Patient Focus Public Involvement (PFPI) Annual Report
2012/2013

Approved at a meeting of Shetland NHS Board on 8 October 2013
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1: Forward</td>
<td>3 - 4</td>
</tr>
<tr>
<td>Section 2: Introduction</td>
<td>5 - 7</td>
</tr>
<tr>
<td>Section 3: Structure to support Patient Focus Public Involvement Activity</td>
<td>8 - 11</td>
</tr>
<tr>
<td>Section 3.1 Designated Director for Patient Experience</td>
<td>8</td>
</tr>
<tr>
<td>Section 3.2 PFPI Steering Group</td>
<td>8 - 9</td>
</tr>
<tr>
<td>Section 3.3 Public Partnership Forum</td>
<td>9 - 11</td>
</tr>
<tr>
<td>Section 4: Patient Focus Public Involvement Activity</td>
<td>12 - 27</td>
</tr>
<tr>
<td>Section 4.1 Improving Health Literacy</td>
<td>12 - 13</td>
</tr>
<tr>
<td>Section 4.2 Clinical Decision Making</td>
<td>14 - 15</td>
</tr>
<tr>
<td>Section 4.3 Improving Self-Care</td>
<td>15 - 17</td>
</tr>
<tr>
<td>Section 4.4 Improving Patient Safety</td>
<td>17 - 18</td>
</tr>
<tr>
<td>Section 4.5 Improving Access</td>
<td>18 - 21</td>
</tr>
<tr>
<td>Section 4.6 Improving the Care Experience</td>
<td>21 - 25</td>
</tr>
<tr>
<td>Section 4.7 Improving Service Development</td>
<td>25 - 27</td>
</tr>
<tr>
<td>Section 5: Scottish Health Council Verification</td>
<td>28</td>
</tr>
<tr>
<td>Section 6: Education</td>
<td>28 - 29</td>
</tr>
<tr>
<td>Section 7: Work Plan</td>
<td>29</td>
</tr>
<tr>
<td>Section 8: Finance</td>
<td>29 - 30</td>
</tr>
<tr>
<td>Section 9: Conclusion</td>
<td>30</td>
</tr>
<tr>
<td>Section 10: Appendices</td>
<td></td>
</tr>
<tr>
<td>Appendix 1 – Groups/Committees with lay representation</td>
<td></td>
</tr>
<tr>
<td>Appendix 2 – SHC Summary Report</td>
<td></td>
</tr>
<tr>
<td>Appendix 3 – Out-turn Report of Workplan 2012/13 with Improvement Outcomes</td>
<td></td>
</tr>
</tbody>
</table>
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.

This is NHS Shetland’s seventh annual report on Patient Focus Public Involvement activity and so whilst it reflects the work we have completed in 2012-13; the Board has continued to build on progress made in previous years. A workplan is in place for 2013-2014 which encompasses activities based on the feedback from the Scottish Health Council (SHC) on our Self Assessment against the Participation Standard, which was conducted in March 2013.

Whilst there is no Ministerial Annual Review being held in Shetland in 2013, NHS Shetland will still host a session with representatives of the public to review our practice in relation to involving people in the assessment of progress with our patient and public engagement activities. Consideration is currently being given to the format of this session and it will be advertised in the Shetland Times in due course. I hope that members of the public will use this as an opportunity to come along and hear details of the work of the Board over the last year and to give feedback on their experience of local health services thus enabling improvements to be made for the future.

Finally, I would like to take this opportunity to thank the individual members of the public who throughout 2012-2013 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 was launched in 2010 and strengthened the government’s commitment to shared goals and quality in service provision. One of the 3 identified Quality Strategy ambitions is that NHS Scotland is person-centred and provides services that put people and patients 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”.

In order to support the progress of person-centred care, the Scottish Government launched the Person-centred health and care collaborative in November 2012. This collaborative has an explicit aim that by December 2015 all health and social care services will be centred on people.

The Scottish Government is working in partnership with Healthcare Improvement Scotland, NHS Education for Scotland, the Health and Social Care Alliance Scotland (the ALLIANCE) and Association of Directors of Social Work to deliver this programme.

Learning sessions have been provided for staff from Board areas and these focus on sharing learning around the values, behaviours and approaches that will help to ensure that people are always at the centre of their health and care.

A series of Person-centred principles are currently in development to help create a shared language around the person-centred agenda. These principles will cover the following areas:
All activities taken forward in the PFPI Workplan will support the delivery of these principles in practice, whether in clinical practice or with the engagement of lay members in aspects of the Board’s work.

NHS Shetland’s approach to engagement is already underpinned by a number of principles, as set out in the Board’s PFPI Strategy, 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.

Within these principles, it is recognised that it may not always be possible to progress all suggestions made and thus, where this is the case, the importance of feedback is highlighted.

Within the following sections of the report examples of the work undertaken in NHS Shetland to evidence that we are meeting the principles of engagement and working towards the implementation of the person-centred health and care programme are provided. We hope that you will find the report interesting and informative.
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 for patients. Having received feedback, action is then taken to address any areas of concern raised.

Edna Mary Watson, Assistant Director of Nursing (Community), acts as 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
Since the PPF was launched in 2010 it was the aspiration of the Board to have the PPF led by a lay Chairman. However, despite having 2 initial appointments to the lay Chair both of these individuals resigned from the Chairmanship after relatively short periods of time and therefore since January 2011 the PFPI Lead has been the Interim Chair of the PPF.

In order to progress the development of the PPF, training was sourced from Chest, Heart and Stroke (Scotland) who had been commissioned by the Scottish Government to provide training to support the development of patient groups. Following the “Making Your Voice Heard” training in March 2013, the PPF were able to appoint a lay Chairman from within the membership.

Since the training was held, and a lay Chairman appointed, a number of developments have occurred within the PPF. These include

- Establishing regular meetings between the lay Chair and the PFPI Lead to provide support to the Chairman and to consider the ongoing development of the PPF;
- Reformatting the PPF Meeting agenda and a change in the way of conducting business. The new agenda still enables NHS Staff to have a slot for presenting topics to the PPF for their consideration, providing an opportunity for comment upon how to take projects forward, and to consider engagement of the public in the process. However the main body of the agenda is now given over to looking at issues that are perceived to be of concern by the public and exploring the topic by having a presentation on the subject matter from the relevant manager, PPF members then have some discussion time to consider whether this is a real issue or whether it is something that is just a perception and indeed if it is a subject matter that some of the membership would wish to work with the Board on trying to identify some solutions;
• PPF public meetings will now take place quarterly throughout 2013/2014;
• Evaluation of PPF meetings will continue to be conducted by the Scottish Health Council Local Officer thus providing an independent mechanism by which to evaluate the meetings.

