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ANNUAL REVIEW | 2005-2006

of Patient Focus and Public Involvement Performance

Assessment of the National Waiting Times Centre Board

August 2006

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CONTENTS

1)	Introduction	3
2)	Summary	5
3)	Context	7
4)	Verification Methods	9
5)	Overall Assessment	11
6)	Verified Examples	13
7)	Overall Conclusions	19
8)	Development Issues for 2006/2007	20

1

INTRODUCTION

The Scottish Health Council was established in April 2005 to ensure that the views of patients, carers and the public are properly taken into account by the NHS. In order to monitor whether this involvement results in better and more responsive services for patients, all NHS Boards in Scotland (including Special Health Boards) are required to complete an annual Patient Focus and Public Involvement self-assessment framework.

This self assessment details how Boards have involved patients in their own care and how they have identified and responded to the needs of individual patients and carers, so that whatever their needs may be, such as, religious, dietary or communication, services are patient focused, for example, providing patient information in large print. Boards are also required to communicate continuously with patients and the public so that people are informed and understand how the NHS works. The Board must also show how it works in partnership with patients and local communities when planning and developing services, for example, designing a new appointment system.

The information provided by Boards in their self assessment is collected under five key headings:

- A) Involving patients, carers and the public
- B) Supporting staff
- C) Monitoring Patient Focus and Public Involvement
- D) Developing Patient Focus and Public Involvement
- E) Related strategies, for example, carers and volunteering policies

This information is submitted to the Scottish Health Council so that we can assess how well Boards have involved patients and the public. In order to check the information provided by the National Waiting Times Centre Board, Scottish Health Council staff and Local Advisory Council members have reviewed a range of documentary evidence and asked staff, service users, volunteers and representatives from community and voluntary organisations to comment on their experiences. This report is our assessment of the National Waiting Times Centre Board based on the evidence we collected.

Included in this report are suggestions on how the Board can work more effectively with patients, carers and communities so that people can see year-on-year improvements in the way their Board works with them.

This report does not include information on any significant service change carried out by the National Waiting Times Centre Board. The Scottish Health Council will review this information in a separate report, which will include an assessment of the Board's activities measured against specific standards and guidance set by the Scottish Executive Health Department. Details about reviews of specific consultations (and completed reports) are available from the Scottish Health Council Lanarkshire office.

2 SUMMARY

The National Waiting Times Centre Board is a Special Health Board covering the whole of Scotland. While the evidence seems to indicate a strong patient-focused approach, the Board is beginning to develop a structured approach to monitoring and developing its public involvement activity. This will be particularly important in helping the National Waiting Times Centre Board overcome the challenges related to involving the wider public.

Many of the examples cited by the Board in its self assessment reflect work in its early stages or work to be developed or implemented in 2006-2007. The Scottish Health Council looks forward to the development of these initiatives and to working with the National Waiting Times Centre Board to improve both the quality of its Patient Focus and Public Involvement activities and the ways in which the service shares information – both internally and externally – as part of its learning processes.

The National Waiting Times Centre Board report indicates progress on addressing many of the issues raised by last year's assessment. Further work is needed on all of these, particularly the development of robust mechanisms and organisational arrangements for monitoring and developing Patient Focus and Public Involvement, and the development and implementation of supporting and overarching strategies, policies and plans.

A number of positive developments were highlighted within the self assessment and during its verification. Notably, this included the involvement of patients and members of the public in the monitoring of cleanliness and infection control measures and in seeking to identify areas likely to cause access difficulties for people with a range of disabilities.

A number of areas require further work including involving patients and the public in the Board's activities. The Board should ensure the systematic monitoring and evaluation of activities which should inform best practice and shared learning across the organisation. External expertise and support should be sought when necessary to ensure the adoption of best practice, drawing on a range of organisations – such as the Scottish Health Council and Voluntary Health Scotland – and resources – such as the 'Starter Toolkit for Users of the National Standards for Community Engagement'.

Some of the key development areas from the 2004-2005 report remain to be addressed including the development and implementation of strategies, policies and plans relating to Support for Carers, Advocacy, Volunteering, Spiritual Care, and Engagement with the Voluntary Sector.

