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Section 1: Forward

As the Designated Director for Patient Experience in NHS Shetland it gives me great pleasure to present this Annual Report.

The Report outlines some of the key activities undertaken to promote public engagement in both the planning of services and in service delivery. This year we have included more information about the breadth of patient involvement and public engagement activities that have taken place across the organisation.

Significant emphasis has also been placed on looking for ways in which we can gather patient stories and experiences so that we can use this information to improve our services. We are in the early stages of developing a toolkit for staff so that we can develop their skills in seeking feedback and using this information to improve care and services.

This is NHS Shetland’s sixth annual report on Patient Focus Public Involvement activity and so whilst it reflects the work we have completed in 2011-12; the Board has continued to progress the activities described in our Improvement Action Plan. This plan was put in place following feedback from the Scottish Health Council (SHC) on our Self Assessment against the Participation Standard which was conducted in March 2011.

Progress with our patient and public engagement activities will be considered by the Minister for Public Health and the Director General Health, Scottish Government as part of the Board’s Annual Review process which will take place in June 2012. This will also be another opportunity for patients and the public to give us feedback and I look forward to presenting the work we have undertaken on behalf of staff, patients and the Board.

Finally, I would like to take this opportunity to thank the individual members of the public who have given freely of their time to contribute to the work of the Board and the overall enhancement of local services for the people of Shetland.
We have seen a year on year increase in volunteers who support a wide range of activities including supporting patients in hospital and the community, working with support services and providing advice and feedback on services through steering groups and committees. Your input is invaluable and has helped shape a number of service improvements, which are set out in the annual report.

A list of all the groups/Committees which have lay representation is included in Appendix 1 for your information.

Kathleen Carolan  
Director of Nursing, Midwifery & Allied Health Professionals  
Designated Director for Patient Experience, Quality, Governance & Safety
Section 2: Introduction

The NHS Scotland Healthcare Quality Strategy which was launched in 2010 has strengthened the government’s commitment to mutuality and quality in service provision. One of the Quality Strategy ambitions is that NHS Scotland is person-centred and provides services that put people at the heart of service provision.

The Strategy states that “there will be mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision making”.

The Institute of Medicine (2001) Six Dimensions of Quality are core to the Quality Ambitions. The six dimensions are as follows:

1. **Safe**: Avoiding injuries to patients from the care that is intended to help them.
2. **Effective**: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit. Doing the right thing, for the right person, at the right time.
3. **Person-centred**: Providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions.
4. **Timely**: Reducing waits and sometimes unfavorable delays for both those who receive and those who give care.
5. **Efficient**: Avoiding waste, in particular waste of equipment, supplies, ideas and energy.
6. **Equal**: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socio-economic status.

The 6 dimensions of Quality, combined with the Quality Ambition of mutually beneficial partnerships between patients, families and healthcare staff, supports the NHS Shetland aim of delivering excellence in healthcare planning and service provision in full partnership with other agencies and with the public in general.
NHS Shetland’s approach to engagement is underpinned by a number of principles, namely that individuals are:

- Listened to, heard and responded to;
- Feel able to be involved at whatever level they choose, no matter what their age, gender, race or ethnicity, disability, sexual orientation, religion, belief or life stance;
- Feel their contribution is valued;
- Are encouraged to take part in creative, innovative and flexible ways;
- Know what we have done as a result of their involvement and when we do not act on information or a suggestion they understand why;
- Are clear about their rights and responsibilities;
- Receive the help and support they need to play a full part in their health and healthcare;
- Feel confident that the impact of any changes we make, through their suggestions, will be fed back to them.

The following sections in the report describe the work we have undertaken to evidence that we are meeting the principles of engagement.
Section 3: Structure to Support Patient Focus Public Involvement Activity

Within the Board the following structure is in place to lead and direct Patient Focus Public Involvement activity:

- Designated Director for Patient Experience;
- PFPI Steering Group; and
- Public Partnership Forum.

3.1 Designated Director for Patient Experience
Within each NHS Board area there is an Executive Director who has overall responsibility for the delivery of the quality of the Patient Experience. Kathleen Carolan, Director of Nursing, Midwifery and Allied Health Professionals (NMAHP) is the designated director for patient experience.

The Designated Director has an overview of the quality of services provided, by ensuring that appropriate monitoring and evaluation of services takes place. Feedback mechanisms, both informal and formal, for example comments and suggestions scheme, feedback on individual services, and formal complaints, are used to highlight areas of concern/issues to patients. Having received feedback, action is then taken to address any areas of concern raised.

The patient experience programme is supported by the Assistant Director of Nursing (Community), Miss Edna Mary Watson, who is the PFPI Lead and supports the practical delivery of patient engagement in services throughout the Board.

3.2 Patient Focus Public Involvement (PFPI) Steering Group
The PFPI Steering Group is the Board’s main group for developing and co-ordinating the principles of Patient Focus Public Involvement. This group is also a source of advice for members of staff who wish to engage with lay members. The group has a lay Non-Executive Board member as Chair and has a lay membership which is one-third of the group’s overall membership.

The group meets 6-8 weekly and has core representation from a wide range of professionals, on an interagency basis along with lay membership. Each Steering Group agenda has a section devoted to lay member issues thus enabling the lay representatives to raise any matters of concern to them. An open
session for lay representatives is held before each Steering Group meeting to ensure that lay representatives have the opportunity to raise issues of concern, or seek further clarification on issues in a private supportive environment.

3.3 Public Partnership Forum
Whilst the inaugural meeting of the Public Partnership Forum (PPF) was held in August 2010, a number of difficulties were experienced in 2010/2011 in securing a lay Chair for the group. This led to the agreement in January 2011 that the PFPI Lead would become the Interim Chair of the PPF until it became established on a more substantial basis.

In 2011/2012 the PPF has met as a Forum on 6 occasions and a variety of areas of service development and service delivery have been considered. This has included ongoing work to support the development/implementation of projects from NHS Shetland’s Clinical Strategy, developing the Dental Strategy, Community Health and Care Projects, for example, developing the Respite Strategy and other NHS Board partnership projects for example the Scottish Ambulance Service Scheduled Transport Service and the Community Alcohol and Drugs Services Shetland (CADSS).

The PPF database of members is kept up to date and members are given the opportunity to contribute to key areas of work, respond to national and local consultations as well as to participate in various aspects of the Board’s work, for example Board Committees and groups. Further details of the work considered by the PPF can be viewed in the PPF’s first Annual Report which can be seen in Appendix 2.

In Shetland the role of the PPF is to

- Inform local people about the range of health and social care services that are provided locally;
- Engage local service users, carers and the public in discussion about how to improve Community Health and Care Partnership (CHCP) services;
- Support wider public involvement in planning and decision making about public services; and
- Broaden and deepen public involvement through developing new networks.
Further work will be undertaken in 2012/2013 to actively sign up more members to the PPF. The PPF increasingly plays a key role in the provision of lay involvement in projects across the Community Health and Care Partnership as well as the NHS Board and therefore it is important that the membership remains healthy, and is reflective of the diversity of the local population. In particular, we will seek to build stronger links with local groups such as community councils in order that we engage with communities in a way that means the topics for discussion are more relevant (e.g. remote and rural versus central service issues).

A diagram illustrating the relationships between the key groups with a responsibility for patient focus public involvement activity is included in Appendix 3.

There is some cross cover in terms of membership between the PFPI Steering Group and the PPF with both some lay representatives and the PFPI Lead being actively involved in both groups. This supports good two-way communication between both groups and helps co-ordinate the work which is taken forward.
Section 4: Patient Focus Public Involvement Activity

This section seeks to outline some of the Patient Focus Public Involvement activity which has taken place across the Board area in the last year.

4.1 Improving Health Literacy

The following activities have been progressed:

Written Health Information

One of the key functions which the PFPI Steering Group has supported over the years is to provide feedback on written health information. Staff who have developed patient information materials have had the opportunity to attend the Steering Group, present their information and receive feedback on the user friendliness of their information. This has helped to ensure that the information is fit for purpose and is a process which is welcomed both by the authors of the information as well as the lay representatives who actively contribute to the development and review of the health information.

Examples of information discussed at the PFPI Steering group include

- Information on Displaying of Infection Control results at ward level,
- Health Visiting services leaflet,
- Thinking about coming to Out-Patients,
- “Taking Care of Your Legs” guidance for patients with poor circulation,
- Spiritual care service and
- Supportive Footwear and Orthoses.

Alternative format resources

NHS Shetland states on all of its literature that it is available in a range of languages or formats upon request. The public can readily access general information in alternative formats by contacting Corporate Services at Board Headquarters or via the Board’s website.
To support clinical care, staff can provide relevant literature in different languages or utilise the services of Language Line, or Video signing. This supports clinical consultations with individuals who do not have English as their first language or who have a disability which makes accessing services more difficult.

**Targeted mass media campaigns**

Over the last year the Public Health Department have prepared a number of briefings to promote public health in Shetland. This has included a campaign on Drink Better during the Tall Ships visit (July 2011), “The Facts of Life” - Sexual Health advice in Sexual Health week (September 2011) and Bowel Screening in Shetland (September 2011).

The Bowel Screening campaign was supported by an article in the Shetland Times by a well known local musician who talked about his experience of having cancer detected early through the screening process. Following this publicity, the Lerwick Health Centre also reported an increase in patients coming forward, who had not yet received their screening kit, asking about the programme and where to obtain a kit.

**Scottish Health Council Activities**

Over the last year the Scottish Health Council Local Officer has undertaken a number of initiatives to help support increasing the public’s awareness of opportunities to become involved in the work of the Board. This has included the development of a Resource Box which provides a range of information on Public Involvement activity from policy documents, to information on what is happening in NHS Shetland as well as highlighting opportunities for individuals to become involved with the work of NHS Shetland. A copy of this Resource Box is held in the Staff Development Library as well as in the Public Library to increase the public’s access to information on involvement opportunities.

The Local Officer has also attended many local organisations and community events to help raise the profile of getting involved. This has included targeted approaches to local businesses, for example, participating in the North Ness Health Fair, and a Shetland College open session, as well as the local agricultural shows and Sunday teas.
4.2 Improving Clinical Decision-Making

The following activities have been progressed:

Clinical Strategy
In February 2011 the Board approved its Clinical Strategy and work commenced to implement some of the initiatives developed through the consultation process. Programme Managers were established for each of the following 5 Workstreams:

- Primary Care
- Integration of Health and Social Care
- Hospital services
- Child and Family Health
- Partnership Working

All of the work streams had projects which would improve clinical decision making, eg development of an integrated Child and Family Health service, leading to more integrated team working which better supports vulnerable people. Implementation of a 24/7 Community Nursing service provides better support of patient’s nursing needs in a community setting across the 24 hour period, and implementation of a locally based Elective Caesarean Section service thus enabling women, where clinically safe and appropriate, to have their baby delivered in Shetland by Caesarean section as opposed to having this procedure booked for NHS Grampian.