During 2013-2014, as the Scottish Government moves forward with the development of Integrated Health and Social Care Partnerships across Scotland, the PPF Working Agreement will be reviewed to take account of further emerging guidance.

In 2012/2013 the PPF has met as a Forum on 5 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 such as Estates and Facilities projects, an update on Dental services, sharing information with the public on services, for example the Detecting Cancer Early programme, the Patients Rights (Scotland) Act 2011 as well as other NHS Board partnership projects for example the Scottish Ambulance Service Re-procurement of the Air Ambulance Service provider and the Community Alcohol and Drugs Services Shetland (CADSS). In addition, topic specific events have been held in order to raise general awareness within the community eg an event on Osteoporosis.

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.

The PPF increasingly plays a key role in the provision of lay involvement in projects across the Community Health and Care Partnership (where projects are taken forward between the partner agencies of the NHS, local authority and voluntary sector), as well as for the NHS Board and therefore it is important that the membership remains healthy, and is reflective of the diversity of the local population. An audit of the diversity of the membership of the PPF database was undertaken in this last year. Actions are being considered to further enhance the diversity of the population registered on the PPF database.
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).

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 accurate and readily understood by patients 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

- Referral Process and Patient Information Leaflets for Paediatric Physiotherapy service;
- How to use Ear Drops;
- Catheter care information for patients and carers;
- Vasectomy Leaflet;
- Baby Walkers – Information for Parents;
- Criteria for Physiotherapy home visits;
- Alcohol Services and Information.

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. These have included a campaign to support the national campaigns on Detecting Cancer Early – Breast, Bowel and Lung Cancer and on the importance of MMR Vaccination for children to prevent/contain outbreaks of Measles in the United Kingdom.

**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 “Getting Involved” Resource which provides a range of information on Public Involvement activity from identifying key 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 has been distributed to all clinical areas in primary and secondary care in NHS Shetland as well as in key public places, for example the Staff Development Library, Public Library and Shetland College to increase the public’s access to information on involvement opportunities.

The Local Officer also continues to meet many local organisations and participates in community events to help raise the profile of getting involved. This has included targeted approaches to local educational establishments, for example, a Shetland College open session, as well as local agricultural shows, attendance at many of the leisure centres across Shetland and the Children and Families Day, held at Clickimin Centre.
4.2 Improving Clinical Decision-Making
The following activities have been progressed:

Patient Pathways
During 2012-2013 work has continued to progress projects which would improve clinical decision making. This has included work with our partners in NHS Grampian to review patient pathways with an aim to deliver as much care locally as it is safe and feasible to do so.

One of the developments currently being progressed is the recruitment of a Consultant Obstetrician/Gynaecologist in partnership with NHS Grampian. This post will help with ensuring the sustainability of the local Maternity services as well as enabling a range of Gynaecological procedures to be undertaken locally thus saving patients time and difficulties involved in travelling to Aberdeen, whilst also increasing savings for NHS Shetland through the reduction of Patient Travel costs.

Technology is also being used to improve and streamline Patient Pathways between local and NHS Grampian services. The increasing use of technology also provides greater access to specialist advice and support from NHS Grampian services.

Pharmaceutical Care
Within the last year, the opening of Pharmacies in the Brae and Scalloway areas have enhanced the level of pharmaceutical care available to residents in these areas as well as increasing individual’s access to schemes such as the Minor Ailments Scheme and the Chronic Medication Scheme.

A project delivered in partnership between the pharmacy services and the Local Authority has looked to enhance all aspects of pharmaceutical care for residents within care centres, for example ordering of repeat medications, supporting the administration of medicines, use of supportive compliance aids. This project has been recognised at a national level as an example of good practice.

All of these measures should enhance the efficiency of clinical decision-making for individuals in the community.
Palliative Care
Throughout 2012-2013 the Board has continued to progress activities to support end of life care for individuals. This has included a discussion at the PFPI Steering Group regarding the local implementation of the Liverpool Care Pathway which provides a detailed plan of care for the expected last 3 days of a person’s life. Much controversy has been highlighted nationally with regards to the use of the Liverpool Care Pathway but staff were able to reassure lay members about the use of this pathway to support care locally. The Scottish Government have subsequently issued a position statement on the use of the pathway and the Board will ensure that local practice is in line with the content of this guidance.

The multi-professional, interagency Palliative and End of Life Strategy has been revised in 2012-2013. This strategy outlines a range of measures which supports individuals and their families at the end of life, including enabling those who wish to die at home to be supported to do so. The development of the new Strategy was undertaken in an open, inclusive manner with members of the public being invited to participate along with staff from the NHS, Local Authority and Voluntary sector in open workshop sessions for identifying key components to be covered in the strategy and then being provided with the opportunity to comment upon the final draft version of the document. The Strategy is due to be approved in the next few weeks.

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 have been written and the Service Manager Primary Care is currently finalising a directory of self management advice for the public. This is currently subject to review by the PFPI Steering Group and once finalised will be issued on a Shetland wide basis.
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.

Over the next year Prostate UK, Adult Diabetes UK and the support available for patients with a urology cancer, via services in NHS Grampian, intend to develop/raise their profile locally.

The Service Manager Primary Care is also in the process of finalising a “Self Help Guide” for the public which should assist individuals with knowing which services to access, when, and how they should do this in order to receive the help and support they require.

Patient centred telecare
Work continues to increase the use of telecare solutions to support individuals to live independently in their own homes. A new project manager has been appointed to lead this initiative, which is provided in partnership with the Local Authority. The initiative 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.

The project manager hopes to support healthcare staff in advancing the use of telehealthcare products in patient’s clinical pathways.

Following the delay in establishing the pilot of the use of telehealthcare equipment on the remote island of Foula, it is expected that this will now go live in the coming month. 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. This audit tool has also been adapted to fit Health Centres and the clinics on the Non-Doctor Islands. Feedback from patients and families has been positive and all observations and potential practice issues have been returned to the Senior Charge Nurses (SCN) /Nurse or Manager in charge of the area 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 2012-2013. 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. Whilst initially a hospital based programme 2013-2014 will see Patient Safety initiatives rolled out to Primary care services.