The Board should continue to review how it will support and embed both elements of Patient Focus and Public Involvement in its culture and practice.

3

CONTEXT

3.1 Self Assessment

The National Waiting Times Centre Board, with guidance from the Scottish Health Council, submitted a well presented self assessment, complemented by a wide range of supporting documentation. A number of the examples indicate some progress in its public involvement activities and reflect work in its early stages. The Scottish Health Council looks forward to the development of some of these initiatives over the next 12 months.

3.2 NHS Board Issues

The National Waiting Times Centre Board is a Special Health Board covering the whole of Scotland; this has presented it with significant challenges when seeking to engage with the wider public.

3.3 Key priorities identified from assessment of the National Waiting Times Centre Board 2004-2005 submission and progress to date as reported by the National Waiting Times Centre Board.

- **Establishing formal engagement arrangements through the development of a Voluntary Sector strategy.**

The Board reports its intention to develop a Voluntary Sector strategy which will allow it to reach a range of relevant interest groups.

- **Reviewing the overall committee structure including Patient Focus and Public Involvement.**

Some progress was reported on reviewing the overall committee structure. The Board notes its progress towards developing an Involving and Engaging People strategy combining the principles of Patient Focus and Public Involvement and 'Fair for All – the Wider Challenge', and the development of its Involving People strategy and framework.

- **Raise awareness of staff in the value of using all feedback methods and auditing of these mechanisms to ensure their effectiveness.**

The Board reports progress on raising staff awareness on the value of using all feedback methods, and introduced a number of new mechanisms following a communications audit.

- **Quality assure all aspects of Patient Focus and Public Involvement Training.**

The Board reports its provision of a range of staff training related to Patient Focus and Public Involvement. No evidence of quality assurance of training was provided.

- **Expansion of equality and diversity group and look to pull together all strands into one strategy.**

The Board notes its progress towards a unitary approach to developing an Involving and Engaging People strategy combining the principles of Patient Focus and Public Involvement and 'Fair for All – the Wider Challenge' led by the current Equality and Diversity Steering group.

- **Auditing of communication and staff involvement, feedback and review the process.**

A communications audit was carried out in October 2005. The Board reports that all its recommendations have been implemented.

- **Development of Voluntary Sector, Volunteering and Carers strategy whilst ratifying the Spiritual Care policy.**

The Board has made some progress in developing a Volunteering policy and it reports its initial steps towards developing Voluntary Sector and Carers strategies; some progress was reported towards the ratification and implementation of the Spiritual Care policy.

4 VERIFICATION METHODS

4.1 National Standards and Templates

In order to ensure national consistency and a robust process across all NHS Boards, national verification templates have been developed from the National Standards for Community Engagement. The standards were endorsed by the Scottish Health Council in June 2005.

4.2 Methods

Methods used to verify examples within the National Waiting Times Centre Board Performance Assessment Framework included:

- a visit to the Golden Jubilee Hospital
- interviews
- the review of documentary materials – websites, patient and staff information leaflets, publications, minutes of meetings, strategy and policy documents, action plans, reports, leaflets and newsletters.

4.3 Stakeholders and Participants

A range of people contributed to the verification process, including:

- volunteers
- a representative from a patients' group
- National Waiting Times Centre Board staff.

4.4 Review and analysis of Data:

The Board's self assessment was reviewed by Scottish Health Council staff and Local Advisory Council members. The examples selected for further verification included areas where:

- staff and Local Advisory Council members had expertise and existing networks in the topic; and
- lessons learned from the engagement exercise could inform future activity.

As well as reviewing the supporting information for each example (including information submitted by the Board with its self assessment), staff and Local Advisory Council members sought to identify key patient, public and community representatives and groups who would be able to support or challenge this information. Where this approach was not successful, relevant evidence was obtained through the review of documentary materials and through interviews with National Waiting Times Centre Board staff.

Themes from the National Standards for Community Engagement were used to inform the verification process. The standards, together with key themes emerging during the verification process, also inform the conclusions reached and the development issues identified in this report.