Pharmaceutical Practices Committee
Over the last year, four applications were received to open Pharmacies in Brae, Levenwick and Scalloway (2). The Board set up a Pharmaceutical Practices Committee to review and consider the applications. Lay representation was key to this process. The Pharmaceutical Practices Committee considered each of the applications and made site visits, prior to hearing each proposal for the establishment of a Pharmacy in the respective area. Three of the four applications were approved. However, Levenwick subsequently withdrew their application and thus only the Brae and the independent Scalloway application are being progressed.

The opening of Pharmacies in the Brae and Scalloway areas will enhance the level of pharmaceutical care available to residents in these areas as well as increase individual’s access to schemes such as the Minor Ailments Scheme and the Chronic Medication
Scheme. All of this should enhance the efficiency of clinical decision-making for patients.

**Dental Strategy**

The Board has developed a Dental Strategy for Shetland for 2012-2015. This strategy has been developed with public engagement being achieved through a number of routes, for example, Dental Reference group developed consultation methods and a communication plan, PPF for wider contribution to the consultation plan and by seeking feedback to an open public questionnaire which was distributed via an insert in the Shetland Times.

The Dental Strategy outlines the development of a skill mix within Dental teams which will lead to treatment being planned and directed by Dentists but other professional staff will implement, for example Dental Nurses, Dental Therapists, Dental Hygienists.

The Dental Strategy will be presented to Shetland NHS Board for approval in June 2012.

**Palliative Care**

Throughout 2011-2012 the Board has continued to progress activities to support end of life care for individuals. This has included the implementation of the Liverpool Care Pathway which provides a detailed plan of care for the expected last 3 days of a person’s life. In addition to the implementation of this pathway across primary care and hospital services, work has been undertaken to implement “just in case” boxes.

Just in case boxes are boxes which contain equipment and medication to support patients in their last few days of life. These boxes are taken to people’s houses when they are reaching the end of life so that all medication and equipment which might be necessary are readily available to help support the patients plan of care and thus enable the care needs of individuals to be met ensuring that they have as comfortable and as peaceful death as possible.
4.3 Improving Self-care
The following activities have been progressed:

Self Management Education and Support
Across NHS Shetland work is being undertaken to support individuals living with chronic conditions to better manage their condition and thus the impact which this has upon their life. Over the last year a number of patient leaflets and support materials have been developed by the Mental Health Services to support individuals with various Mental Health issues eg Anxiety management, stress, anger management, sleep problems, Self esteem and Depression.

Self management groups and peer support
A range of groups exist which provide either self help or peer support. Details of these are made widely available by a range of sources locally, for example via Health Centres, individual clinicians, Voluntary Action Shetland and through the Shetland Times.

The self management groups which are supported by healthcare staff and partner organisations include:
- Neuro-rehabilitation classes aimed at improving balance, mobility and fitness have been provided by physiotherapists and fitness instructors from Shetland Recreational Trust;
- Cardiac rehabilitation classes and support group provided by the specialist nurses and fitness instructors from Shetland Recreational Trust;
- Aphasia Support group, sponsored by Shetland Stroke Support Group, with input from Speech and Language Therapists, Stroke Liaison Nurse and trained volunteers; and
- The Juvenile Diabetes Trust is active in Shetland and expressions of interest have been noted in starting a Diabetes support group for adults

Patient centred telecare
Work continues to increase the use of telecare solutions to support individuals to live independently in their own homes. This initiative is provided in partnership with the Local Authority and utilises a range of equipment to support individuals in their own home with a range of activities from everyday living skills, for example medication administration systems, to alarm systems for their own
safety, for example use of door alarms for individuals with Dementia, and Homelink system for individuals who are at risk of falling and thus need to be able to call for assistance.

Initial work has commenced to develop a pilot of the use of telehealthcare equipment on the remote island of Foula. This equipment should support the transfer of patient data in real time as well as being able to hold a simultaneous clinical consultation with the GP at Walls via the units’ integral video-conferencing facility. If the pilot is successful this has the potential to revolutionise the way services are provided on the outer isles by increasing access to a range of professionals and to clinical consultations without the islanders having to travel from their home.

4.4 Improving Patient Safety
The following activities have been progressed:

Infection Control
The environmental audit which is undertaken in all clinical areas has been revised to include questions which are aimed at patients and their families for feedback on the physical environment, including the cleanliness of the hospital and the clinical areas. Feedback from patients and families has been positive and all observations and potential practice issues have been returned to the Senior Charge Nurses (SCN) for action.

The Infection Control Nurse (ICN) has worked with the PFPI Steering Group to develop posters which describe current performance with infection control standards for display in public areas of the hospital. The ICN has also actively raised awareness of infection control issues through a national campaign and made information materials available via an information stand based in the hospital.

The Control of Infection Committee (CoIC) now has a lay representative amongst the members who provides feedback and advice. The CoIC is also looking at ways of increasing lay and volunteer involvement.
Scottish Patient Safety Programme (SPSP)
The Patient Safety programme has continued across Scotland during 2011-2012. This is the first example of a national Patient Safety programme anywhere in the world. NHS Shetland has been involved in the programme since 2008.

One of the key goals of the Programme is the reduction in avoidable harm to patients who are using Health Services in Scotland.

During 2011/12 we have seen several changes in the way that the Programme is managed locally, but no change to the overall goal of improved patient safety.

- The Programme of leadership walkrounds has continued with agreed actions being completed during the year. The walkrounds are now regularly supported by a lay member which is proving very valuable.
- We have implemented a new Paediatric Patient Safety workstream which has included a review of the children’s Emergency Warning Score. This is a process that quickly identifies deterioration in the child’s clinical condition.
- We have commenced the workstream designed to reduce harm from Venous Thromboembolism (VTE)/blood clots and sepsis.
- We have participated in events for Board members, to share learning and key patient safety issues with other Board members across Scotland.
- The full range of Patient Safety Programme measures are now recorded on the Board Performance monitoring system allowing them to be more widely shared.
- We have reviewed the safety measures which are in place and agreed a reduced monitoring schedule where achievement of the measure has been sustained.
- We have identified areas in medicines management where we would like to make improvements and are currently testing an improvement tool to help us with this.
The Patient Safety Programme will be continuing for at least two further years, for both the existing and planned workstreams, and we will continue to work with both local and national teams to make the changes that will deliver improved patient safety.

**Protecting the Vulnerable**
Over the last year the NHS has started to implement the Protecting Vulnerable Groups legislation. The Protecting Vulnerable Groups scheme is for people who carry out certain types of work with vulnerable groups either as paid staff or volunteers.

All staff who have contact with vulnerable groups are required to have a criminal records check to ensure that there are no reasons why they cannot be allowed to work with vulnerable groups. This check along with the pre-employment checks, for example, taking up of references, professional registration check and Occupational Health clearance should help with securing patient safety across the Board area.

The same rigorous approach to information checks are adopted for volunteers who are going to be in the clinical areas amongst patients.

4.5 **Improving Access**
The following activities have been progressed:

**New modes of Communication**
Despite efforts to improve the access to GP appointments at the Lerwick Health Centre negative feedback continues to be received from patients. Leaflets outlining the services available and how to access care have been developed, and a text messaging system implemented to remind individuals of their GP appointment. Further work will be undertaken in 2012/2013 to address the access issues at Lerwick Health Centre.

**Remote Telehealthcare**
The planned pilot of telehealthcare facilities on Foula has been described earlier in the report. The outcome of this pilot will influence the future use of telehealthcare facilities to support the delivery of patient care in remote island settings.
Work is ongoing to develop new ways of working which includes the use of telehealthcare communications to support the delivery of clinical care remotely, for example pilot of use of iPADs and digital pens to support completion of With You for You assessments in the Community setting, investigation of professional to professional communication approach to support integrated working of the Scottish Ambulance Service with local NHS staff.

**Spiritual Care**
Since NHS Shetland appointed its first fulltime Healthcare Chaplain in January 2011, there have been several developments in the spiritual care offered to patients and staff. The service is open to everyone, whatever their personal beliefs and philosophy of life, and is offered to people both in hospital and in the community. The help has been much appreciated by those who have used the service so far.

Work has included:

- Helping patients, and those who care for them, with special (but not exclusive) focus on those with long term and life-limiting illnesses;
- Developing NHS Shetland’s bereavement care service;
- Preparation of bereavement support packs;
- Helping families to arrange funeral services; and
- Helping NHS Shetland staff with work related or personal issues.

During the coming year, it is intended to expand these activities further for the benefit of patients and staff.

**Individualised Care – Supporting Equality and Diversity**
NHS Shetland recently published its revised vision, values and Board Objectives, including the renewed values, to be

- Equitable – taking account of, and valuing, diversity, promoting equality, and fairness;
- Person-centred – in the partnerships between patients, their families and those delivering healthcare services, respecting individual needs and values, and demonstrating care and compassion, continuity of care with clear communication and shared decision making.
The Equality Act 2010 reaffirms that every patient should be treated as an individual and be treated with dignity and respect. Individuals have the right to be treated fairly and not to be discriminated against on the grounds of
- Disability
- Gender reassignment status
- Marriage and civil partnership status
- Pregnancy and Maternity
- Race
- Religion or belief
- Sex
- Sexual orientation.

NHS Shetland is a major employer, as well as service provider, and thus the Board recognises that individual staff preferences and choices should also be respected. Staff members will also be treated fairly against the “protected characteristics” noted above.

The Diversity Taskforce has worked to assure the Board that there is no illegal discrimination present in our services and that we continue to be proactive in ensuring equality of access to services.

To date there have been no complaints raised about discrimination, however, we remain conscious that we must not become complacent in this area.

Performance
The Scottish Government measures the performance of the Board against a range of Standards and Targets, upon which the Board is expected to demonstrate progress year on year. A number of these targets relate to access to services, for example reduce the number of accident and emergency attendance rates by redesigning services and creating new patient pathways which support the delivery of the shifting the balance of care agenda to delivering services in a community setting, where ever possible.