The launch of the Patient Safety Programme for Primary care locally was held in August 2013 and work has commenced to progress roll out across Primary care services.
Protecting the Vulnerable
NHS Shetland is making steady progress with implementing 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. This checking process is now in place for all substantive staff members as well as for ‘new starts’ at the time of joining NHS Shetland.

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

The formalisation of Anticipatory Care Plans in the Community setting for those individuals at risk of readmission to Hospital is helping to enhance patient safety by putting a plan in place for individuals that would meet their needs when they have an exacerbation of their condition and thus enable them to remain at home, with appropriate support, as opposed to being rushed into hospital as an emergency. These plans are being put in place for the most vulnerable members of society, which includes individuals who are increasing in age, living with one or more chronic condition and for those with Mental Health or Dementia problems.

4.5 Improving Access
The following activities have been progressed:

Lerwick Health Centre
Over the years there has been negative feedback received from patients regarding access to appointments at the Lerwick Health Centre. A sub-group of the PPF are currently working with the Lerwick Health Centre staff and are undertaking a survey to understand the views of patients registered with the Health Centre what their expectations and experience of the appointments
system is. It is hoped that once the results of this become available that actions can be identified to address issues of concern raised. The patient survey runs until early September.

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 iPhones to support clinical practice in the community setting.

Spiritual Care
Since the resignation of NHS Shetland’s first fulltime Healthcare Chaplain, work has been undertaken with representatives of local faith groups to establish a more sustainable model of access to spiritual support for patients. Consideration of support for those with no religious faith has also been considered.

In addition, work has continued via the Shaping Bereavement Care group to develop NHS Shetland’s bereavement care service and to prepare information packs to provide practical and emotional support to the newly bereaved at this difficult time.

Individualised Care – Supporting Equality and Diversity
Shetland Islands Council and NHS Shetland have recently jointly stated their commitment to fulfilling the three key elements of the general equality duty as defined in the Equality Act 2010, namely:

- Eliminating discrimination, harassment and victimisation;
- Advancing equality of opportunity between people who share a protected characteristic and those who do not; and
- Fostering good relations between people who share a protected characteristic and those who do not.

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’s Public Partnership Forum and voluntary sector partners were involved in consulting on the development of equality outcomes. However, this was with limited success until a draft document was circulated and then members of the public appeared more willing and able to contribute ideas and feedback on equality issues. This will be borne in mind when undertaking further work on developing equalities outcomes.

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 Equality and Diversity Network 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 2012/2013 results of the 2012 in-patient and GP surveys were published.

The highest and lowest results for the GP survey across the CHCP were as follows:

**Highest**
- 100% of patients identified the GP surgery as being clean;
- 99% of patients felt that they had enough time with the nurse;
- 99% of patients knew enough about how and when to take their medicines;
- 98% of patients felt that the nurses listened to them;
- 98% of patients felt that they knew enough about what their medicines were for.

**Lowest**
- 62% of patients reported being able to book a doctors appointment 3 days or more in advance;
- 69% of patients were positive about the overall arrangements for getting to see a doctor;
- 72% of patients reported usually being able to see their preferred doctor;
- 82% of patients thought it was easy to get through on the phone;
- 88% of patients felt the time waiting to be seen by a GP at the surgery was OK

Within the General Practice survey, individual practices get their own results and therefore action plan according to the issues raised in their individual report as opposed to the overall CHCP report.

For the in-patient survey the highest and lowest results were as follows:

**Highest**
- 97% of patients knew how and when to take their medicines (increase of 1% from 2011, same as Scotland result);
• 97% of patients knew what their medicines were for (increase of 3% from 2011, increase of 2% from Scotland result);
• 96% of patients reported that the ward/room they stayed in was clean (same result as 2011, 3% higher than Scottish result);
• 96% of patients reported having privacy when being examined and treated (increase of 3% from 2011, increase of 1% from national result);
• 94% of patients reported that the doctors introduced themselves (increase of 1% from 2011, but 2% less than national result).

Lowest
• 54% of patients reported not being bothered by noise at night (increase of 1% from 2011, same as national result);
• 67% of patients knew who was in charge of the ward (increase of 2% on 2011, 5% higher than national result);
• 57% of patients were told how long they would have to wait in Accident and Emergency Dept (increase of 5% on 2011, increase of 8% from national result);
• 83% of patients were satisfied with how long they waited for admission after referral (13% less satisfied than in 2011, 5% less than national result);
• and
• 75% of patients knew what danger signals to look out for on discharge home (increase of 3% on 2011, increase of 3% on national results).

New action plans have been developed with staff and public engagement in response to the five areas where NHS Shetland had the lowest scores.

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
Following NHS Shetland’s successful pilot of using Patient Opinion, an online feedback mechanism which the public can use to feedback on their experiences of healthcare, a decision was taken locally to continue to fund this. Subsequently, the Scottish Government have now provided further national funding for this initiative and thus Patient Opinion now provides a standardised, national approach for individuals to feedback on NHS services.

Locally we are revisiting our publicity for the scheme in order to ensure it is as accessible to as many members of the public as possible. This will include putting specific invites on appointment letters asking individuals to consider providing feedback following their episode of healthcare as well as more general advertising/awareness raising via posters, leaflets and website information. As we recognise how important it is not to limit feedback to those who have access to computers, hard copy comments cards and a telephone helpline is also provided to enable patients to record feedback.

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.

As Health and Social Care Partnerships develop we are keen to explore with Patient Opinion the use of their complimentary “Care Opinion” service which can be used to provide feedback on care services. Whilst Care Opinion is available in England it is currently only on pilot within Highland’s Integrated service and thus progressing with this will be dependent upon the outcome of the pilot.

Caring Behaviours Assurance System (CBAS)
The Caring Behaviours Assurance System (CBAS) was developed by Dr Susan Smith and Janina Sweetenham. CBAS is based on the seven Cs of the Healthcare Quality Strategy (2010); Caring and Compassionate staff and services; Clear Communication; Effective Collaboration; Clean, safe environment; Continuity of care; and Clinical Excellence.
CBAS is an approach which uses a quality improvement tool, person centred care quality instrument (PCQI), to audit and ensure negotiated care standards are provided every time, to every person in the organisation, whether service user, patient, carer, family member or member of staff. This has currently been used in over 75 Health and Social Care organisations throughout Scotland.

