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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 help us check the information provided by Boards, local staff and Local Advisory Council members have asked patients, carers and local communities about their experiences and how they were involved. This report is our assessment of NHS Borders based on the information provided by NHS Borders (including its staff), patients and the public.

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

This report does not include information on any significant service change carried out by NHS Borders. The Scottish Health Council will review this information in a separate report, which will include an assessment of NHS Border'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 Borders office.

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SUMMARY

NHS Borders has provided evidence of a wide and varied range of Patient Focus and Public Involvement from across the organisation.

Mechanisms have been developed to work with 'hard-to-reach' groups, including work to identify and involve people who are homeless and the development of a project for lesbian, gay, bisexual and transgender young people.

NHS Borders has worked in partnership with the community, voluntary organisations and the local authority, for example, to develop the Carers' strategy and has also worked with lesbian, gay, bisexual and transgender young people. The benefits of working with patients to improve their care have been demonstrated through the palliative care Pain Project. As a result of this joint working, pain management is more patient centred and teamwork and communication have improved. Patient Focus and Public Involvement is reviewed through the Managed Clinical Networks on an ongoing basis.

Interim arrangements have been put in place to assist and support people who wish to make a complaint. Mechanisms have also been developed to support staff to respond to feedback from patients, carers and members of the public, including input into staff induction training and ward meetings with the Complaints Officer.

The development of Patient Focus and Public Involvement activities across the area, including the Involving People Network, has been supported by the staff structure within NHS Borders, including the establishment of dedicated posts. The Public Governance Committee includes members of the public and representatives from the local authority. The Committee ensures the Board is meeting statutory and Patient Focus and Public Involvement responsibilities.

Good progress has been made against key priorities and development issues identified for 2004/2005. This has included the establishment of the Community Health and Care Partnership and continued development of the Public Partnership Forum. Steps have been taken to progress equality and diversity with the appointments of a Co-ordinator and a Lead Officer who will be responsible for the development of the Equality and Diversity strategy.

The Board has also made Patient Focus and Public Involvement training available to staff and patient and carer representatives.

Areas for development in 2006/2007 include: progressing the Public Governance Committee, continuing to develop the Public Partnership Forum, reviewing and updating the Patient Focus and Public Involvement strategy, implementing mandatory feedback training for all staff, expanding the Involving People Network, introducing Stonewall training, developing a Carers Information strategy, developing an Equality and Diversity strategy, and establishing an independent advice and support service.

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CONTEXT

3.1 Self Assessment

NHS Borders provided evidence from across primary and acute care, and throughout its geographical area.

3.2 NHS Board Issues

During 2005/2006 NHS Borders has continued the work of the In-Patient Redesign Project which began in 2004, covering the proposed redesign of NHS services across acute, mental health, learning disabilities, and community areas in Borders. This involved developing mechanisms for thirteen strands of work, which included the development of working groups with public representation and engagement with local action groups.

The 'Getting Fit for the Future' formal consultation on the proposals to close Jedburgh and Coldstream Community Hospitals and Hume Learning Disabilities Unit began on 21 November 2005 and concluded on 24 February 2006.

The Board, as with all Health Boards, has implemented a new staff employment policy – Agenda for Change.

3.3 Key priorities identified from assessment of NHS Borders' 2004-2005 submission and progress to date as reported by NHS Borders.

- **To agree new arrangements with the establishment of the Scottish Health Council and Local Advisory Council.**

There has been frequent dialogue between NHS Borders and Scottish Health Council Borders to discuss ongoing Patient Focus and Public Involvement work and progress of the In-Patient Redesign Project and 'Getting Fit for the Future' consultation.

- **The establishment of the Community Health Partnership and Public Partnership Forum and its inter-relationship with existing mechanisms and structures.**

The Community Health and Care Partnership has been established and terms of reference have been agreed. The Partnership includes representatives from

NHS Borders, Scottish Borders Council and the voluntary sector. A working group is developing arrangements to establish a Public Partnership Forum. A paper was presented to the January meeting of the Community Health and Care Partnership outlining the proposal for the initial set up of the Forum.

- **The continued development of a realistic and positive Equality and Diversity strategy.**

NHS Borders has appointed an Equality and Diversity Co-ordinator and Lead to develop the Board's Equality and Diversity strategy.

- **The promotion of a range of training modules.**

Training on Patient Focus and Public Involvement is available to staff and all patient and carer representatives.

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 NHS Borders' Patient Focus and Public Involvement self assessment included:

- review of documentary materials, such as evaluation reports, minutes of meetings, publicity material, Board website.
- face-to-face and telephone interviews
- questionnaires.