5

OVERALL ASSESSMENT

A number of the examples provided by the National Waiting Times Centre Board indicate some progress in the public involvement dimension of its Patient Focus and Public Involvement activities. Many of these examples reflect work in its early stages. The Scottish Health Council looks forward to the development of some of these initiatives over the next 12 months.

5.1 Involving Patients, Carers and the Public

The National Waiting Times Centre Board provided a number of detailed examples of how it informs and involves patients and carers in patient care and of how their feedback informs service improvements.

There is less evidence of wider public involvement. The Board has yet to develop effective mechanisms for this but notes its plans to do so through the development of links to the voluntary sector and the network of Community Health Partnerships.

While some support is made available for patients to become involved, much of this is facilitated through the work of a single member of staff. A more structured and sustainable approach should be developed and implemented.

5.2 Supporting Staff

The National Waiting Times Centre Board provided a number of examples to demonstrate its support for staff, mainly through the induction process and through training related to Patient Focus and Public Involvement. The Board reports the availability of a range of mechanisms to facilitate staff involvement and feedback, which was extended following a communications audit.

5.3 Monitoring Patient Focus and Public Involvement

The National Waiting Times Centre Board should continue to review and develop robust mechanisms for monitoring patient focus and ensure these will extend to the monitoring of public involvement. A review of the committee structure of the Board – identified as a key development area in last year's report – was carried out as part of the development of the Clinical Governance strategy, and its recommendations are being implemented.

5.4 Developing Patient Focus and Public Involvement

The National Waiting Times Centre Board's 'Patient Focus and Public Involvement – Strategy and Framework for Implementation' sets out a number of principles to guide the development of Patient Focus and Public Involvement. The Board should review how it will develop this work to ensure year-on-year progress.

5.5 Related Strategies

Limited progress has been made on the development and implementation of plans, policies and strategies relating to Support for Carers, Advocacy, Volunteering, Spiritual Care, and Engagement with the Voluntary Sector.

6

VERIFIED EXAMPLES

6.1

How have you worked with 'hard-to-reach' groups?**Accessibility Tour**

The Board reports that a number of relevant managers and members of the public carried out a tour of the hospital to identify areas likely to cause difficulties for people with a range of disabilities. Between 15 and 20 people with a broad range of disabilities, drawn from a local reference group, were involved.

What we did and who we involved

Documentary evidence provided by the Board, including notes of the tour findings, was reviewed. A site visit was undertaken. Interviews were held with members of staff and a member of the patients' group involved in the accessibility tour.

What we found

The member of the patients' group interviewed reported that individuals received "excellent support", including refund of expenses incurred and personal support from the Customer Relations Co-ordinator. Background information was given and a debrief session was held to highlight issues identified by the group. Informal feedback was given to individual members of the group but no formal feedback was given to the group as a whole.

The Board reports that 80% of issues identified have been addressed, with the remaining issues requiring substantial building alterations.

Consensus with Board's report

The Board has demonstrated an effective mechanism to work with and involve members of the public in improving the design and accessibility of its facilities.

Conclusions

The Board has demonstrated an effective mechanism for working with a 'hard-to-reach' group. While the activity was well received by participants, it was noted that no formal feedback had been circulated. The Board should review how it feeds back to participants and demonstrates its responsiveness to patient comments.

6.2 How did you support staff to respond to patient and public feedback?

Customer Care and Communication Training

The Board reports that customer care training is provided to staff as part of the corporate induction to help them handle concerns, suggestions and complaints raised by patients and other members of the public.

What we did and who we involved

Documentary evidence provided by the Board – including training materials, handouts, presentations and a copy of the Personal Learning Portfolio issued to staff – was reviewed. The Customer Relations Co-ordinator and the Clinical Governance Manager were interviewed.

What we found

Although the Board informs us that training is evaluated on the day, there is no follow-up evaluation to monitor medium and long term effectiveness. The Board also notes that comments, suggestions and complaints are entered into the Risk Management system, which helps to collate and analyse data and generates feedback to relevant areas and individual staff.

