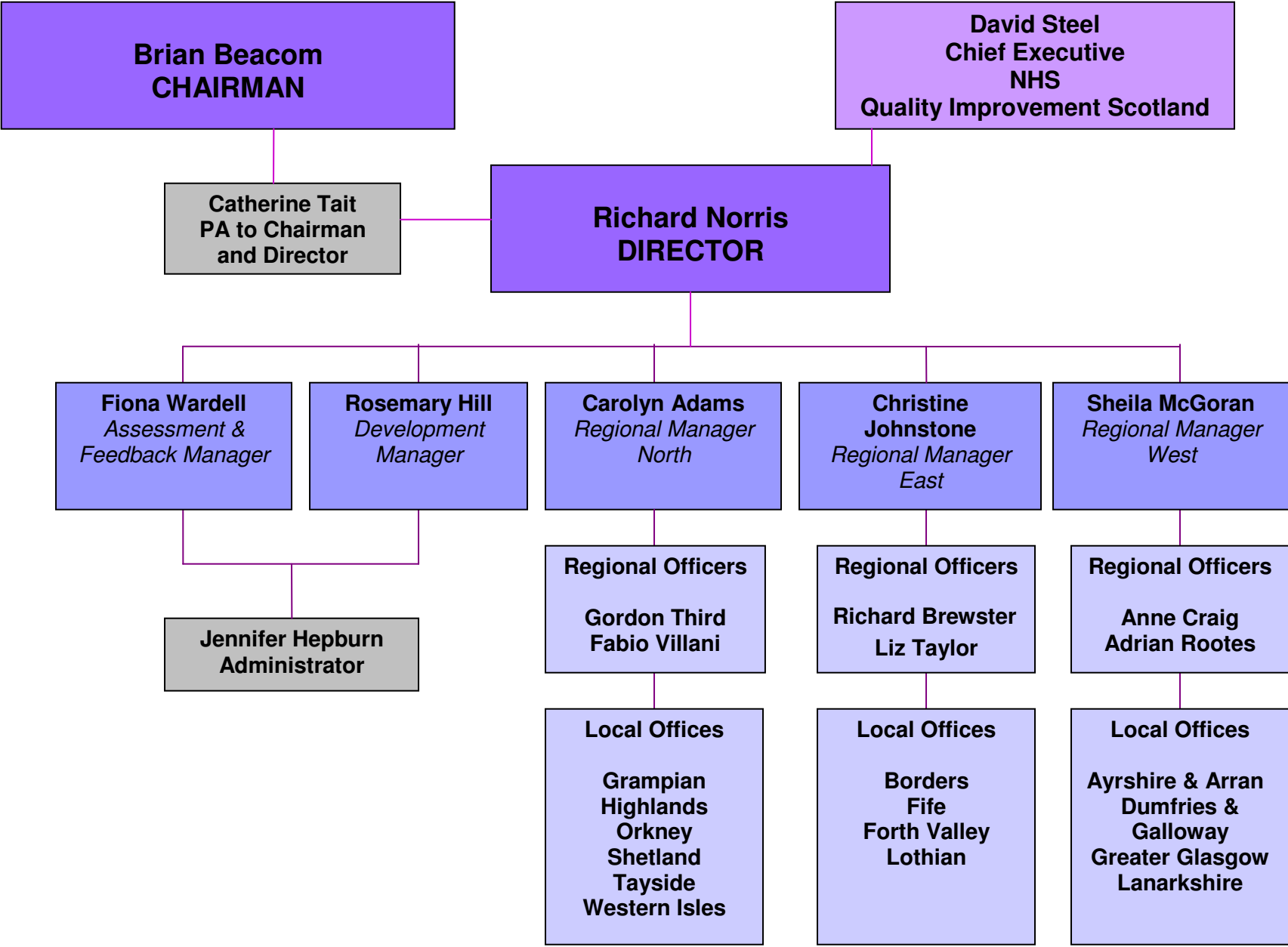
The key challenges for the early years of the organisation include developing the infrastructure and staff and volunteer capacity to deliver on the objectives of the organisation and the Scottish Health Council will be commissioning an independent evaluation of its performance.

The key opportunities are in bringing about the reinvention of the NHS in Scotland as a truly patient friendly organisation where, not only are the clinical outcomes of the highest quality, but also where patients' experience a system that is sympathetic and responsive to them as individuals with a range of social, cultural, spiritual, emotional and physical needs.

The challenge and the opportunity for public involvement is to improve understanding of why the NHS in Scotland needs to develop and modernise and to set local service change within this context. As a nation, we spend significant sums on our health service and to use this effectively and in the best interests of all patients requires change. The public involvement agenda can ensure that the NHS is accountable to all citizens for continuing to provide safe, accessible, sustainable and high quality services.