4.3 Stakeholders and Participants

A wide range of people and organisations contributed to the verification process. These included:

- patients and service users
- patient and carer representatives
- representatives from community and voluntary organisations, and the local authority
- NHS staff.

4.4 Review and Analysis of Data

The Patient Focus and Public Involvement self assessment was reviewed by local office staff and Local Advisory Council members. The examples selected for further verification included areas where:

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

After reviewing the supporting information for each example, the local officer identified key patient, public and community representatives and groups who would be able to support or challenge this information. Themes from the National Standards for Community Engagement were used to inform the

verification process (for example, the development of questionnaires and interview schedules).

The information gathered during the verification process was reviewed to identify key themes. These themes were used to inform the findings of this report.

5 OVERALL ASSESSMENT

NHS Borders provided wide-ranging and varied examples of Patient Focus and Public Involvement work from across the organisation including examples of working in partnership with community, voluntary organisations and the local authority.

5.1 Involving patients, carers and the public

The Board included evidence of varied approaches to Patient Focus and Public Involvement including how it developed its Patient Information strategy. NHS Borders provided examples of its work with 'hard-to-reach' groups including homeless people and lesbian, gay, bisexual and transgender young people.

Some examples did not make it clear how patients, carers or the public had been involved.

In anticipation of the guidance on arrangements for the provision of an independent advice and support, NHS Borders has supported interim arrangements. The development of Complaints action plans to identify and address specific issues highlighted from individual complaints, has enabled the organisation to identify trends.

5.2 Supporting Staff

The Board reports a variety of different approaches to support staff including the establishment of a clinical stakeholder group and the 'Calling the Shots' project. The project involved service users of learning disabilities services and their carers in the production of a training video for local authority and NHS staff, which is now available throughout Scotland. Work in progress includes training for staff in communication tactics for deaf people.

5.3 Monitoring Patient Focus and Public Involvement

NHS Borders notes that it works with young people with communication disorders to review and monitor performance through a 'traffic light' system.

5.4 Developing Patient Focus and Public Involvement

NHS Borders reports that it shares good practice for Patient Focus and Public Involvement within the organisation through, for example, the establishment of the Citizens' Panel within Scottish Borders Learning Disabilities Service and continued development of the Involving People Network.

5.5 Related Strategies

The Board has provided limited information about the Advocacy strategy although it notes work on identifying and addressing the gap in advocacy services for children.

Progress on the Carers' strategy, which is detailed under Section 6 of this report, has been delayed. NHS Borders is a partner in Scottish Borders Compact, which is the foundation of the Borders' Volunteering Policy.

6

VERIFIED EXAMPLES

6.1

How have staff and patients worked together to agree an individual's care and treatment?

The Board notes that patients, their carers, and staff have worked together on a project to design a pain assessment tool for people with cancer. The project aims to provide a more patient-centred service, to improve pain management and promote teamwork and improve communication.

What we did and who we involved

Interviews were held with a palliative care patient, NHS Borders Lead Cancer Nurse, a Nurse Consultant, and a District Nurse (involved with the Palliative Care Clinical Network and the initial pilot of the Pain Project).

What we found

The patient and carer reported that they were given the opportunity to speak and ask questions and were encouraged to participate fully in all the meetings. The Lead Cancer Nurse provided support, for example, by meeting with patients and carers prior to meetings. Patients and carers were also offered expenses and transport to meetings if needed.

It was noted that the process had been very well explained and the information given was clear and allowed patients and carers to fully participate. Patients reported that they were very happy to be involved in their own pain management as part of their care plan and thought the process was excellent.

Consensus with NHS Borders Report

The patient interviewed supported the Board's evidence that staff and patients worked together to agree an individual's care and treatment. Support was provided to encourage participation and the patient valued the opportunity to be involved.

Conclusions

NHS Borders has provided evidence of effective mechanisms of involving patients to improve their care. The Board should consider how it shares this practice across the organisation.

6.2 What progress have you made with your Carers' strategy?

NHS Borders has provided evidence of working in partnership to develop its joint Carers' strategy. The Carers Planning Group is chaired by Borders Voluntary Community Care Forum which is an independent voluntary organisation.

What we did and who we involved

Interviews were held with the Assistant Director for Planning and Performance who represented NHS Borders in the development of the strategy, a representative from Scottish Borders Council, the Co-ordinator of Borders Community Care Forum (who chairs the Carers' Planning Group), Borders Carers Centre, and a carer who sits on the Planning Group.