An update on the Board’s performance against these targets is displayed on the Board’s scorecard. This scorecard is prepared for each Board meeting and thus the information is widely available to the local population.
4.5 Improving the Care Experience

The following activities have been progressed:

Better Together National Patient Experience Project
During 2011/2012 work continued to implement the action plans in response to the results of the 2010 GP and in-patient surveys. In addition a new action plan was developed with staff and public engagement in response to the results of the 2011 in-patient survey. The action plan addresses the 5 areas where NHS Shetland had the lowest scores. These areas included:

- in-patients being made aware of the nurse in charge of the ward area,
- being advised of the length of time that patients might have to wait in Accident and Emergency,
- experiencing noise in the ward at night,
- danger signals to look out for when they went home and
- feeling involved in decisions about care and treatment.

It should be noted that whilst as a Board we were asked to action plan on the lowest 5 scores that the local results in these areas were generally better than the results in other Board areas.

The action plans were developed and approved via the local Better Together Implementation Team which has lay representation and were subsequently endorsed at an open meeting of the Public Partnership Forum.

Patient Opinion
In January 2012 NHS Shetland went live with a pilot of Patient Opinion, which is an online feedback mechanism which the public can use to feedback on their experiences of healthcare. Whilst the tool is a web-based one there are opportunities for individuals to feedback comments either by filling in a hard copy leaflet or by telephoning Patient Opinion direct.

This feedback mechanism provides members of the public with the opportunity to make real time comments on their experience. The Board can then respond to any postings received. As the feedback tool is electronic the posting and the response from the Board is publicly available for all to see. This can have an impact upon how the Board and the services it provides are viewed by the public.
Most of the comments received on Patient Opinion have been very positive, however, the areas where people have noted poor service provides an opportunity for the Board to review that area/issue and put in place any measures possible to improve the service for the future.

Advocacy
NHS Shetland jointly commissions an advocacy service with the Local Authority. The service is provided by the Independent organisation Advocacy Shetland and can support individuals on a Shetland wide basis where there is a need for independent advocacy whether that is in relation to services provided by the Local Authority or NHS Board.

Complaints
NHS Shetland operates a formal complaints scheme which can be used by the public to raise any concerns about the treatment or service they have received. All complaints received are investigated fully and are used as a learning opportunity for the Board.

Volunteering
The Assistant Director of Nursing (Hospitals) leads the work in relation to volunteering and has successfully supported and orientated 47 volunteers to a range of activities across the Board area which can enhance the service provided to patients. This includes companionship, and befriending, and practical support such as ward helpers and transport.

In 2011/2012 work has also commenced towards re-accreditation for Investors in Volunteering Award, which will be reassessed in 2012/2013.

National Reviews
NHS Shetland contributes to national reviews of services. In 2011 lay representatives took part in the review of Breast Cancer Screening across Scotland and lay representative comments have been submitted towards the national review of staff uniforms.

The lay representatives noted the complexity and challenge that participating in the national review of Breast Screening had presented them with but were pleased to note that the outcome of
the review had meant no proposed changes to the 3 yearly mobile screening programme which is delivered locally by NHS Grampian.

Partners
NHS Shetland is also pleased to note that they worked in partnership with the Special Board, Scottish Ambulance Service (SAS), to develop the SAS Strategic Options Framework for presentation to Shetland NHS Board in June 2012. This strategic document will outline how both the Boards work together to enhance service provision throughout Shetland.

The SAS have also used the Public Partnership Forum as a mechanism by which to engage with the local population on the re-procurement of the Air Ambulance service as well as to discuss the new Patient Transport Service.

4.7 Improving Service Development
The following activities have been progressed:

Patient Participation Groups
Throughout Shetland some of the Health Centres have well established patient participation groups. The activity of these groups is variable with some having a predominantly fundraising role whilst others focus on care and service development.

The Scottish Health Council Local Officer conducted a scoping exercise in 2011/2012 to establish the position of Patient Participation Groups across primary care. Work will be undertaken by the Scottish Health Council Local Officer, PFPI Lead and Service Manager Primary Care in 2012/2013 to actively promote the development of a group at each Health Centre with support and advice being provided to those who actively wish to develop a Patient Participation Group.

Reablement and Development of Respite Strategy
The Rehabilitation Co-ordinator attended the Public Partnership Forum to discuss with the public re-ablement as a concept and how to promote this within the local community as an approach that is beneficial to the individual and their family/carers by helping individuals to maintain their independence for as long as possible. Plans were discussed, and supported, regarding the use of local patient stories in the Shetland Times to highlight the experience
and difference made to the individual's life by adopting a re-ablement approach.

The development of the Respite Strategy is being led by the Rehabilitation Co-ordinator who has sought to involve the members of the Public Partnership Forum to help inform it's development. A full discussion was held on what respite meant to the members of the PPF and advice sought on how to engage the local community in understanding about the concept of respite, especially the fact that there could be a whole range of services that provide “respite” for individuals and their carers and thus it is not solely about a residential placement in a care centre.

Annual Review
Members of the public were invited to participate in the Board’s Annual Review. As this was the first year where there was no Minister present for the review a different format was adopted with an open session being held for the public. This open session provided an opportunity to inform members of the public of some of the service developments which had occurred in the last year. Presentations were given in relation to Dementia Services and Re-ablement, with presentations from the voluntary sectors covering Alcohol and Drugs services and Befriending schemes.

Lay representation
NHS Shetland already has lay representation on a number of groups across the Organisation, for example Nutritional Care group, PFPI Steering Group, Managed Clinical Networks, and Mental Health Partnership. Work continues to progress the involvement of lay members in all groups and in activities arising from the groups, such as the Cleaning Inspections, and Leadership Walkrounds in secondary care.

We aim to have some lay representation on all groups and therefore we will continue to progress this over the coming months and years.
Evaluation
Evaluation of activities which involve the public is routinely carried out across NHS Shetland. At each PPF meeting, feedback is sought on the session and this is used to inform or revise the content or format of future sessions. The Scottish Health Council Local Officer collates and prepares a report of all the feedback received. This creates a degree of independence in our feedback mechanism. Feedback from events is also considered by the PFPI Steering Group where there is the opportunity for additional lay feedback on proposals developed.
Section 5: Verification by the Scottish Health Council

Following the verification by the Scottish Health Council of the Participation Standard Self Assessment in 2009/2010 Board’s were asked to develop an Improvement Action Plan, focussing on the demonstration of outcomes, to improve on areas where they scored least well in the assessment. NHS Shetland developed an Improvement Action Plan and following discussion and agreement with the Performance Analyst, Scottish Health Council have worked on implementing these actions in 2011/2012.

Whilst Board’s were asked to develop and share these Improvement Plans with the Scottish Health Council it was noted that there would be no formal assessment process for these in 2011/2012.

NHS Shetland Improvement Action Plan can be viewed as an addition to the PFPI Workplan for 2011/2012 in Appendix 4.

As there was no planned formal assessment process, NHS Boards were asked to provide commentary in their Local Delivery Plan submission with regards to their Patient Participation work.

The information submitted to the Scottish Government is noted below

“Participation

In relation to public involvement and engagement, the Scottish Health Council reviewed the NHS Shetland 2010/11 self assessment against the national Participation Standard and, based on all the supporting evidence supplied, agreed the current levels of performance in relation to Patient Focus, Public Involvement and Corporate Governance of Participation. Key areas of activity, which are set out in our PFPI improvement plan are:

- Continuing to build our training and awareness raising programme for staff in respect of patient involvement and public engagement – this has included a refresh of our training programme, the development of a resource toolkit and a learning event supported by the SHC;
• Refreshing our PFPI Strategy which was completed in March 2011;
• Continuing to support and develop our engagement and communication arrangements through our Public Participation Forum (PPF) including looking at how to build on social media opportunities and systems such as Patient Opinion;
• Working with Board members to explore opportunities for learning and development in relation to public engagement and utilising patient experiences as part of Board discussions on quality and safety;
• Supporting lay representative involvement through orientation, briefings and inclusion in service reviews such as meal tasting, nutritional audits and pre-meeting sessions”.

The Scottish Health Council has published a National Overview Report on the Participation Standard for 2010/2011. It was pleasing to note that a number of NHS Shetland initiatives are noted in this report as examples of good practice. These include the lay reps meeting before PFPI Steering Groups, the Protocol for developing Written Patient Information, encouraging sharing of GP patient survey results via Newsletters/Websites and road testing the Clinical Strategy presentation with a Community Council prior to using it on a Shetland wide basis.

Section 6: Education

A number of educational opportunities are provided for staff in relation to the PFPI agenda. These include

• Awareness raising via PFPI sessions at Compulsory Refresher sessions; and
• All courses offered via the Staff Development Section have a patient-centred focus with scenarios used in a number of programmes to support the relevance to practice and to patients.

Additional resources have also been put in place to support staff, for example the PFPI Resource Box, open session held to support the implementation and use of the Scottish Health Council Participation Toolkit.
In addition, the Scottish Health Council Local Officer and Clinical Governance Support Team have developed skills to support staff in the use of the Visioning Outcomes in Community Engagement (VOiCE) tool.

In 2011/2012 an induction session was held for 5 new lay members for the PFPI Steering Group. This induction covered information on the NHS structure – nationally and locally, how service planning works in the NHS, as well as key local information about services and the PFPI Steering Group. It is planned in 2012/2013 to extend the training offered to lay representatives by providing “Making Your Voice Heard” training which will assist lay members, on various groups, to enhance their contribution to the development of services.

Section 7: Work plan

The PFPI Steering Group develops an annual work plan to guide activities each year. The out-turn report for the Workplan 2011/2012 is enclosed as Appendix 4.

A work plan for 2012/2013 has been developed, commencing from 1 April 2012. This workplan incorporates planned activities as well as actions which take account of the Improvement Activities identified and agreed with the Scottish Health Council based on their review of the Board’s self assessment against the Participation Standard.

The support which the Scottish Health Council will provide for specific projects is also included for completeness. The Workplan for 2012/2013 can be viewed at Appendix 5.

Section 8: Finance

There is a small budget of £3000 available to support Patient Focus Public Involvement activity across the Board area. This budget is used to support aspects of particular projects, for example publicity or venue hire, as well as to enable lay members to be supported to participate in events by the reimbursement of out of pocket and travel expenses for attendance.

It should be noted that very few people make a claim for out of pocket expenses and hence we are very grateful to the
commitment of individuals to supporting the work of the Board at no direct expense to the Board/entirely at their own expense.

Section 9: Conclusion

In summary, over the last year the Patient Focus Public Involvement agenda has continued to develop throughout NHS Shetland. The active engagement of the public has brought many enhancements to the services provided. We aim to focus activities over the next year on further developing the role, function and membership of the PPF to ensure that we can have greater involvement in the development of our services from the different sections of Shetland’s community.