**Scottish Health Council
Workplan 2006- 2007**

February 2006



DRAFT WORK PLAN SUMMARY

APPENDIX B

Scottish Health Council Objective	Progress against functional objectives of the Scottish Health Council	Target completion date
Assessment		
Carrying out an Annual Assessment of NHS Boards Patient Focus and Public Involvement activities	Verify the self assessment submitted by NHS Boards for the year 2005/6 through local office activities and meeting with local groups – and producing written reports in time for Annual Review meetings with the Minister.	September 2006
Carrying out an Annual Assessment of NHS Boards Patient Focus and Public Involvement activities (cont)	Develop and refine the Annual Assessment Tool and distribute the revised tool to NHS Boards for assessment of year 2006/7	October 2006
Ensure patient and public input into Annual Reviews of NHS boards	Engage with local communities and arrange representative sample of local people (including Local Advisory Council members) to meet with the Minister at the Annual Review of NHS Board performance.	May to September 2006
Ensure that NHS Boards are responsive to complaints and comments and provide access to advocacy and support for those that require this	<p>Monitor and assess how well the new complaints support system is working and that complainants are able to access support</p> <p>Conduct audit of what advocacy services are being provided in each NHS Board area and consult with local members and community groups over the adequacy of this arrangement.</p> <p>Commission research, jointly with the Scottish Public Sector Ombudsman, on the new complaints process.</p> <p>Liaise with Citizens Advice Scotland and the Scottish Public Sector Ombudsman regarding feedback from complainants about access to advocacy services</p> <p>Hold a Complaints Conference, with the Scottish Public Sector Ombudsman, for patients, carers and the public</p> <p>Review how well new complaints system is working in conjunction with Scottish</p>	<p>Develop audit tool by November 2006</p> <p>Ongoing</p> <p>July 2006</p> <p>Develop audit and overview by March 2007</p> <p>October 2006</p> <p>Summer</p>

Scottish Health Council Objective	Progress against functional objectives of the Scottish Health Council	Target completion date
	Executive Health Department	2007/Ongoing
Development		
Produce a three year development plan for the Scottish Health Council	Development Manager to work with Regional Managers and consult other staff/stakeholders in developing the plan for further consultation.	August 2006
Provide support to NHS Boards in developing capacity for Patient Focus and Public Involvement	Agree Patient Focus and Public Involvement Development Plans with NHS Boards	September 2006
Support the development of Public Partnership Forums and agree working relationships and commitments	<p>Local Officers are developing liaison arrangements with Community Health Partnership staff, monitoring and supporting the development of Public Partnership Forums, particularly to assist with ‘working agreements’.</p> <p>Organise a national conference on the development of Public Partnership Forums</p> <p>Provide funds to Community Health Partnerships (£5,000 per Community Health Partnership) and support the development of Public Partnership Forums. Reports on this work will be submitted in August 2006</p> <p>Provide funds to Special Health Boards (£5,000 each) to support the development of their patient focus and public involvement activities. Reports on this work to be submitted by NHS Board to SHC in August 2006</p>	<p>Liaison arrangements in place by October 2006</p> <p>November 2006</p> <p>August 2006</p> <p>August 2006</p>
Establish relationships with local agencies representing “Hard to Reach” groups	<p>Each Local Office to organise a local event to :</p> <ul style="list-style-type: none"> • Raise the profile of the Scottish Health Council • Raise our awareness of “hard to reach” health issues and their relationships with NHS Boards • Agree how agencies and “hard to reach” groups can work with local offices to support our assessment, feedback and development function with NHS Boards. • Work with an identified local young 	<p>Local event in each NHS Board area by October 2006</p> <p>Working agreement by October 2006</p>

Scottish Health Council Objective	Progress against functional objectives of the Scottish Health Council	Target completion date
	people's forum (as above) Commission research to explore issues of patient focus and public involvement with Polish in-migrants and homeless people.	February 2007
Ensure an understanding of Patient Focus and Public Involvement and the role of the Scottish Health Council in relation to it	Production of DVD to promote the role and added value of the Scottish Health Council and to demonstrate the benefits and challenges of delivering Patient Focus and Public Involvement.	Launch July 2006
Establish knowledge management systems and networks to ensure that information about good practice is captured, recorded	The National Managers have continuing dialogue with NHS Education to discuss emerging work around good practice. Plans to hold regional practitioner networking events are being developed. Launch of the national database of good practice	East event held in November 2005; North and West events to be held before October 2006 July 2006
Feedback		
Ensure that patients and carers can and do feedback	Disseminate proceedings from Feedback Conference held in Edinburgh in March 2006. Facilitate further dialogue.	August 2006/ Ongoing
Ensure that NHS Boards act on this information	Ask NHS Boards to feedback to Local Offices what they have learnt from complaints in the last year	Included in assessment for 2005/6
Organisational Development		
Develop a Risk Strategy for the organisation	Work with Local Advisory Council members, staff, local members and others to produce an analysis of risk and Risk Strategy	September 2006
Staff training	Commission training to enable staff to deliver the functions of the Scottish Health Council	January 2007
Complete the recruitment of Local Advisory Council members and additional members of Scottish Health Council	The recruitment and development of members and staff is ongoing	Second round of recruitment by May 2006