Staff from Ward 1, Gilbert Bain Hospital and the Community Nursing Team were the first staff groups to use this locally and indeed the Community Nursing service were the first Community service to use the tool and thus had to work to adapt some of the statements to be fit for purpose in a community context. However, both teams felt that the process had helped them to see practice from the patient’s point of view and thus they had identified areas of practice to change which would improve the patients experience.

A further group of staff of CBAS training will be held later in 2013-2014.

**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 to enhance the quality of service provided by 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 2012/2013 work has been undertaken towards re-accreditation for the Investors in Volunteering Award, which will be reassessed in August 2013.

**National Reviews**
NHS Shetland actively contributes to national reviews of services. Whilst there have not been any lay representatives supported to participate in national reviews of services in 2012-2013, the Board still considers this to be an important aspect of business and will consider such opportunities favourably in 2013-2014.

**Partners**
NHS Shetland is pleased to note that following the development of the Strategic Options Framework, in partnership with the Scottish Ambulance Service (SAS), in June 2012 that the SAS have continued to engage with the people of Shetland through the PPF and through local Community Council/open meetings in island communities.

Within the last year, the SAS have used the Public Partnership Forum as a mechanism by which to engage with the local population on the re-provision of the Air Ambulance service, with more local discussions regarding First Responder schemes taking place in island communities.

### 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 undertook a repeat scoping exercise in 2012/2013 to establish the current position of Patient Participation Groups across primary care. This identified that whilst there was an expressed commitment to involving the public in services that limited progress had been made over the last year. Work will, therefore, be undertaken by the Scottish Health Council Local Officer, PFPI Lead and Service Manager Primary Care in 2013/2014 to actively promote the development of
a patient participation mechanisms at each Health Centre with support and advice being provided to those who actively wish to develop a Patient Participation Group.

Valuing Feedback
During 2012-2013 NHS Shetland hosted a NHS Education for Scotland programme which focussed on Valuing feedback, person centred caring, compassion and practice development. This programme was led by Dr Stephen Smith and Mrs Sue Sloan from the Leadership in Compassionate Care programme, Napier University, Edinburgh.

The programme introduced participants to a range of different feedback techniques which can be used to gather details of people’s experience, ranging from feedback forms, using ‘envision cards’ (where individuals choose pictures to discuss and explain their experience of a process), and the use of the emotional touch points process. Participants from across the disciplines and at all levels of the organisation from frontline staff to Board Directors took part in the programme and thus these resources will be able to be shared and rolled out across the organisation.

Staff, throughout the organisation, will be made aware of these techniques through PFPI team discussions to be held in the latter half of 2013-2014.

Learning Events
Throughout the year a number of learning events were held for staff, for example the Participation Toolkit event and a briefing on Visioning Outcomes in Community Engagement (VoICE) which was delivered in partnership with the Scottish Health Council Local Officer. In addition, general displays were held in the Restaurant at the Hospital to highlight opportunities for participation in services locally, as well as to publicise the implementation of the Patient Rights Act and launch of Patient’s Charter of Rights and Responsibilities in October 2012.

Annual Review
The Board’s Ministerial Annual Review was held in June 2012. Members of the public were invited to participate in the Annual Review, with a session being devoted to the Minister hearing from patients and lay representatives their experiences of either being a service user or of being involved in the Board's Committees and
groups. The Minister was very pleased to hear positive feedback from all individuals of their experiences of NHS Shetland.

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 lay representation on all groups across the organisation and therefore we will continue to progress this over the months and years ahead.

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

In March 2013, following submission of the Board’s self assessment against the Scottish Health Council’s Participation Standard, the Scottish Health Council confirmed that we had met our self assessed level of Level 3 – evaluation. This is an increase of one level from the level achieved in the self assessment process for 2011-2012.

Full details of the Scottish Health Council summary report for NHS Shetland can be seen in Appendix 2.

Issues noted by the Scottish Health Council, for consideration by NHS Shetland, have been built into our workplan for 2013-2014, where these points were felt to be valid. Concerns were notified to the Scottish Health Council regarding this process as relatively general recommendations were made to the Board which was based on feedback received from a limited number of people.

Section 6: Education

Throughout 2012-2013 a number of educational opportunities were held both for lay representatives and for members of staff.

For staff, educational opportunities in relation to public involvement and engagement have continued to be provided regularly through briefing sessions at corporate induction and compulsory refresher. In addition to these, dedicated sessions for staff were provided by Dave Bertin, trainer with Chest Heart and Stroke (Scotland), which provided an opportunity for staff to explore how they might engage lay representatives in the work of their departments, considering fears, and how to gain the most from engaging the public in the work of services.

NHS Education for Scotland (NES) sponsored training on “Valuing Feedback” was held for a range of staff across the Board area by Dr Stephen Smith and Mrs Sue Sloan, Compassionate Care Programme, NHS Lothian/Napier University. The range of staff participating in this programme means that it will be able to be used across various disciplines and with various staff groups across the organisation. This programme provided experience of utilising different feedback mechanisms to get feedback on the
Additional resources have also been put in place to support staff, for example the Getting Involved resource, open sessions held to support the implementation and use of the Scottish Health Council Participation Toolkit and the Visioning Outcomes in Community Engagement (VOiCE) tool.

For lay members, “Making Your Voice Heard” training was held by Mr Bertin twice during 2012-2013. This training aimed to assist lay members, on various groups, to enhance their contribution to the development of services. These sessions evaluated very positively and were also instrumental in helping the Public Partnership Forum to move to having a lay Chairman.

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 3.

A work plan for 2013/2014 has been developed, with implementation commenced from 1 April 2013. 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. Details of the support which the Scottish Health Council will provide for specific projects is also included for completeness.

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 / venue hire, development/printing of questionnaires, 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 were particularly pleased to be able to achieve the appointment of a lay Chair for the PPF and to have the PPF identify as their first area of work a project to explore the issues of concern raised with the appointment system at the Lerwick Health Centre. Work will be taken forward in 2013-2014 with the PPF to address the results of the study to ensure that the appointments system can meet the needs of the different sections of Shetland’s community.

Kathleen Carolan
NMAHP Director
July 2013

I would like to take this opportunity to also thank Ms Edna Mary Watson, PFPI Lead for all of the work which she continues to undertake to support the PFPI agenda across NHS Shetland, in general, and specifically for her major contribution to the development of this annual report.