Kathleen Carolan
NMAHP Director
July 2012

I would like to take this opportunity to also thank Ms Edna Mary Watson, PFPI Lead for all of the work she has undertaken to continue to support the PFPI agenda across NHS Shetland and specifically for her major contribution to the development of this annual report on progress made in 2011-12.

I would also like to thank Mrs Chris Richards, Personal Assistant who enthusiastically supported the work of both the PPF and PFPI Steering Group over the last year. Mrs Richards has now left the employment of the Board and I would take this opportunity to wish her well for the future.

I hope that you have found the report informative and that it encourages you to consider what personal contribution you could make to helping improve the quality of care provided locally across both hospital and primary care services.

If you would like to get involved with NHS Shetland’s patient focus and public involvement work, please contact Benedict Gray, Community Nursing Services Co-ordinator on 01595 743339.
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<thead>
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<td>Pharmacy Applications Group</td>
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<td>Falls Risk Minimisation and Bone Health Group</td>
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Introduction

Welcome to the first Annual Report of Shetland’s Public Partnership Forum (PPF).

The PPF was first established in August 2010, replacing the previously successful NHS100.

In Shetland the role of the PPF is to:
- Inform local people about the range of health and social care services that are provided locally;
- Engage local service users, carers and the public in discussion about how to improve Community Health and Care Partnership (CHCP) services, such as GP services, Mental Health and Social Care services;
- Support wider public involvement in planning and decision making about public services; and
- Broaden and deepen public involvement in service provision through developing new networks.

Through this Annual Report we aim to highlight a number of activities where the public have contributed to the work of the NHS Board and / or CHCP, as well as having successfully influenced the decision making process.

As the current chair of the PPF, it gives me pleasure to present this report to you and I hope that you will find the report informative. I also hope that it may encourage you to consider what personal contribution you could make to helping improve the quality of care provided locally across hospital, community and primary care services.

If you would like further information on the work of the PPF, please do not hesitate to contact me on 01595 743377 or at edna.watson@nhs.net

Edna Mary Watson
Assistant Director of Nursing (Community) / PFPI Lead
Interim Chair of PPF
Getting Involved

The Public Partnership Forum is a network of local individuals and organisations who are interested in health and social care, and who want to be involved in how services are designed and delivered. Membership is open to anyone living or working in Shetland.

You can get involved in a number of ways, depending on what you are interested in and how much time you have to spare.

For example you can:
- Attend meetings to discuss relevant topics and issues;
- Sign up to receive information, updates or newsletters about local health and care services;
- Give your views about services by taking part in consultation exercises or by commenting on documents; and
- Give time to help to promote the Public Partnership Forum.

The PPF as a group meets approximately 6 weekly throughout the year and discusses a range of topics relevant to health and care services locally. Details of some of the topics covered over the last year can be found throughout this Annual Report.

National Consultation & Meetings

Local PPF members have represented the Shetland PPF on national groups.

Two members of the PPF have recently participated in the consultation on the proposed revision to the National Breast Screening service.

PPF Members have also been supported to either attend in person or to video conference in to national meetings regarding clinical services.

Why become a member of the PPF?

After each PPF meeting, members are asked to evaluate the session.

The evaluations are collated by the Local Officer of the Scottish Health Council, thus adding some independence to the process. Noted below are some quotes made by PPF members over this last year which highlight the benefits of the PPF;

- “Good thoughtful discussions on various topics, subject matters well explained”
- “Listening to views of lay people as well as staff, and how they intend to move things forward in the NHS”
- “Free-flowing discussion, it was relevant and good”
- “This is settling into a good meeting—well done”
- “Excellent discussion on Clinical Strategy — lots of good explanations”
Events Held / Features over the last Year

Over the last year PPF members have been involved in a number of key areas of work of the Board / CHCP. These have included:

### Clinical Strategy
Following an open Shetland wide development process, the NHS Board approved it’s Clinical Strategy in February 2011.

An implementation plan was then developed to take forward areas of work under the following 5 work-streams;

- **Integration of Health and Social Care**
- **Primary Care**
- **Child and Family Health Services**
- **Partnership Projects**
- **Hospital Services**

**Key areas of work that have been achieved or are in progress are:**

### Integration of Health and Social Care
- Implementation of a shift based system to provide a community nursing service on a 24 hour a day, 7 day a week basis, thus enabling more support to be provided to people in a community setting;
- Pilot of a generic health and social care worker role to be used to support individuals with health or social care needs to remain in their own homes;
- Provide new health clinic facilities for Fair Isle and Foula and pilot telehealthcare options to support the delivery of care in the remote island setting.

### Primary Care
- Increasing access to appointments with Allied Health Professionals by implementing a trial for patients with a musculoskeletal problem to self refer directly to a Physiotherapist (without the need for a GP appointment). This service will commence in Autumn 2012;
- Review of the GP out of hours service. This project is being undertaken along with work to look at the sustainability of medical staffing in the hospital during the out of hours period, i.e. from 5pm weekdays and at weekends;
- Work has been undertaken to review patient pathways and reduce unnecessary review clinic appointments. For example, individuals who have had an endoscopy from which the results are normal will receive a letter from the consultant advising them of this as opposed to attending a review Out-Patient appointment. This will save patients travelling time and costs, as well as reduce the number of follow up appointments necessary.

### Child and Family Health Services
- Implemented a single management structure for women and children’s services;
- Developed a pre-conceptual care service to support individuals who are planning to have a baby;
- Enhanced provision of maternity services, for example, by conducting elective Caesarean section procedures locally, where safe and appropriate to do so.
**Events Held / Features over the last Year continued.......**

**Partnership Projects**
- The exercise project for individuals with a neurological problem, for example, MS or post-stroke, is well underway and is proving very popular and effective. Classes have moved from the Gilbert Bain Hospital to the Clickimin Leisure Centre as part of the move to integrate the exercise program into mainstream provision;
- A review of the Managed Clinical Networks (MCNs) is underway and objectives have been agreed for most of the networks. These networks provide a co-ordinated pathway for care between local services and services on mainland Scotland;
- A Visiting Services Operational Framework (VSOF) has been drafted to ensure that all operational aspects of visiting services are considered alongside the financial agreements. VSOF successfully piloted with the new Renal Visiting Service and its functionality will be reviewed throughout the year.

**Hospital Services**
- Improving the patient experience in the Accident and Emergency Department by enhancing the role of nursing staff in order that they can see, treat and discharge patients who present with injuries that they are able to treat within their level of competence;
- Creation of an “Admissions Desk” in the Out-Patient Department, Gilbert Bain Hospital to help improve the admission process for patients who are being admitted to the Hospital for a procedure;
- Reviewing pre-operative assessment services—Patients who are going to have surgery at the Gilbert Bain Hospital have a pre-operative assessment conducted face to face with a nurse. We are currently increasing the number of these assessments that are conducted by telephone to help decrease the number of times that patients have to attend the hospital prior to their surgery.

**Dental Strategy**

The Dental Strategy for NHS Shetland has been developed in 2011-2012.

The strategy has been developed with lay involvement throughout the process. A Dental Reference Group was established in the initial phases of the project, with lay members advising on the issues of concern to the local population and assisting in the development of a short questionnaire for distribution throughout Shetland to seek the wider communities views on both the current Dental service and on the priority areas for the future.

The PPF commented on the content of the questionnaire and discussed possible distribution methods to ensure as wide a coverage of the local population as possible.

Once in development, the Dental Reference Group and the PPF commented upon the draft strategy with a final presentation being made to the PPF prior to presentation of the strategy for approval to the NHS Board meeting in June 2012.
Pharmacy Developments

The PPF have been informed of a number of pharmacy developments over the last year.

Mr Chris Nicolson, Director of Pharmacy, has attended the PPF to discuss the following:

Decision Making Framework for Medicines

Mr Nicolson explained the process by which medicines become accepted for use within NHS Scotland through the Scottish Medicines Consortium (SMC).

The process by which appeals can be made against judgments was also explained to PPF Members.

Pharmaceutical Care Service Plan

Mr Nicolson discussed with PPF members the importance of having a Pharmaceutical Care Service Plan in place which could be used to shape and direct the future of pharmacy services in Shetland.

Members suggested the following as important aspects to consider when looking at the location of new Pharmacies:

- Transport Links
- Population centres / where people live
- Clusters of illness
- Location of current dispensing practices
- Local intelligence
- Convenience for the public, and
- Fit with the Board’s Clinical Strategy aspirations.

Pharmaceutical Practices Committee

Over the last year, four applications were received to open Pharmacies in Brae, Levenwick and Scalloway (2).

The Board set up a Pharmaceutical Practices Committee to review and consider the applications. Lay representation was key to this process. The Pharmaceutical Practices Committee considered each of the applications and made site visits, prior to hearing each proposal for the establishment of a Pharmacy in the respective area. Three of the four applications were approved, however, Levenwick subsequently withdrew their application and thus only the Brae and independent Scalloway Pharmacies are being progressed.

The opening of Pharmacies in the Brae and Scalloway areas will enhance the level of pharmaceutical care available to residents in these areas as well as increase individual’s access to schemes such as the Minor Ailments Scheme and the Chronic Medication Scheme. All of this will enhance the appropriateness and timeliness of clinical decision-making for patients.

Area Drugs and Therapeutics Committee

The Area Drugs and Therapeutics Committee which considers prescribing issues locally has a lay representative from the PPF on the group.
Better Together Surveys

Better Together is the national patient experience survey which has been conducted in both the in-patient and primary care settings.

The in-patient survey was conducted for the second time in 2011 / 2012.

The top and bottom 5 areas rated by individuals who had had an overnight stay within the Gilbert Bain Hospital can be seen below:

<table>
<thead>
<tr>
<th>The Top 5:</th>
<th>Lowest rated:</th>
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<tbody>
<tr>
<td>99% reported that the information they were given before attending hospital helped them to understand what would happen.</td>
<td>53% reported not being bothered by noise at night.</td>
</tr>
<tr>
<td>96% reported that the main ward or room they stayed in was clean.</td>
<td>52% reported that in the Accident and Emergency Department they were told how long they would have to wait.</td>
</tr>
<tr>
<td>95% reported that they understood how and when to take their medicines.</td>
<td>65% reported that they knew who was in charge of the ward.</td>
</tr>
<tr>
<td>96% reported that, where their hospital visit was planned in advance, that they felt satisfied with the length of time they waited to be admitted to hospital after being referred.</td>
<td>72% reported being told of any danger signals to look out for when they got home.</td>
</tr>
<tr>
<td>95% reported being treated with care.</td>
<td>86% reported feeling involved in decisions about their care and treatment.</td>
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</table>

It should be noted that whilst we are required to identify and action plan for our 5 poorest areas of performance, that the results we achieved in these areas were higher than the results achieved by most other Health Board areas.