The Customer Relations Co-ordinator's regular, direct contact with patients helps to provide the hospital with a perspective of the patient's experience. The special Risk Management system seems to provide an efficient and effective means of ensuring continuous improvement.

Consensus with Board's report

The training provided by the Board should enable staff to set patient and public feedback in the context of effective customer care; it is unclear, however, whether this provides the necessary support for staff to respond to patient and public feedback.

Conclusions

The Board may wish to consider how it evaluates staff training to ensure it is effective and responsive to staff needs. Training should also be reviewed to ensure that it enables staff to respond appropriately to patient and public feedback.

6.3 How did you share good practice for patient focus and public involvement?

Patient Satisfaction Surveys and Feedback

The Board reports that patient satisfaction surveys and feedback are used to inform changes in service design, practice and procedures. Reports of the surveys are presented in a colourful format, displayed on notice boards at various locations within the hospital and updated monthly. The monthly feedback is reviewed by the Quality Group and is shared with all hospital departments, the Clinical Governance Committee and the Board. Positive comments from feedback are forwarded to relevant members of staff for encouragement and incentives.

What we did and who we involved

Documentary evidence provided by the Board, including copies of survey questionnaires and reports, was reviewed. A site visit of the Golden Jubilee National Hospital was undertaken. Interviews were held with the Customer Relations Co-ordinator and the Clinical Governance Manager.

What we found

The current Patient Satisfaction Survey reports identify high levels of patient satisfaction and evidence of patient involvement. Patient feedback (and action stemming from it) are also published in the Annual Report.

The Customer Relations Co-ordinator is one of the main channels of communication with patients. The Customer Relations Co-ordinator speaks with patients regularly and seeks formal and informal feedback, which is then shared with all hospital departments. The Board also notes that staff have established good links with lead members of staff from other Health Boards to share best practice.

Consensus with Board's report

The National Waiting Times Centre Board uses a range of methods to elicit and share feedback from patients. However, it is not clear how good practice in Patient Focus and Public Involvement is shared, either among staff or between staff and colleagues from other Boards.

Conclusions

The Board should consider how best to define and share good practice in Patient Focus and Public Involvement, and develop mechanisms to share learning among staff and colleagues from other Boards. Resources to support this function should be identified by the Board.

6.4 What support did you provide for patients, carers and the public in order to make them feel able to participate?

Developing a Volunteering strategy

The National Waiting Times Centre Board reports that it is currently developing a policy document outlining the support it intends to make available to patients, carers and members of the public to enable them to become involved in various aspects of the Golden Jubilee National Hospital's activity.

What we did and who we involved

Documentary evidence provided by the Board – including a draft of the Volunteering policy – was reviewed. A site visit of the Golden Jubilee National Hospital was undertaken. Interviews were held with the Customer Relations Co-ordinator and the Clinical Governance Manager.

What we found

The Board reports that an early draft of the policy has been circulated internally to managers, with limited further circulation to staff, and externally to Volunteer Development Scotland for information and comment. The Board notes that further advice was sought from contacts in the voluntary sector and comments sought from lay reviewers through a written consultation.

Consensus with Board's report

The Board has begun to develop its Volunteering policy and to engage with a number of partners but it should review the engagement process. The Board should consider how it will deliver support to enable patients and the public to participate.

Conclusions

Wider consultation of the draft would help ensure the policy addresses, appropriately and responsively, the support needs of volunteers. The Board

should work with partner agencies including Volunteer Development Scotland, Councils for Voluntary Service and the Scottish Council of Voluntary Organisations to ensure the policy is in line with current practice. Contacting other NHS Boards who have developed strategies and policies to support volunteering, and developing relationships with local volunteering agencies, which might also be a source of volunteers, would also be useful.

6.5 How have patients, carers and the public been involved in monitoring performance targets?

Involving people in monitoring cleanliness of clinical area

The Board reports that patients take part in monthly 'walk rounds' of all clinical areas to monitor cleanliness against standards set out in the Infection Control policy and in the local standards and action plan. The findings of these tours are reported back to relevant areas, and to the Board through the Risk Management committee. Any areas of concerns are actioned immediately.