What we found

The Chair of the group noted that the four carers who sit on the group have shown a high level of commitment, which has kept Scottish Borders Council and NHS Borders officers focused. Borders Voluntary Community Care Forum provides support for carers on the group as well as all expenses. The Chair believes that the Forum has driven the process and if the Forum had not led this group the strategy may not have been a priority for Scottish Borders Council or NHS Borders. Commenting on the process, the Chair said that meetings had worked well but it had taken a lot of time to finalise the written strategy because of a lack of available time on the part of officers from NHS Borders and Scottish Borders Council.

The Carers' Centre reported that they were approached at the very beginning to join the Carers' Planning Group. They attended meetings and contributed towards the document, and fed in carers' views to influence the strategy. They said they were able to participate fully and felt that the joint working between carers, Scottish Borders Council and NHS Borders had worked very well. They felt that, up until last year, this had been a good example of joint working. When asked if there was any part of the process they felt had not worked well they said that it could be difficult to keep carers engaged over such a long period of time, and that because of changes in staff at both NHS Borders and Scottish Borders' Council it had meant that they had lost a whole year. However, this had also meant that recommendations from the Kerr Report could be included.

A carer who also sits on the Planning Group said that they had been invited on to the group after being a member of the Carers' Centre Management Committee. They said that they felt that meetings had been dominated by the officers but felt that their contribution was valued.

Consensus with NHS Borders' Report

Progress has been reported by NHS Borders. The Board also acknowledged difficulties experienced due to lack of available time on the part of officers, which have now been rectified.

Conclusions

The Board may wish to consider how it will monitor and evaluate this project to ensure that it demonstrates the benefits of working with partners.

6.3 How have you reviewed your Patient Focus and Public Involvement framework?

Public Involvement in NHS Borders is reviewed by the Generic Managed Clinical Network office. The review is ongoing and involves patient and carer representation membership of the steering and subgroups. The Board reports that Patient/Carer and Public Involvement is a standing item on the steering group agenda which provides an opportunity to discuss and identify any issues that arise, including the role and contribution of patient and carer representation.

What we did and who we involved

Interviews were held with a patient and carer representative from three Managed Clinical Networks and the Network Development Manager from the Managed Clinical Network Office.

What we found

The patient and carer representative from each of the Managed Clinical Networks for diabetes, coronary heart disease, and palliative care all expressed satisfaction with the level and experience of involvement. They reported they had been approached to become a representative on the steering groups while they were still using the service. All were involved from the start of their specific Network, were made to feel welcome at meetings, encouraged to participate and felt they were treated as an equal partner. All noted that they felt the inclusion of patients and carers had worked well. When asked what they felt did

not work well, one reported that some healthcare professionals did not simplify presentations, which could lead to possible misinterpretation.

Consensus with NHS Borders' Report

NHS Borders has reported that it involved and actively encouraged patient and carer involvement from the start of the Managed Clinical Networks. This has been reflected in the feedback received from patient and carer representatives.

Conclusions

This example demonstrates the benefits of reviewing Patient Focus and Public Involvement on an ongoing basis. The Board should consider how it will review information to ensure it remains accessible and clear.

6.4 How do you support staff to respond to patient and public feedback?

The Board notes how the Complaints Officer supports staff to respond to patient and public feedback including meeting with staff to discuss how to respond to feedback and complaints from patients, relatives, and carers.

What we did and who we involved

Interviews were held with the Complaints Officer for NHS Borders and the Public Involvement worker who currently provides support to patients, carers and the public through the Complaints procedure.

What we found

The Complaints Officer supports staff by attending staff and ward meetings and identifying issues for training, and further work is planned to provide mandatory training to all staff covering issues such as communication and support mechanisms.

Further input from the Complaints Officer regarding feedback and complaints is provided during staff induction training. This session is run jointly by the Complaints Officer and the Training and Development Department. Material provided at these sessions includes information on cultural awareness, and a guide to effective complaint handling.

Other initiatives the Complaints Officer used to support staff includes a network of suggestion boxes around Borders General Hospital, which are accessible to members of the public and staff. A suggestions board has recently been

launched at the Hospital reception area. The suggestions board will enable people to see some of the suggestions and the responses the Board has made.

Consensus with NHS Borders' Report

NHS Borders has put in place a range of mechanisms to support staff, from meeting with the Complaints Officer to providing input during staff induction training.

Conclusion

NHS Borders has provided evidence of the support it offers to staff to respond to patient feedback. The Board should consider how it evaluates this support to ensure this it is responsive to staff needs.