As in the previous year an action plan was developed by staff with input from lay representatives via the PPF to address the areas where we performed least well.

Volunteering

NHS Shetland was successful in obtaining the Investors in Volunteers Award in 2011. As part of the work to achieve this award the Board has worked closely with Voluntary Action Shetland on the development of volunteering opportunities across primary and secondary care services.

There are various opportunities for individuals to become involved in the work of the NHS. This can be through working in clinical areas with patients e.g. befriending, being a musical volunteer or through being a member any of the various Board committees and groups and participating in some of their practical activities for example: cleanliness walkrounds, food tasting, etc as well as bringing the lay contribution to key group discussions.

If you are interested in volunteering within the NHS, please contact Mrs Janice McMahon, Assistant Director of Nursing (Hospitals), on 01595 743020
**Scottish Ambulance Service (SAS)**

The PPF has had 2 presentations from the Scottish Ambulance Service in relation to aspects of patient transport. Firstly, at the outset of the Re-procurement of the Scottish Air Ambulance Contract, representatives from the SAS gave a presentation to the PPF on the process which would be undertaken to re-procure the contract and sought information from the Forum as to what were the key issues in relation to patient air transportation to be considered for the Shetland population.

Secondly, in March 2012, the SAS presented the work that had been undertaken to progress their Scheduled Care Project. This project reviewed how the Patient Transport System worked across all of the Health Board areas in Scotland and has seen the introduction of a centralised booking system through the SAS regional call centres, introducing a standardised assessment for eligibility for patient transport and also a signposting service to local alternative transport providers for individuals who do not meet the criteria for SAS patient transport.

PPF members advised on potential locations for the information to be provided so that the local population became aware of the changes to the service.

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**You said, we've listened**

From the evaluations of the PPF meetings a number of points have been raised by the members which we have acted on. These include:-

- Consider developing a local logo/Branding for the PPF - we are currently sourcing possible options for the “brand” and will select the final one with assistance from the PPF members;
- PPF meetings – members noted that some of the presentations given contained jargon which is not familiar to lay people and due to the complexity of some of the issues the number of topics presented in a session was too great. We now discuss with presenters their presentation and check for jargon. We have also reduced the number of topics presented to a maximum of 3 from previously 4 topics;
- Publicity – explore the use of Voluntary Voice to support spreading the word about the PPF. We have had an article in Voluntary Voice on the PPF and put forward dates of meetings for publication as well as using the Voluntary Action Shetland database to share this information amongst all voluntary groups in Shetland.

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**Topics for the future**

The PPF members have identified the following areas for consideration:

- Transport
- Adults with Incapacity and the role of Power of Attorney
- Mental Health - Psychiatric Emergency Plan and Crisis service
- Patient Experience
- Ophthalmic Services
- Managed Clinical Networks
- Dementia
- Update on the CT Scanner
- Occupational Therapy
- Public Engagement
- Chronic Pain Service
- Dental Strategy
- PPF Meeting - roles, responsibilities, conduct

If you have a topic you would like to see the PPF discuss please let Ben Gray know. Ben’s contact details can be found at the end of our Annual Report.
PPF Work Plan

The following activities are in the workplan for 2012 / 2013:

- Conduct recruitment campaign for PPF members via various routes e.g. Community Councils, personal approach, “bring a friend” etc.
- Hold a minimum of 4 PPF meetings during 2012 / 2013.
- Agenda for PPF meetings influenced / directed by PPF membership.
- Review diversity of PPF membership against the Shetland population, identifying any gaps in representation.
- Explore ways to target sectors of the local community to address gaps found through the above review (e.g. area based community planning structures), both in terms of ethnic groups, the young and also health care groups, for example; Individuals with Mental Health Difficulties.
- Review Scottish Health Council PPF Development Tool for resources to support development of local PPF structure.
- Recruit PPF members to be part of the Equality and Diversity Virtual Network.

Joining the PPF

Anyone who is resident in Shetland can join the PPF, you do not need to have any special qualifications or experience. Generally, PPF members tend to have either experience of having used health and/or care services or an interest in supporting the development/improvement of services locally.

Our current PPF Members come from a range of backgrounds and experiences and bring with them a wealth of knowledge, and breadth of experience of everyday living in the Shetland community as well as experience of using services.

If you would like to join the PPF please contact Mr Benedict Gray, Community Nursing Services Co-ordinator on 01595 743339 or you can download a Registration form from Shetland NHS Board’s website at :http://www.shb.scot.nhs.uk/board/ppf/index.asp

Completed forms should be returned to Ben Gray at the address noted on the form.
Forthcoming Training and Development Opportunities / Events

Making Your Voice Heard Training

This training, provided by Mr Dave Bertin, Voices Scotland Trainer, Chest, Heart and Stroke Scotland, will help individual’s understanding of where they fit in to the NHS & will support the development of some new skills which will encourage/support them to consider becoming a patient/carer representative on NHS / CHCP groups.

Patient or carer representatives are people who are engaged routinely in active partnerships with health professionals in the planning, monitoring and development of health services. Following this training some of the activities you could get involved in include:

- Sitting on committees that consider planning & service re-design and those that review research proposals.
- Responding to questionnaires, focus and group interviews.
- Attending public meetings / consultations & workshops.
- Sitting on patient user representative groups.
- Attending professional committees, steering groups, working groups and advisory groups.

The training will be held in the week of 8th October 2012 as follows:

**Monday 8th October 2012 at 1600 - 1900hrs in the Post Graduate Education Centre, Brevik House, Lerwick.** Drop in session for those interested in knowing more about getting involved with statutory service planning and delivery.

**Thursday 11th October 2012 at 1000 - 1600hrs in the Practical Skills Room, Staff Development Section, Montfield.** Making Your Voice Heard session as outlined above.

For details of the latest development opportunities please contact Ben Gray on 01595 743339 or email benedict.gray@nhs.net

Public Consultation on Integration of Adult Health and Social Care Services

The Scottish Government is currently consulting on proposals to Integrate Adult Health and Social Care services. A local consultation event will be held on **Wednesday 15 August 2012** from 0930-1230hrs in **Room 12, Islesburgh Community Centre.** The event will be hosted by Ms Alison Taylor from the Scottish Government. If you are unable to attend the meeting full details of the consultation and how to respond can be found at: [http://www.scotland.gov.uk/Publications/2012/05/6469](http://www.scotland.gov.uk/Publications/2012/05/6469)

If you would like to know more about the work of the PPF please contact Edna Watson on 01595 743377 or at edna.watson@nhs.net Alternatively you can view the PPF website at: [http://www.shb.scot.nhs.uk/board/ppf/index.asp](http://www.shb.scot.nhs.uk/board/ppf/index.asp)

We hope you have found this annual report to be of interest. Please let us know if you have any suggestions of how future reports can be improved.
A Diagram Showing the Relationship between the PPF and the decision making groups and committees that lead on patient and public involvement at NHS Shetland

The solid line means that there is a formal relationship between the groups/committees.
The dotted line means there is a communication/feedback relationship between the groups/committees.

KEY:
1. NHS Shetland Board is responsible and accountable for all aspects of healthcare service provision in Shetland.
2. The CHCP is a standing committee of NHS Shetland Board and is responsible for ensuring that there are appropriate governance arrangements within the health and care partnership, including engagement with the public via the PPF.
3. The CGC is a standing committee of NHS Shetland Board and is responsible for ensuring that there are appropriate governance arrangements around the clinical services that the NHS provides (e.g. to ensure they are safe, person centred and effective). This includes monitoring patient feedback on healthcare services and involvement of lay representation on our working groups.
4. The PFPI is a steering group which reports to NHS Shetland Board and the CGC. The PFPI steering group directs the patient involvement agenda by providing advice on patient information materials, commenting on local and national policy in relation to patient services and shaping the local PFPI strategy. Some PFPI agenda items will also be picked up by the PPF.
5. BTSG is a working group specifically looking at improvements that can be made to local healthcare services as a result of feedback from patients through the national patient survey. The suggested improvements which have been offered by staff are fed back to the PFPI steering group, standing committees and the PPF.
6. The SIF is a quarterly forum where health and social care staff come together to share information about improvements they have made to services. Including sharing information about patient/client involvement in the changes (e.g. through focus groups and surveys).
7. PPF – definition shown above.
<table>
<thead>
<tr>
<th>Action</th>
<th>Responsibility</th>
<th>Timescale</th>
<th>Update – May 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Involving People</strong></td>
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</tr>
<tr>
<td>Implement lay involvement in Leadership Walkrounds across the Board area</td>
<td>Kathleen Carolan NMAHP Director/Exec Lead Patient Experience</td>
<td>Ongoing from 1 April 2011</td>
<td>Lay involvement in Leadership Walkrounds now commenced. 1 \textsuperscript{st} Walkround conducted in June. Complete</td>
</tr>
<tr>
<td>Share learning in relation to comments received from Clinical Strategy public consultation across the organisation via the line management route</td>
<td>Simon Bokor-Ingram, Director of Clinical Services via CSMT</td>
<td>By 1 April 2011</td>
<td>Learning shared at PFPI Steering Group in February 2011. Summary issued to Heads of Departments Complete</td>
</tr>
<tr>
<td><strong>Public Partnership Forum (PPF)</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Revise Constitution for PPF and present to CHP Committee for approval</td>
<td>NMAHP Director</td>
<td>28 April 2011</td>
<td>Constitution revised with PPF and Public involvement Constitution approved by CHP Committee on 28 April 2011 Completed</td>
</tr>
<tr>
<td>Task</td>
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</tr>
<tr>
<td>Recruit members to PPF as per revised constitution</td>
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<tr>
<td>Hold 4 PPF meetings during 2011-2012</td>
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<thead>
<tr>
<th>Responsible</th>
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<tbody>
<tr>
<td>NMAHP Director/ PFPI Lead</td>
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<tr>
<td>EM Watson Interim Chair PPF</td>
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<table>
<thead>
<tr>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 1 July 2011</td>
</tr>
<tr>
<td>Dates to be confirmed</td>
</tr>
</tbody>
</table>