What we did and who we involved

A site visit of the Golden Jubilee National Hospital was undertaken. Interviews were held with the Customer Relations Co-ordinator, several members of the Infection Control Team, and the Clinical Governance Manager.

What we found

The Infection Control Team has developed effective working relationships across all staff groups (Infection Control Manager, Infection Control Nurse, Surveillance Nurse, Tissue Viability Nurse, Housekeeping Supervisor and Microbiologists) and encourages and supports the involvement of patients.

In addition to the monthly 'walk rounds', information on infection control is given to patients prior to surgery – inviting questions and comments – and displayed in each room, with an annual 'Infection Control Week' for patients and visitors with further information and displays on infection control.

A related initiative – calling discharged patients by phone after major surgery to assist the selfmonitoring of wound healing – has received very positive feedback from patients. 'Type talk' (a system where operators help textphone users to communicate with people using ordinary voice phones) is to be introduced for those with hearing difficulties.

Consensus with Board's Report

The Board has developed innovative approaches to the challenge of involving patients in monitoring performance and is developing responsive mechanisms to enable involvement from all communities.

Conclusions

The Board has demonstrated commitment to involving patients in monitoring cleanliness and providing information and opportunities to become involved and influence change.

7

OVERALL CONCLUSIONS

The National Waiting Times Centre Board report indicates some progress on issues raised by last year's assessment, however, further work is required on outstanding priorities including the co-ordination of Patient Focus and Public Involvement activity.

The Board has provided evidence of its ongoing engagement with patients and carers. The Board has started to develop a structured approach to monitoring and developing its Patient Focus and Public Involvement. This will be particularly useful in helping the National Waiting Times Centre Board overcome the challenges related to involving the wider public.

A number of positive developments were highlighted which include the involvement of patients and members of the public in the monitoring of cleanliness and infection control measures and in seeking to identify areas likely to cause access difficulties for people with a range of disabilities.

The Board uses a range of methods to obtain and respond to feedback from patients and carers but further work may be required to ensure that responsibility for this activity is shared by all staff.

A number of areas require further work including involving patients and the public in the Board's activities. The Board should ensure the systematic monitoring and evaluation of activities to inform best practice and shared learning across the organisation. External expertise and support should be sought when necessary to ensure the adoption of best practice, drawing on a range of organisations – such as the Scottish Health Council and Voluntary Health Scotland – and resources – such as the 'Starter Toolkit for Users of the National Standards for Community Engagement'.

Some of the key development areas from the 2004-2005 report remain to be addressed including the development and implementation of strategies, policies and plans relating to Support for Carers, Advocacy, Volunteering, Spiritual Care, and Engagement with the Voluntary Sector.

8

DEVELOPMENT ISSUES FOR 2006/2007

- The Board has made some progress on the key priorities identified through last year's assessment process. Further work is needed on all of these, paying particular attention to the development of robust mechanisms and organisational arrangements for monitoring and developing Patient Focus and Public Involvement and to the development and implementation of supporting and overarching strategies, policies and plans.
- NHS Boards are required to nominate a Designated Director for Patient Focus and Public Involvement to provide leadership and co-ordinate activities across the Board. This should involve the establishment of a governance structure to hold the Board's departments to account for delivering the statutory and policy requirements placed upon the Board. The membership of the group should therefore reflect all aspects of this agenda including Equality and Diversity, patient information, feedback and complaints, volunteering, advocacy and carers.
- Evaluation of all Patient Focus and Public Involvement activity, including feedback mechanisms and staff training so that NHS Boards can demonstrate more responsive care and service-user influence in shaping services.
- Ensuring shared knowledge and implementation of statutory guidance in relation to Patient Focus and Public Involvement across the organisation.
- Supporting staff to contribute to shared practice initiatives and regional and national networking opportunities.
- The Board should review how best to develop its links to existing networks including the emerging Public Partnership Forums.
- Ensure that information on the NHS Complaints procedure and relevant independent advice and support services are available.

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