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 Maureen Stewart, Community Nursing Services Co-ordinator on 01595 743339.
### Register of Committees / Groups that have lay representatives (June 2012)

<table>
<thead>
<tr>
<th>Committee / Group</th>
<th>Lay Member Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control of Infection Committee</td>
<td>Filled</td>
</tr>
<tr>
<td>Area Drug and Therapeutics Committee</td>
<td>Filled</td>
</tr>
<tr>
<td>Pharmacy Applications Group</td>
<td>Filled</td>
</tr>
<tr>
<td>Nutritional Care Steering Group</td>
<td>Filled</td>
</tr>
<tr>
<td>Nutritional Care Observational Group</td>
<td>Filled</td>
</tr>
<tr>
<td>Infection Control, Health &amp; Safety &amp; Patient Safety Walkround</td>
<td>Filled</td>
</tr>
<tr>
<td>Hotel Services Cleaning Walkround</td>
<td>Filled</td>
</tr>
<tr>
<td>Patient Focus Public Involvement Steering Group</td>
<td>1 Vacancy</td>
</tr>
<tr>
<td>Shetland Mental Health Partnership</td>
<td>Filled</td>
</tr>
<tr>
<td>Coronary Heart Disease Advisory Group</td>
<td>Filled</td>
</tr>
<tr>
<td>Stroke Managed Clinical Network – Stroke Services Advisory Group</td>
<td>Filled</td>
</tr>
<tr>
<td>Diabetes Managed Clinical Network – Local Diabetes Advisory Group</td>
<td>Filled</td>
</tr>
<tr>
<td>Palliative Care Taskforce</td>
<td>Filled</td>
</tr>
<tr>
<td>Waiting Times Group (16 Weeks)</td>
<td>Filled</td>
</tr>
<tr>
<td>Dementia</td>
<td>Filled</td>
</tr>
<tr>
<td>Better Together</td>
<td>Filled</td>
</tr>
<tr>
<td>Neurological MCN</td>
<td>Filled</td>
</tr>
<tr>
<td>Shetland’s Public Partnership Forum</td>
<td>Interim Chair – Filled,</td>
</tr>
<tr>
<td></td>
<td>Vice Chair – Vacant,</td>
</tr>
<tr>
<td></td>
<td>PPF Rep on CHP Committee – Filled on interim basis</td>
</tr>
<tr>
<td>Volunteering Strategic Steering Group</td>
<td>Filled</td>
</tr>
<tr>
<td>Respiratory Care Group</td>
<td>Filled</td>
</tr>
<tr>
<td>Service Redesign Committee</td>
<td>Filled</td>
</tr>
<tr>
<td>Maternity Forum</td>
<td>Contact: Kate Kenmure</td>
</tr>
<tr>
<td>Dental Strategy Patient Group</td>
<td>Contact: Hazel Cooper</td>
</tr>
<tr>
<td>Communication Strategy Group</td>
<td>Vacant</td>
</tr>
<tr>
<td>Equality and Diversity Taskforce</td>
<td>Filled</td>
</tr>
<tr>
<td>Falls Risk Minimisation and Bone Health Group</td>
<td>Vacant</td>
</tr>
<tr>
<td></td>
<td>Contact: Jo Robinson (SIC)</td>
</tr>
<tr>
<td>Pastoral Visits volunteer</td>
<td>3 Volunteers in post</td>
</tr>
<tr>
<td>West Side Carers Group</td>
<td>1 Volunteer in post</td>
</tr>
<tr>
<td>Toe Nail Clipping Service</td>
<td>13 Volunteers in post</td>
</tr>
<tr>
<td>Patient Companion / Patient Experience</td>
<td>2 Volunteers in post</td>
</tr>
<tr>
<td>Public Partnership Forum members</td>
<td>Ongoing recruitment</td>
</tr>
<tr>
<td>Clinical Governance Committee</td>
<td>2 Vacancies</td>
</tr>
</tbody>
</table>
Appendix 2 – SHC Summary Report

Participation Standard 2012-2013
Summary Report for NHS Shetland

Introduction

The Scottish Government wants people to:

- get involved in health service planning and development
- contribute to NHS decision-making on services and how they are provided
- receive information about health services and their own treatment and care

The Participation Standard measures how well NHS Boards are doing all this and will help NHS Shetland improve services for everyone. Involving the public in healthcare decisions will help ensure that health services better meet their individual needs and preferences. NHS Boards were assessed against the Standard in 2010/11 and asked to develop improvement plans from this.

How performance is measured

NHS Boards were asked to assess their performance against the Standard and they then asked local involvement/patient groups to comment on the assessment and provide an independent view. The assessments were then reviewed by the Scottish Health Council and interviews were carried out with patients and members of the public who have been involved in helping to improve services.

Section 3 Performance Summary for NHS Shetland for 2012/13

NHS Boards must carry out their responsibilities to involve the public in developing and improving services, and Section 3 of the Participation Standard looks at Boards’ governance arrangements for participation and measures this across four levels:

- Level 1 – Development
- Level 2 – Implementation
- Level 3 – Evaluation
- Level 4 – Improvement

Section 3.1 asks for evidence that the NHS Board is assured that systems and processes are in place to enable it to meet its statutory requirements in relation to the participation agenda.
NHS Shetland has built patient experience into its audit and service improvement programme, meaning that all teams have to undertake appropriate evaluation of the experience/satisfaction of patients/service users on regular basis. The progress with the audit and service improvement programme is monitored quarterly by the Clinical Governance Committee.

**Section 3.2** asks for evidence that public views feed into governance and decision-making arrangements.

NHS Shetland has evaluated the diversity of the PPF membership and has acknowledged that improvement in the diversity of members is required. Plans have been made to engage with a more diverse range of people via existing groups.

**Section 3.3** asks the NHS Board to describe how it is assured that a culture is encouraged throughout the organisation where participation forms part of the day to day planning and delivery of services.

NHS Shetland has used Consumer Focus Scotland’s 7 Key Tests of User Focus to evaluate how well PFPI activity is embedded across the organisation. The findings will be addressed through an action plan. NHS Shetland has evaluated with staff the “Valuing Feedback” training.

The levels reached by NHS Shetland in 2010/11 and 2012/13 are shown below:

<table>
<thead>
<tr>
<th></th>
<th>2010/2011</th>
<th>2012/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 3.1</td>
<td>Level 2 Implementation</td>
<td>Level 3 Evaluation</td>
</tr>
<tr>
<td>Section 3.2</td>
<td>Level 2 Implementation</td>
<td>Level 3 Evaluation</td>
</tr>
<tr>
<td>Section 3.3</td>
<td>Level 2 Implementation</td>
<td>Level 3 Evaluation</td>
</tr>
</tbody>
</table>

**Issues Highlighted during Patient and public interview sessions**

NHS Shetland sent out eighty consent letters to people who were involved in endorsing the self assessment or are involved in their standing engagement structures. Five people responded and three people participated in interview.