Additional notes:
- Invitations sent out to Voluntary Action Shetland and other relevant groups. Advert for PPF working group members issued – no response.
- Discussion held with Voluntary Action Shetland and enhancements to communication identified: Voluntary Voice, VISP Newsletter and Community Portal all being used. Information sent to Community Councils.
- Small number of new members have joined PPF during the year. Active recruitment drive to be done in 2012/2013.
<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Lead Role</th>
<th>Due Date</th>
<th>Support Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop PPF to be inclusive of wider Shetland population (links with Diversity Taskforce action plan)</td>
<td>NMAHP Director/PFPI Lead</td>
<td>By 31 March 2012</td>
<td>Work being supported by the Scottish Health Council Local Officer Ongoing</td>
</tr>
<tr>
<td>Local Scottish Health Council Officer to promote and support inclusion of vulnerable groups into local engagement structures to reflect diversity of local population (SHC linked workplan activity)</td>
<td>Scottish Health Council Local Officer</td>
<td>By 31 March 2012</td>
<td>Working People chosen as group to be encouraged to participate in engagement structure. SHC representation at Agricultural show, Sunday Teas, Sullom Voe Terminal and meeting held with Voluntary Action Shetland. Drop in held at Shetland College and Flu Fayres Information about PPF promoted via VISP, Shetland College library &amp; community Portal website.</td>
</tr>
</tbody>
</table>
### PFPI Strategy Workplan 2011-2012 Out-turn Report
(including Improvement Action Plan in response to SHC Participation Standard Feedback)

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Lead</th>
<th>Due Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elect Chair, Vice-Chair and CHP Committee representative (timescale dependent upon recruitment and development of PPF)</td>
<td>NMAHP Director/PFPI Lead</td>
<td>By 31 March 2012</td>
<td>Proposal for EMW to assume chair supported by PFPI Steering Group and by PPF. Paper to CHP Committee in October received endorsement. PFPI Lead appointed to PPF Chair as Interim measure. <strong>Proposals for Training for Lay reps to support the development of the lay contribution to NHS Shetland groups discussed at PFPI Steering Group April 2012</strong> Dates awaited for local training sessions. Ongoing.</td>
</tr>
<tr>
<td>Review Scottish Health Council PPF Development Tool for resources to support development of local PPF structure</td>
<td>PFPI Lead</td>
<td>By 31 March 2012</td>
<td>Will be considered as soon as recruitment to working group achieved. Ongoing.</td>
</tr>
<tr>
<td>Volunteering</td>
<td>Jan McMahon Assistant Director of Nursing (Hospitals)/Volunteering Lead</td>
<td>As per timescales noted in separate action plan</td>
<td>Volunteering progressing as per action plan – next quarterly update to PFPI Steering Group scheduled for <strong>28 May meeting</strong></td>
</tr>
<tr>
<td>Implement Volunteering across NHS Shetland in line with the actions identified in the Volunteering Strategy action plan</td>
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</table>
### Understanding Experience

<table>
<thead>
<tr>
<th>Local Better Together Implementation Group to continue to progress actions to address issues raised in 1&lt;sup&gt;st&lt;/sup&gt; Better Together surveys as per activities and timescales noted in GP survey and In-patient survey action plans.</th>
<th>EM Watson</th>
<th>Ongoing as per individual action plans</th>
<th>Ongoing – progress with action plans monitored through Local Better Together Implementation Group. All actions from 1&lt;sup&gt;st&lt;/sup&gt; Better Together survey to be completed by April 2012. Action Plan for Results of 2&lt;sup&gt;nd&lt;/sup&gt; Better Together In-patient Survey agreed via staff and PPF groups. 2&lt;sup&gt;nd&lt;/sup&gt; GP Survey results expected May 2012. Ongoing.</th>
</tr>
</thead>
</table>

### Support the development of Patient Participation Groups at Individual General Practices (SHC linked workplan activity)

<table>
<thead>
<tr>
<th>Scottish Health Council (SHC) Local Officer</th>
<th>By 31 March 2012</th>
<th>SHC Officer contacted all General Practices. 4 Practices wish assistance – Scalloway, Bixter, Unst and Lerwick. SHC Officer also part of national group to develop Patient Participation Group Toolkit. SHC Officer in contact with Practices noted above</th>
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<tr>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td></td>
<td>PFPI Lead</td>
<td>By September 2011</td>
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**Completed**
<table>
<thead>
<tr>
<th>Description</th>
<th>Lead</th>
<th>Status</th>
<th>Update From/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress links with local LGBT group to discuss/address health needs of this population (Diversity Taskforce linked activity)</td>
<td>PFPI Lead</td>
<td>Ongoing</td>
<td>Awaiting update from Scott Cuthbertson, Speak Out Highlands and Islands project co-ordinator. Project no longer progressing. <strong>PFPI Lead part of Sexual Health and Wellbeing Strategy Group and Diversity Taskforce and work being undertaken via both groups to address issues in relation to LGBT Completed.</strong></td>
</tr>
<tr>
<td>Implement actions from the Patient’s Rights Bill which includes the establishment of a Patient Advice and Support Service (PASS) to replace the Independent Advice and Support Service</td>
<td>PFPI Lead</td>
<td>As per timescale defined by Scottish Government</td>
<td>Nationally delayed implementation of PASS aiming for 1 April 2012 start. <strong>PASS live from 1 April 2012. New publicity awaited Completed.</strong></td>
</tr>
<tr>
<td>Improving Care</td>
<td>NMAHP Director/Director of Clinical Services/Clinical Service Management Team members leading projects</td>
<td>Ongoing from 1 April 2011</td>
<td>Advert placed in Shetland Times seeking individuals with particular interest in each of the 5 work streams. Minimal interest expressed. Recruitment to be progressed for all groups as they become established – general principle that all groups should aim to have at least 1 lay representative as part of group. Clinical Strategy projects discussed at PPF on 18 January 2012. Lay reps suggested various mechanisms by which to engage local people in projects – leaflets, radio broadcast, topic specific session. Programme Managers sought/secured lay representation on projects where possible. Ongoing.</td>
</tr>
</tbody>
</table>
### PFPI Strategy Workplan 2011-2012 Out-turn Report
(including Improvement Action Plan in response to SHC Participation Standard Feedback)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Responsible Party</th>
<th>Timeframe</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Various independent public engagement activities (eg focus groups, surveys) to support involvement in clinical strategy to be facilitated by Scottish Health Council (SHC linked workplan activity)</td>
<td>Scottish Health Council Local Officer</td>
<td>Over time period Sept 2011 – April 2012</td>
<td>SHC officer held VoICE sessions x 2 for Dental staff to support development of Dental Strategy. <strong>Supported development of Dental Strategy. Other areas for support to be identified as projects progress.</strong></td>
</tr>
<tr>
<td>Continue to promote the use of the Comments and Suggestions scheme to highlight areas where improvements in patient care can be made</td>
<td>Clinical Governance Support Team</td>
<td>Ongoing from 1 April 2011</td>
<td>Review of Comments/Suggestions/Complaints to be undertaken by Corporate Services. <strong>Delayed will await the outcome of the Pilot of Patient Opinion as this may influence comments/suggestions scheme for the future To be considered in 2012/2013.</strong></td>
</tr>
<tr>
<td>Present PFPI Annual Report to Shetland NHS Board</td>
<td>NMAHP Director/PFPI Lead</td>
<td>By July 2011</td>
<td>Annual Report drafted with Lay involvement. Presented to the Board on 26 July 2011 <strong>Complete</strong></td>
</tr>
<tr>
<td><strong>Receive feedback on Participation Standard Self Assessment submission and develop action plan to address areas identified for improvement</strong></td>
<td>Louise MacFarlane, Performance Analyst, Scottish Health Council/NMAHP Director/PFPI Lead</td>
<td>?By August 2011</td>
<td>Summary Feedback document received and added to Annual Report. VC held with Louise MacFarlane 21/12/11 – improvement plan developed, agreed and added to Workplan. See end of paper. Completed</td>
</tr>
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</tr>
<tr>
<td><strong>Prepare and submit NHS Shetland Self Assessment against the Participation Standard aiming to increase score against all 3 of standards in comparison to 2010/2011 results</strong></td>
<td>NMAHP Director/PFPI Lead</td>
<td>By March 2012</td>
<td>Confirmation received from Scottish Health Council (SHC) no self assessment against Participation Standard to be completed for 2011/2012. Improvement plans from 2011 feedback being discussed with Regional Officer and in process of submission to SHC. Improvement plan agreed. Completed. Self Assessment for 2011/2012 to be signed off by PFPI Steering Group – May 2012</td>
</tr>
</tbody>
</table>
## PFPI Strategy Workplan 2011-2012 Out-turn Report
(including Improvement Action Plan in response to SHC Participation Standard Feedback)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Responsible Party</th>
<th>Due Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct audit against Consumer Focus Scotland standards</td>
<td>PFPI Lead</td>
<td>By March 2012</td>
<td>Audit discussed with Audit Officer – in planning stages. <strong>Delayed – to be conducted in 2012/2013.</strong></td>
</tr>
<tr>
<td><strong>Support for Public and Staff in delivering the Patient Focus Public Involvement agenda</strong></td>
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<tr>
<td>Develop PFPI resource box to inform staff and to facilitate/support PFPI activity with support from Scottish Health Council</td>
<td>Chris Richards</td>
<td>By 1 May 2011</td>
<td>Box completed and available in Staff Development Section. Duplicate box to be produced and held in “Help Yourself to Health” Resource section in Public Library <strong>Completed</strong></td>
</tr>
<tr>
<td>Distribute “The Participation Toolkit” to all areas and hold open session for staff with support from Scottish Health Council</td>
<td>PFPI lead</td>
<td>By 1 May 2011</td>
<td>Distribution completed. Open session held 7 July 2011. Positive evaluation <strong>Completed</strong></td>
</tr>
<tr>
<td>Develop PFPI awareness raising materials and distribute to all areas across NHS Shetland</td>
<td>PFPI Lead</td>
<td>By 1 July 2011</td>
<td><strong>Outstanding will be carried forward to 2012/2013.</strong></td>
</tr>
<tr>
<td>Implement annual update training session for lay reps</td>
<td>PFPI Lead</td>
<td>By 1 September 2011</td>
<td>Induction training session held for new lay reps –May 2011 <strong>Completed</strong></td>
</tr>
<tr>
<td>Provision of support and advice in terms of PFPI activity for any staff member</td>
<td>PFPI Steering Group members</td>
<td>Ongoing</td>
<td>NMAHP Director, PFPI Lead and SHC Local Officer responded to requests on adhoc basis. PFPI session including Question &amp; Answer opportunity held at monthly Mandatory Refresher sessions. <strong>Ongoing</strong></td>
</tr>
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<tr>
<td>Review Patient Information Leaflets providing a lay perspective to all materials developed locally</td>
<td>PFPI Steering Group members/ Health Improvement Resource Officer</td>
<td>Ongoing</td>
<td>Various leaflets considered by group to date. <strong>Ongoing</strong></td>
</tr>
</tbody>
</table>