6.5 How have you worked with 'hard-to-reach' groups?

NHS Borders Health Promotion Department supports LGBT Youth Scotland to co-ordinate an outreach project to work with lesbian, gay, bisexual and transgender young people in the Borders area. In 2003, a gap was identified in services for lesbian, gay, bisexual and transgender people in Borders. Planning for the outreach project involved young lesbian, gay, bisexual and transgender people, the Forum of Voluntary Youth Services, the Dry Dock, NHS Health Promotion staff, and Borders Voluntary Youth Work Forum. Young people were also involved in the development of the work, for example through the 'Voice of My Own' project.

What we did and who we involved

Information was provided by the Senior Health Promotion Officer in NHS Borders who took the lead for this work and the Borders Area Manager at LGBT Youth Scotland.

What we found

Young people involved in the project were given travel expenses through LGBT Youth Borders. Some venues for the 'drop-in' sessions were more accessible than others and alternative arrangements were made.

The Health Promotion Officer noted that lessons learned from this work included engaging with young lesbian, gay, bisexual and transgender people in Borders in a safe and confidential way. Other difficulties related to ensuring that young people recognised that support was available.

The manager for Borders area felt that NHS Borders had worked in partnership with LGBT Youth Scotland in Borders.

LGBT Youth Borders organises four regular fortnightly groups in different locations across Borders for young lesbian, gay, bisexual and transgender people. The groups provide an opportunity to get involved, meet new people and receive advice and support.

Consensus with NHS Borders' Report

A variety of methods have been used to identify and engage with young people and this appears to have worked well. It has meant that those who do not want or do not yet have the confidence to attend group meetings can still access advice and support through other means.

Conclusions

NHS Borders has demonstrated the benefits of partnership working and put in place mechanisms to engage with 'hard-to-reach' groups. The Board should consider how it will roll this out across the organisation.

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OVERALL CONCLUSIONS

NHS Borders has demonstrated the value of working in partnership with the community, voluntary organisations and the local authority, and developed mechanisms to engage with 'hard-to-reach' groups, in particular lesbian, gay, bisexual and transgender young people. The Board has also demonstrated effective mechanisms to work with patients to improve their care through the palliative care Pain Project, and the benefits of reviewing Patient Focus and Public Involvement on an ongoing basis.

Mechanisms have been developed to support staff to deal with feedback from patients, carers and members of the public including induction training for staff and ward meetings with the Complaints Officer.

NHS Borders has been responsive and demonstrated good progress against key priorities identified in the 2005 Performance Assessment Framework. This has included frequent dialogue between NHS Borders and the Scottish Health Council through regular meetings to discuss ongoing Patient Focus and Public Involvement activities, the establishment of the Community Health and Care Partnership and continued development of the Public Partnership Forum. Steps have been taken to progress equality and diversity with the appointments of a Co-ordinator and a Lead Officer to take forward the development of a realistic Equality and Diversity strategy. The Board has also made Patient Focus and Public Involvement training available to staff and patient and carer representatives.

The staff structure within NHS Borders, which includes dedicated posts for Patient Focus and Public Involvement activities, seems to have underpinned the Board's progress. For example, staff have supported the development of the Involving People Network, patient and carer representatives, and the Public Partnership Forum. The establishment of the Public Governance Committee, which sits at the core of NHS Borders alongside the other Governance Committees, has strong lay representation and a local authority presence, and provides a mechanism by which NHS Borders can ensure it is meeting statutory and Patient Focus and Public Involvement responsibilities.

8

DEVELOPMENT ISSUES FOR 2006/2007

All Boards are asked to consider the following generic issues in addition to issues raised by this year's assessment.

Generic issues:

- Evaluate all Patient Focus and Public Involvement activity so that NHS Boards can demonstrate more responsive care and community influence in shaping services.
- Ensure shared knowledge and implementation of statutory guidance in relation to Patient Focus and Public Involvement across the organisation.
- Support staff to contribute to shared practice initiatives and regional and national networking opportunities.
- Continue to develop the Public Partnership Forum.
- Develop, with partners, an independent advice and support service which meets the needs of complainants and complies with Scottish Executive Health Department policy.

Issues from this assessment

- Continue development and progress of the Public Governance Committee and review and update NHS Borders' Patient Focus and Public Involvement strategy.
- Ensure continuation of the work developed by the Complaints Officer in supporting staff to deal with feedback from patients, carers and members of the public and implementation of a full day's mandatory training for all staff.
- Continue to develop and expand the Involving People Network to ensure a wider and more varied base of patient, carer, and public representatives.

- Continue to develop work with lesbian, gay, bisexual and transgender young people and introduce Stonewall training to support mainstreaming of services.
- Sign off the Joint Carers' strategy and develop an NHS Carers' Information strategy.
- Continue to develop a realistic Equality and Diversity strategy.