One participant agreed that they had been involved in endorsing the self assessment, another said they had not viewed it and a third was not sure they had been involved in endorsing it but thought that in one place it did not give the full picture.

**Key findings**

- Two participants agreed that the arrangements for meetings were good, although another noted that some meetings were often cancelled leading to a lack of continuity
• Two participants noted that NHS Shetland were good at liaising with Community Councils
• Some participants commented that time given to read documents was too short and that those who had electronic copies had further interaction that those receiving paper copies did not
• One participant observed that reports on patient involvement are too jargon filled and do not reflect the public's view of the organisation

In relation to the case study on public engagement around Reminiscence Sessions, NHS Shetland sent out four consent letters and one person completed a postal questionnaire.

Key Findings

• The participant felt that NHS Shetland gave the sessions good publicity
• The participant hopes their views will make a difference but this is at an early stage

In relation to the case study on public engagement around Foula Health Clinic, NHS Shetland sent out nine consent letters. Three people responded and two of these completed a postal questionnaire.

Key Findings

• Both participants indicated that the engagement worked well and that they felt listened to
• It was felt that NHS Shetland recognised the need to be adaptable during the consultation particularly with regard to the challenges presented by the weather

It should be noted that as the number of people interviewed was relatively small, the views expressed are not necessarily representative of all those involved in the Board’s self assessment process, engagement structures, or case studies.

A more detailed record of these interviews will be shared with participants and with NHS Shetland.

The full self assessment is available by contacting:

Edna Mary Watson
Assistant Director of Nursing (Community)
Shetland Community Health and Care Partnership
Breiwick House
LERWICK
Shetland
ZE1 0TB

Tel No 01595 743377 or email edna.watson@nhs.net
<table>
<thead>
<tr>
<th>Outcome</th>
<th>Action</th>
<th>Responsibility/ Timescale</th>
<th>SHC support</th>
<th>Update - April 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involving People</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 Ongoing throughout 2012/2013</td>
<td>NES programme Person Centred Care: Valuing feedback: Listening, learning and responding using a person centred approach. First session hosted 27/2. Future dates 2 May and 24 June 2013. Additional Proposals for implementing aspects of the “Elevating Patient Experience” programme will be discussed at future PFPI Steering Group meetings. National Person-Centred Health and Care programme launched 21 November. Further work to implement locally to be taken forward in 2013/2014.</td>
</tr>
<tr>
<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) Service Change Advisor</td>
<td>EM Watson PFPI Lead By October 2012</td>
<td>Fabio Villani SHC Service Change Advisor</td>
<td>Videoconference of national SHC Service Change Option Appraisal workshop held on 31 January 2013. Review need for this workshop and consider delivery in 2013/2014</td>
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</tr>
<tr>
<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>
<td>Provide training for staff on “Informing, Engaging and Consulting”</td>
<td>Evaluate impact of staff training in relation to increasing level of engagement of public/service users in work of departments/services</td>
<td>EM Watson PFPI Lead/Staff Development Section By 31 December 2012</td>
</tr>
</tbody>
</table>
| **Public Partnership Forum (PPF)** | 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) | PPF promoted at various locations by SHC – agricultural shows, Shetland College, Leisure Centres  
**PPF database now has 120 members**  
Also promotion via website, PPF Annual Report, personal approaches, Learning Together event, Making Your Voice Heard Training |
<table>
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>The PPF mechanism is an effective tool by which to engage with the local population on a range of issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Hold minimum of 4 PPF meetings during 2012-2013 | EM Watson Interim Chair PPF Dates to be confirmed | EM Watson Interim Chair of PPF Discussed/agreed via PPF meeting structure | Meetings held  
17 May 2012  
25 June 2012  
3 September 2012  
5 November 2012  
Topics for PPF meetings discussed/agreed at PPF meeting on 25 June.  
**Development Session held 6 March**  
**New format PPF meeting held 25 March 2013** | |
<p>| Agenda for PPF meetings influenced/directed by PPF membership | | | | |</p>
<table>
<thead>
<tr>
<th>PPF mechanism has a diverse membership which is reflective of the Shetland population</th>
<th>Review diversity of PPF membership against the Shetland population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify gaps in representation</td>
<td>Explore ways to target sectors of local community to address gaps (e.g. area based community planning structures), both in terms of ethnic groups, the young and also health care groups eg Individuals with Mental Health difficulties</td>
</tr>
<tr>
<td>Kathleen Carolan, NMAHP Director/EM Watson PFPI Lead By June 2012</td>
<td></td>
</tr>
<tr>
<td>By July 2012</td>
<td>By October 2012</td>
</tr>
<tr>
<td>Camille Brizell Local Officer Scottish Health Council (SHC linked workplan activity)</td>
<td></td>
</tr>
<tr>
<td>Equalities Monitoring Form developed and issued to current PPF membership. Form will be part of application process in the future to ensure information captured at time of registration. Collation of returns to be done by SHC Local Officer. Limited returns received – separate report on Agenda of 29 April meeting</td>
<td></td>
</tr>
<tr>
<td>Local SHC Officer pursuing potential project with Adult Literacy to try and make contact with English as a second language group members</td>
<td></td>
</tr>
<tr>
<td>Report from SHC Local Officer in relation to engaging working people on agenda for 4 March 2013.</td>
<td></td>
</tr>
<tr>
<td>Lay representatives have the opportunity to influence the work of the Board in relation to Equality and Diversity Issues.</td>
<td>Recruit PPF/PFPI Steering Group members to be part of Equality and Diversity Virtual Network</td>
</tr>
</tbody>
</table>
**Volunteering**