**EM Watson**  
**Assistant Director of Nursing (Community)/PFPI Lead**  
21 May 2012
<table>
<thead>
<tr>
<th>Page</th>
<th>Outcome</th>
<th>Action</th>
<th>May Update</th>
<th>SHC support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 1</td>
<td>Ensure that NHS Shetland can evidence that support needs to enable individuals from all sectors of the community to actively participate in the Board’s PFPI structures are in place</td>
<td>Develop mechanism to demonstrate evidence of support needs being met eg wheelchair access, dietary support</td>
<td>Log of requests received for support to facilitate attendance at meetings is in place Information to be sought from PPF members as to any additional support needs requiring to be met to enable attendance. No new support needs identified.</td>
<td></td>
</tr>
</tbody>
</table>
| | Ensure that effective patient participation opportunities are available within Primary Care services | a)Scottish Health Council undertake stocktake of current patient participation mechanisms in primary care  
b) Lerwick Patient group to be re-established  
c)Scottish Health Council to support individual GP practices to progress patient participation initiatives  
d) Include Better Together requirements in GP contract negotiations for 2012/2013 | Stocktake undertaken by SHC Local Officer. Discussions occurring re Lerwick Patient group | 4 Practices wishing support. Stocktake report available |
| | | | Issue raised with Service Manager Primary Care | SHC Local Officer in contact with the GP Practices |
| Ensure that feedback on Better Together is provided to the Shetland public | a) Share Better Together results with the public once published  

b) Develop action plan to address 5 lowest scores, involving the public in action planning  
c) Feedback to the public and to participants on value of their contribution and changes implemented as a result | Better Together Results discussed at PPF meeting on 31 October 2011  
Action Plan drafted at Senior Charge Nurse meeting on 23 February (incorporating views from PPF members). In process of implementation.  
Will be conducted via Local Better Together Implementation Team, PFPI Steering Group and PPF Meeting – May 2012 onwards |  |
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<tbody>
<tr>
<td>Ensure that where public involvement has occurred in the work of the Board that all participants receive feedback on how their contributions have influenced the work and decisions of the Board</td>
<td>a) Ensure system in place where details of participants are collected at all public engagement opportunities</td>
<td>Promote use of “sign in” and evaluation sheets for all public engagement opportunities thus supporting collecting details of all participants</td>
</tr>
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</table>
PFPI Strategy Workplan 2011-2012 Out-turn Report  
(including Improvement Action Plan in response to SHC Participation Standard Feedback)

<table>
<thead>
<tr>
<th>b) Ensure that details of the feedback mechanism is provided to all participants</th>
</tr>
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<tbody>
<tr>
<td>Feedback mechanism noted at PPF meetings. Awareness of importance of confirming feedback mechanism raised at PFPI Compulsory Refresher session.</td>
</tr>
<tr>
<td>Requests for info raised at PPF followed up and additional info circulated to members eg HAI, transport, Dental Services</td>
</tr>
<tr>
<td>Online feedback provided as part of Patient Opinion service</td>
</tr>
<tr>
<td>c) Feedback provided to individuals as agreed which may be directly or through Board media eg comments and suggestions scheme, press articles etc</td>
</tr>
</tbody>
</table>
| Standard 2 | Ensure that NHS Shetland can demonstrate where the contributions of the public have made a difference to service planning | a) Develop recording process to evidence changes considered by the Board as a result of public/patient participation  

b) Ensure that all departments contribute to the Participation log to support demonstration of involvement and changes made as a result | Further work to be undertaken to raise profile of Participation Log across the organisation.  

Main 2 areas where consultation have been carried out so far are Closure of IPU at Montfield  

Development of Dental Strategy |
| Standard 3 | NHS Shetland can demonstrate that it has an effective public engagement strategy | a) Conduct audit against Consumer Focus standards – as outlined in Workplan | Audit in planning stages |
| | NHS Shetland has effective Training and Induction Programmes in place for lay representatives | a) Conduct evaluation of training provided for lay reps for PFPI Steering Group  

b) review results, action plan and amend future training as necessary | Evaluation still to be conducted |
| NHS Shetland Managers ensure appropriate public engagement in the Clinical Strategy work | a) Training on Informing and Engaging held for some staff already.  
b) Consider further training on Informing and engaging  
c) Consider training on option appraisal for staff across the whole organisation | Focus on lay representative training currently – Voices Scotland.  
Dates being finalised. Discussions re Service Change and Option Appraisal training to be held in 2012/2013 |
|---|---|---|
| NHS Shetland will encourage PPF mechanism to have a diverse membership, reflective of the local population | a) Audit diversity of PPF membership  
b) Compare results to Shetland population and directly target any under-represented equalities groups to increase membership  
c) SHC supporting enhanced membership by different sectors of community (see SHC action plan & PFPI Workplan) | Audit of current membership underway |
| NHS Shetland utilises the PPF mechanism to communicate on a range of issues with the local population | a) Review range of topics covered at PPF sessions for breadth of scope and relevance to work of the Board;  
b) Identify issues raised by the public which have subsequently been addressed/discussed via PPF mechanism | Broad range of topics covered ranging from single topics to key strategic issues  
Most of issues raised by public have been addressed. Topics considered at PFPI Steering Group meeting in March 2012.. |
### PFPI Strategy Workplan 2011-2012 Out-turn Report
(including Improvement Action Plan in response to SHC Participation Standard Feedback)

| NHS Shetland demonstrates that the involvement of the public is core to all Board activities | a) review Board format for documents to include a section on work undertaken to seek patient and public views  
b) consider section on Board reports that highlight changes proposed by the public | Paper to be drafted for SMT consideration |

EMWatson, Assistant Director of Nursing (Community)/PFPI Lead – October 2011  
Updated May 2012.
<table>
<thead>
<tr>
<th>Outcome</th>
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<th>SHC support</th>
<th>Update</th>
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<tbody>
<tr>
<td></td>
<td><strong>Involving People</strong></td>
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<tr>
<td></td>
<td>People of Shetland have opportunities to be involved in and influence local service development and delivery.</td>
<td>PFPI Steering Group members will be involved in supporting “elevating the patient experience” as part of the enhancement of person centred approach to patient care.</td>
<td>Kathleen Carolan, NMAHP Director/EM Watson PFPI Lead</td>
<td>Ongoing throughout 2012/2013</td>
</tr>
<tr>
<td></td>
<td>People of Shetland contribute to the reviews and development of services within NHS Shetland and its Community Health and Care Partnership structure</td>
<td>Facilitate Service Managers/Head of Departments session on incorporating the views of the public in “Managing Change” Development Day with support from Scottish Health Council (SHC) Regional Advisor</td>
<td>EM Watson PFPI Lead</td>
<td>By October 2012</td>
</tr>
<tr>
<td></td>
<td>Staff recognise the value of the lay contribution to all service plans</td>
<td>Develop and offer training on “Involving People” utilising national training resource</td>
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<td></td>
<td></td>
<td>Provide training for staff on “Informing, Engaging”</td>
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<td></td>
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<td></td>
<td>Fabio Villani</td>
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</tbody>
</table>
**PFPI Strategy Workplan 2012-2013**  
*(including Improvement Actions in response to SHC Participation Standard Feedback)*

| and Consulting” Evaluate impact of staff training in relation to increasing level of engagement of public/service users in work of departments/services | By October 2012  
EM Watson PFPI Lead By 31 March 2013 | SHC Service Change Advisor |
|---|---|---|

### Public Partnership Forum (PPF)

**The PPF mechanism is an effective tool by which to engage with the local population on a range of issues**

| Conduct recruitment campaign for PPF members via various routes eg community Councils, personal approach, “bring a friend” etc | Kathleen Carolan, NMAHP Director/  
EM Watson PFPI Lead Throughout 2012/2013 | Camille Brizell  
Local Officer  
Scottish Health Council (SHC linked workplan activity) |
|---|---|---|

| Hold minimum of 4 PPF meetings during 2012-2013 | EM Watson Interim Chair PPF  
Dates to be confirmed | Meetings currently scheduled  
17 May 2012  
25 June 2012  
3 September 2012 |
|---|---|---|

| Agenda for PPF meetings influenced/directed by PPF membership | EM Watson Interim Chair of PPF  
Discussed/agreed via PPF meeting structure |  |
|---|---|---|

<p>| PPF mechanism has a diverse membership | Review diversity of PPF membership against the |  |</p>
<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Parties</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>which is reflective of the Shetland population</td>
<td>Shetland population</td>
<td>EM Watson PFPI Lead</td>
</tr>
<tr>
<td>Identify gaps in representation</td>
<td></td>
<td>By June 2012</td>
</tr>
<tr>
<td>Explore ways to target sectors of local community to address gaps</td>
<td></td>
<td>By July 2012</td>
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<tr>
<td>(e.g., area based community planning structures), both in terms of</td>
<td></td>
<td>By October 2012</td>
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<tr>
<td>ethnic groups, the young and also health care groups e.g., Individual</td>
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<tr>
<td>s with Mental Health difficulties</td>
<td></td>
<td>Camille Brizell</td>
</tr>
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<td></td>
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<td>Scottish Health Council</td>
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<td></td>
<td></td>
<td>(SHC linked workplan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>activity)</td>
</tr>
<tr>
<td>Review Scottish Health Council PPF Development Tool for resources</td>
<td>EM Watson PFPI Lead</td>
<td>SHC support</td>
</tr>
<tr>
<td>to support development of local PPF structure</td>
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</tr>
<tr>
<td>Lay representatives have the opportunity to influence the work of</td>
<td>Recruit PPF/PFPI Steering Group members to be part of Equality and Diversity Virtual</td>
<td>EM Watson, PFPI Lead</td>
</tr>
<tr>
<td>the Board in relation to Equality and Diversity Issues.</td>
<td>Network</td>
<td>Emilie Gray, Equality</td>
</tr>
<tr>
<td></td>
<td>Maintain strong links</td>
<td>and Diversity Lead</td>
</tr>
<tr>
<td></td>
<td></td>
<td>By August 2012</td>
</tr>
</tbody>
</table>
| **PFPI Strategy Workplan 2012-2013**  
<table>
<thead>
<tr>
<th>(including Improvement Actions in response to SHC Participation Standard Feedback)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Volunteering</strong></td>
</tr>
<tr>
<td>Between PFPI Steering Group and Equality and Diversity Network by Joint membership</td>
</tr>
</tbody>
</table>
| **Ensure volunteers can contribute to the work of the Board, enhancing services and care provided to patients in both hospital and community settings** | Implement Volunteering across NHS Shetland in line with the actions identified in the Volunteering Strategy action plan | Jan McMahon Assistant Director of Nursing (Hospitals)/Volunteering Lead  
As per timescales noted in separate action plan | Camille Brizell Local Officer Scottish Health Council (SHC linked workplan activity) |
| **Understanding Experience** |
| Individuals experience of the healthcare services provided to the Shetland population both in Shetland and via NHS Grampian is captured and used to inform continuous improvement of those services | Implement activities to support the delivery of the Action Plan from the Better Together In-patient survey results from 2011  
Develop local action plan with staff and lay engagement to address issues raised in the GP survey (results currently awaited)  
Develop local action plan | EM Watson Better Together Lead  
Ongoing as per action plan | EM Watson Better Together Lead  
May/June 2012 onwards |
PFPI Strategy Workplan 2012-2013
(including Improvement Actions in response to SHC Participation Standard Feedback)

<table>
<thead>
<tr>
<th>Action</th>
<th>Details</th>
<th>Responsible Lead</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>with staff and lay engagement to address issues raised in In-patient survey 2012 (results expected August/September)</td>
<td>Liaise &amp; action plan with NHS Grampian re feedback on NHS G services used by Shetland residents</td>
<td>EM Watson Better Together Lead</td>
<td>By November 2012</td>
</tr>
<tr>
<td>Public are informed about the range of services available via NHS Shetland and the performance of those services. This should support public confidence in the services available.</td>
<td>Better Together results are shared via PPF meetings</td>
<td>EM Watson PFPI Lead</td>
<td>Annual Update to PPF October/November 2012</td>
</tr>
<tr>
<td>Patient Feedback (Patient Opinion, Complaints, Patient Stories) on services is shared at PPF meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The patient experience is used to inform decision making within all levels of the Board</td>
<td>Review mechanisms in place across the Board to capture patient experience</td>
<td>EM Watson PFPI Lead</td>
<td>By October 2012</td>
</tr>
</tbody>
</table>
**PFPI Strategy Workplan 2012-2013**  
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<tr>
<th>Action</th>
<th>Responsible Party</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a Framework to support “Patient Experience activity” within the Board</td>
<td>Kathleen Carolan NMAHP Director</td>
<td>By January 2013</td>
</tr>
<tr>
<td>Institute a process to capture Patient Stories</td>
<td></td>
<td>By February 2013</td>
</tr>
<tr>
<td>Patient Stories shared with Board members at NHS Board meetings</td>
<td></td>
<td>By 31 March 2013</td>
</tr>
<tr>
<td>Develop mechanisms for feedback to the public and to participants on value of their contribution and changes implemented as a result</td>
<td></td>
<td>By August 2012</td>
</tr>
<tr>
<td>Ensure that all departments contribute to the Participation log to support demonstration of lay involvement and changes made as a result</td>
<td>EM Watson, PFPI Lead</td>
<td>By July 2012</td>
</tr>
<tr>
<td>Ensure Participation Log is used to record evidence of changes considered by the Board as a result of public/patient participation</td>
<td>EM Watson, PFPI Lead</td>
<td>By July 2012</td>
</tr>
</tbody>
</table>

**NHS Shetland demonstrates that the involvement of the public is core to all Board activities**
PFPI Strategy Workplan 2012-2013  
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<tr>
<th>Task</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Review Board format for documents to include a section on work undertaken to seek patient and public views. Consider section on Board reports that highlight changes proposed by the public.</td>
<td>EM Watson PFPI Lead/Kathleen Carolan NMAHP Director</td>
<td>By July 2012</td>
</tr>
<tr>
<td>Where public involvement has occurred in the work of the Board all participants will receive feedback on how their contributions have influenced the work and decisions of the Board.</td>
<td>Kathleen Carolan NMAHP Director</td>
<td>By January 2013</td>
</tr>
<tr>
<td>Ensure system in place where details of participants are collected at all public engagement opportunities eg sign in sheets. Ensure that details of the feedback mechanism is provided to all participants. Feedback provided to individuals as agreed which may be directly or through Board media eg comments and suggestions scheme, press articles etc.</td>
<td>EM Watson, PFPI Lead</td>
<td>By September 2012</td>
</tr>
</tbody>
</table>
**PFPI Strategy Workplan 2012-2013**
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<table>
<thead>
<tr>
<th>Improving Care</th>
<th>Support Practices to review their Public participation opportunities</th>
<th>EM Watson PFPI Lead/ Lisa Sutherland Service Manager Primary Care/Camille Brizell SHC Local Officer By 31 March 2013</th>
<th>Camille Brizell Local Scottish Health Council Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals are aware of developments and can contribute to the development of services/activities at their local Health Centre via a range of means eg feedback mechanisms, newsletters, patient participation groups</td>
<td>Support the development of Patient Participation Groups at Individual General Practices</td>
<td>EM Watson PFPI Lead/ Lisa Sutherland Service Manager Primary Care/Camille Brizell SHC Local Officer By 31 March 2013</td>
<td>Camille Brizell Local Scottish Health Council Officer(Prim linked workplan activity)</td>
</tr>
<tr>
<td></td>
<td>Include Better Together requirements in GP contract negotiations for 2013/2014</td>
<td>Lisa Sutherland Service Manager Primary Care By 31 March 2013</td>
<td>Lisa Sutherland Service Manager Primary Care By 31 March 2013</td>
</tr>
<tr>
<td>Public and NHS staff knowledge of Patient’s Rights Act is increased. All patient related activities carried out as per details included in the Act.</td>
<td>Raise staff awareness of Patient’s Rights Act and implications for practice via publicity, training, Compulsory refresher session, etc</td>
<td>Kathleen Carolan NMAHP Director /EM Watson, PFPI Lead By November 2012</td>
<td>Kathleen Carolan NMAHP Director/EM Watson, PFPI Lead By November 2012</td>
</tr>
<tr>
<td></td>
<td>Launch of Patient Advice</td>
<td>Carolyn Hand/CAB</td>
<td>Carolyn Hand/CAB</td>
</tr>
</tbody>
</table>
PFPI Strategy Workplan 2012-2013  
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<tr>
<th>Improving Care</th>
<th>By July 2012</th>
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<tbody>
<tr>
<td><strong>The voice of the customer (public) informs all service developments</strong></td>
<td>Lay representation is sought for all project groups established to take forward service redesigns</td>
</tr>
<tr>
<td></td>
<td>Independent public engagement events (eg focus groups, surveys) undertaken to inform service plans</td>
</tr>
<tr>
<td></td>
<td>K Carolan, NMAHP Director &amp; EM Watson, PFPI Lead</td>
</tr>
<tr>
<td><strong>Public are aware of the various mechanisms in place which can be used to provide feedback on the services provided by the Board</strong></td>
<td>Develop publicity to inform the public regarding the range of mechanisms in place through which feedback can be provided eg comments to staff, Patient Opinion, formal Complaints process</td>
</tr>
</tbody>
</table>
| PFPI Strategy Workplan 2012-2013  
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|---|---|---|
| **Public and Staff advised of PFPI activities via the presentation of the PFPI Annual Report to Shetland NHS Board** | Annual Report to be developed with lay input  
Annual report agreed by PFPI Steering Group  
Annual Report presented to Shetland NHS Board | EM Watson PFPI Lead  
By August 2012  
EM Watson PFPI Lead  
August 2012  
Kathleen Carolan  
NMAHP Director  
September 2012 |
| **Opportunities for engagement and involvement activities continue to develop across NHS Shetland.** | Workplan for 2012-2013 incorporates improvement actions as advised by Scottish Health Council | Kathleen Carolan  
NMAHP Director/ EM Watson, PFPI Lead  
Camille Brizell  
Local Officer  
Scottish Health Council (SHC linked workplan activity) |
| **Shetland Public assured that NHS Shetland involves people in the development and review of services.** | Prepare and submit NHS Shetland Self Assessment on PFPI activity to Scottish Health Council as per future scrutiny guidance (awaited) | Kathleen Carolan  
NMAHP Director/  
EM Watson, PFPI Lead  
By March 2013 |
| **NHS Shetland activities are informed by the voice of the customer through lay representation contributing to the work of the** | Conduct audit against Consumer Focus Scotland standards | EM Watson  
By August 2012 |
### PFPI Strategy Workplan 2012-2013
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<table>
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<tr>
<th>Board at all levels</th>
<th>Develop action plan to address any gaps identified in the audit</th>
<th></th>
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<tr>
<th>Support for Public and Staff in delivering the Patient Focus Public Involvement agenda</th>
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<tbody>
<tr>
<td>Members of the Shetland public will be able to access information on services provided and current health and care initiatives via NHS Shetland website</td>
<td>Review information currently on PFPI section of Internet site</td>
<td>EM Watson PFPI lead with Camille Brizell, SHC Local Officer</td>
</tr>
<tr>
<td>Update website information</td>
<td>Encourage public to provide feedback to the Board via the online feedback mechanism</td>
<td>By 15 June 2012</td>
</tr>
<tr>
<td>Ongoing</td>
<td></td>
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</table>

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<thead>
<tr>
<th>Public engagement activity is promoted within the Board and throughout Shetland</th>
<th>Develop PFPI awareness raising materials and distribute to all areas across NHS Shetland</th>
<th>EM Watson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop branding for PPF and PFPI activity</td>
<td></td>
<td>By 1 October 2012</td>
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<thead>
<tr>
<th>Lay representatives are supported to enable them to maximise their contribution to the work of NHS Shetland</th>
<th>Deliver Voices Scotland training sessions for lay representatives</th>
<th>EM Watson to liaise with Dave Bertin, Chest, Heart and Stroke</th>
</tr>
</thead>
</table>
**PFPI Strategy Workplan 2012-2013**  
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| Conduct evaluation of training provided for lay reps | Scotland  
Training to be delivered by October 2012  
By January 2013  
By March 2013 |
<table>
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<tbody>
<tr>
<td>Review results, action plan and amend future training as necessary</td>
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</table>

This workplan only contains projects which are either new or have been carried forward from 2011/2012. A range of activities which are ongoing within the organisation eg lay review of patient information leaflets is now standard practice and therefore has no longer been included in the workplan.

**EM Watson, Assistant Director of Nursing (Community)/PFPI Lead, 28 May 2012**