<table>
<thead>
<tr>
<th>Ensure volunteers can contribute to the work of the Board, enhancing services and care provided to patients in both hospital and community settings</th>
<th>Implement Volunteering across NHS Shetland in line with the actions identified in the Volunteering Strategy action plan</th>
<th>Jan McMahon Assistant Director of Nursing (Hospitals)/Volunteering Lead As per timescales noted in separate action plan</th>
<th>Camille Brizell Local Officer Scottish Health Council (SHC linked workplan activity)</th>
<th>VAS officer and SHC Local Officer promoted opportunities for volunteering at Agricultural shows and other open sessions eg small businesses event, Shetland College.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Understanding Experience</strong></td>
<td><strong>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</strong></td>
<td>Implement activities to support the delivery of the Action Plan from the Better Together In-patient survey results from 2011</td>
<td>EM Watson Better Together Lead Ongoing as per action plan</td>
<td>Actions being progressed in response to 2011 survey eg Local audit of noise conducted in Ward 1. Request for more cordless phones and for new call bell system made Nurse in Charge highlighted on White Boards in Ward 3 Results sent to all General Practices. Proposed actions being received. Patient comments to be reviewed.</td>
</tr>
<tr>
<td></td>
<td>Develop local action plan with staff and lay engagement to address issues raised in the GP survey (results currently awaited)</td>
<td>Develop local action plan with staff and lay</td>
<td>EM Watson Better Together Lead May/June 2012 onwards</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop local action plan with staff and lay</td>
<td></td>
<td>EM Watson Better Together Lead By November 2012</td>
<td></td>
</tr>
<tr>
<td>Engagement to address issues raised in In-patient survey 2012 (results expected August/September)</td>
<td>Discussions re 2011 survey results in place and 2012 results once published</td>
<td>In-patient results received end of August 2012. Results distributed to all clinical areas and action planning occurring through professional group meetings and PPF session on 5 November. <strong>Action Plans for both General Practice and In-patient Surveys considered at PFPI Steering Group meetings</strong> Comments received for patients receiving care in NHS Grampian. Issues raised in 2011 survey, 2012 survey and at time of Annual Review will be discussed with NHS G representatives.</td>
<td></td>
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<tr>
<td>Liaise &amp; action plan with NHS Grampian re feedback on NHS G services used by Shetland residents</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

In-patient results received end of August 2012. Results distributed to all clinical areas and action planning occurring through professional group meetings and PPF session on 5 November. **Action Plans for both General Practice and In-patient Surveys considered at PFPI Steering Group meetings** Comments received for patients receiving care in NHS Grampian. Issues raised in 2011 survey, 2012 survey and at time of Annual Review will be discussed with NHS G representatives.
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.

<table>
<thead>
<tr>
<th>Better Together results are shared via PPF meetings</th>
<th>Patient Feedback (Patient Opinion, Complaints, Patient Stories) on services is shared at PPF meeting</th>
<th>EM Watson PFPI Lead Annual Update to PPF October/November 2012</th>
<th>PPF session on 5 November 2012 covered the following topics - Facilities services at the heart of the NHS Overview of Patient Rights Act (2011) Patient Access Feedback Mechanisms – Comments, Concerns &amp; Complaints Better Together – Scotland’s National Patient Experience Project - Local Results and Action Plans</th>
</tr>
</thead>
<tbody>
<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 By October 2012</td>
<td>External funding secured to pilot/ test process for capturing patient stories and use of “emotional touchpoints” in complaints. Topic area agreed and NMAHPs are being recruited to the programme to start learning about feedback techniques. Interim report</td>
</tr>
</tbody>
</table>

Develop a Framework to support “Patient Experience activity”
<table>
<thead>
<tr>
<th>NHS Shetland demonstrates that the involvement of the public is core to all Board activities</th>
<th>Ensure that all departments contribute to the Participation log to support demonstration of lay involvement and changes made as a result</th>
<th>EM Watson, PFPI Lead BY July 2012</th>
<th>Written information re Participation Log issued.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Opinion site used to feedback changes in practice as a result of Feedback received</td>
<td>Em Watson, PFPI Lead BY July 2012</td>
<td>EM Watson PFPI Lead/Kathleen Carolan NMAHP Director</td>
<td></td>
</tr>
<tr>
<td>Review Board format for documents to include a section on work undertaken to seek patient and public views</td>
<td>By July 2012</td>
<td>Kathleen Carolan NMAHP Director By January 2013</td>
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<tr>
<td>Consider section on Board reports that highlight changes proposed by the public</td>
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</table>

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

<table>
<thead>
<tr>
<th>Ensure system in place where details of participants are collected at all public engagement opportunities eg sign in sheets</th>
<th>EM Watson, PFPI Lead By September 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>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>Public involvement/engagement pack in development which will include key documents for staff to use when conducting any activity with public engagement.</td>
</tr>
</tbody>
</table>

**Improving Care**

<p>| Individuals are aware of developments and can contribute to the development of services/activities at their local Health Support Practices to review their Public participation | EM Watson PFPI Lead/ Lisa Sutherland Service Manager Primary Camille Brizell Local Scottish SHC Start Up guide for Public Participation Groups to be piloted |</p>
<table>
<thead>
<tr>
<th>Centre via a range of means eg feedback mechanisms, newsletters, patient participation groups</th>
<th>opportunities</th>
<th>Care/Camille Brizell SHC Local Officer By 31 March 2013</th>
<th>Health Council Officer</th>
<th>with 2 practices locally. Unst and Bixter identified. Discussions held with Service Manager Primary Care and ADN (C) as to support and engagement with Practices. SHC Local Officer repeated audit of participation mechanisms available within General Practice – further action required in 2013/2014 Changes to GP contract scheduled for 2013/2014 implications for PFPI activity to be considered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support the development of Patient Participation Groups at Individual General Practices</td>
<td>Include Better Together requirements in GP contract negotiations for 2013/2014</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(SHC linked workplan activity)</td>
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</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>Lisa Sutherland Service Manager Primary Care By 31 March 2013</td>
<td>Kathleen Carolan NMAHP Director /EM Watson, PFPI Lead By November 2012</td>
<td>Patient’s Rights Act information leaflets and fact sheets distributed to all staff. Induction and Compulsory Refresher presentations being updated. New version to be implemented from November sessions.</td>
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<td></td>
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<td>Carolyn Hand/CAB By July 2012</td>
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</tbody>
</table>
| Improving Care                                                                 | Advice and Support Service (PASS)                                                                 | Promotional materials to support Launch of Patient Charter received & circulated across organisation. **Completed**
|                                                                                 |                                                                                                   | Local publicity to be tied in with Celebrating Success event in November – Banner and display in Canteen, GBH **Completed**
| Lay representation is sought for all project groups established to take forward service redenoses | Support from all Senior Management Team members to ensure that service managers/Heads of Departments ensure public voice is included in projects **Ongoing**
| Independent public engagement events (eg focus groups, surveys) undertaken to inform service plans | K Carolan, NMAHP Director & EMWatson, PFPI Lead **Ongoing**                                       | Camille Brizell Local Scottish Health Council Officer / Fabio Villani, Service Change Advisor
<p>|                                                                                     |                                                                                                   | SHC Local Officer supporting the Audit of public involvement across NHS Shetland using the Consumer Focus Scotland Standards. |</p>
<table>
<thead>
<tr>
<th>Description</th>
<th>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</th>
<th>EM Watson PFPI Lead October 2012</th>
<th>Camille Brizell Local Scottish Health Council Officer</th>
<th>Session held on feedback at PPF on 5 November 2012. PPF members asked to inform/advise on content of publicity and distribution mechanisms going forward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public are aware of the various mechanisms in place which can be used to provide feedback on the services provided by the Board</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>
<td>EM Watson PFPI Lead October 2012</td>
<td>Camille Brizell Local Scottish Health Council Officer</td>
<td>Session held on feedback at PPF on 5 November 2012. PPF members asked to inform/advise on content of publicity and distribution mechanisms going forward</td>
</tr>
<tr>
<td>Public and Staff advised of PFPI activities via the presentation of the PFPI Annual Report to Shetland NHS Board</td>
<td>Annual Report to be developed with lay input</td>
<td>EM Watson PFPI Lead By August 2012</td>
<td>Kathleen Carolan NMAHP Director September 2012</td>
<td>Annual Report drafted with Lay and SHC input</td>
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<tr>
<td></td>
<td>Annual report agreed by PFPI Steering Group</td>
<td>EM Watson PFPI Lead August 2012</td>
<td></td>
<td>Annual Report approved by PFPI Steering Group on 6 August</td>
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<tr>
<td></td>
<td>Annual Report presented to Shetland NHS Board</td>
<td>Kathleen Carolan NMAHP Director September 2012</td>
<td></td>
<td>Presented and Approved at NHS Board meeting on 14 August 2012 Completed</td>
</tr>
<tr>
<td>Opportunities for engagement and involvement activities continue to develop across NHS Shetland.</td>
<td>Workplan for 2012-2013 incorporates improvement actions as advised by Scottish Health Council</td>
<td>Kathleen Carolan NMAHP Director/ EM Watson, PFPI Lead</td>
<td>Camille Brizell Local Officer Scottish Health Council (SHC linked workplan activity)</td>
<td>Progress with actions reviewed at meetings between NHS Shetland and Scottish Health Council Ongoing</td>
</tr>
<tr>
<td>Shetland Public assured that NHS Shetland involves people in the</td>
<td>Prepare and submit NHS Shetland Self</td>
<td>Kathleen Carolan NMAHP Director/</td>
<td></td>
<td>Guidance received. Separate paper on</td>
</tr>
<tr>
<td>Task Description</td>
<td>Description</td>
<td>Responsible Party</td>
<td>Notes</td>
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<tr>
<td>NHS Shetland activities are informed by the voice of the customer through lay</td>
<td>Conduct audit against Consumer Focus Scotland standards. Develop action plan to address any gaps identified in the audit</td>
<td>EM Watson</td>
<td>By August 2012. Camille Brizell Local Officer Scottish Health Council (SHC linked workplan activity) SHC Local Officer supporting Audit. Advice provided from SHC nationally to increase scope of audit – discussed further via teleconference. Audit conducted. Results are a separate agenda item on 20 April 2013 meeting.</td>
<td></td>
</tr>
<tr>
<td>Support for Public and Staff in delivering the Patient Focus Public Involvement agenda</td>
<td>Review information currently on PFPI section of Internet site Update website information</td>
<td>EM Watson PFPI lead with Camille Brizell, SHC Local Officer By 15 June 2012.</td>
<td>PFPI pages on Website reviewed – additional information added. Structure revised &amp; additional sections in development re</td>
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<tr>
<td>Task</td>
<td>Responsible Person</td>
<td>Due Date</td>
<td>Notes</td>
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<tr>
<td>Encourage public to provide feedback to the Board via the online feedback mechanism</td>
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<td>Ongoing</td>
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<td>Public engagement activity is promoted within the Board and throughout Shetland</td>
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<td>Completed</td>
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<td>Develop PFPI awareness raising materials and distribute to all areas across NHS Shetland</td>
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<td>Develop branding for PPF and PFPI activity</td>
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<tr>
<td>SHC Signpost distributed to all local shops, all leisure centres, all Health Centres, Shetland College and the North Ness Business park. SHC Signpost also publicised at this year’s Agricultural shows (Voe, Cunningsburgh and Yell)</td>
<td>EM Watson</td>
<td>By 1 October 2012</td>
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<tr>
<td>NES Postcards to be sent to all departments and encourage team discussion – supported by PFPI lead and/or SHC Local Officer. Emails sent to SMIRK re developing branding for PFPI activity – awaiting response. Branding to be considered by PPF</td>
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<tr>
<td>Lay representatives are supported to enable them to maximise their contribution to the work of NHS Shetland</td>
<td>Deliver Voices Scotland training sessions for lay representatives</td>
<td>EMWatson to liaise with Dave Bertin, Chest, Heart and Stroke Scotland Training to be delivered by October 2012 By January 2013 By March 2013</td>
<td>Dave Bertin provided training in Shetland week of 8 October 2012. Training sessions offered as follows Open “drop in” session for public to learn more about participation in statutory services Voices Training – to support and develop contribution of lay reps to Statutory service planning and delivery Staff session on engaging with the public Self Management – staff session to support staff in learning how to support individuals effectively in the management of their own health condition Training Delivered Evaluations – positive Dedicated session for PPF scheduled for 6 March as part of PPF development</td>
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<tr>
<td>Conduct evaluation of training provided for lay reps Review results, action plan and amend future training as necessary</td>
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**In 2013/2014**

- Lay representatives are supported to enable them to maximise their contribution to the work of NHS Shetland
- Deliver Voices Scotland training sessions for lay representatives
- EMWatson to liaise with Dave Bertin, Chest, Heart and Stroke Scotland
- Training to be delivered by October 2012
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- Dave Bertin provided training in Shetland week of 8 October 2012.
- Training sessions offered as follows Open “drop in” session for public to learn more about participation in statutory services
- Voices Training – to support and develop contribution of lay reps to Statutory service planning and delivery
- Staff session on engaging with the public
- Self Management – staff session to support staff in learning how to support individuals effectively in the management of their own health condition
- Training Delivered
- Evaluations – positive
- Dedicated session for PPF scheduled for 6 March as part of PPF development
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, 22 April 2013