

What Matters to You?

Engaging, Involving and Consulting People to Improve Care and Services

Refreshed Patient Focus Public Involvement (PFPI) Strategy 2014 – 2017

**APPROVED AT A MEETING OF SHETLAND NHS BOARD
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**Author – Edna Mary Watson, Chief Nurse, Directorate of
Community Health and Social Care /PFPI Lead**

Acknowledgements

A number of other Board's PFPI strategies were considered during the drafting of this strategy and we acknowledge their assistance in this process.

We also acknowledge the contribution made by the lay representatives and the Scottish Health Council Local Officer to the development of this strategy.

We are happy to consider requests for translations in alternative languages and formats. Please contact the Corporate Services Department on 01595 743069.

Executive Summary

The national Person Centred Health and Care (PCHC) Programme launched in November 2012, aims to develop health and care services which are centred on the people, families and carers who use our services.

The overall approach of the programme is to listen to the experiences of people who use our services and use their feedback to drive improvement and make care more person-centred.

This strategy sets out Shetland NHS Board's approach to Engaging, Involving and Consulting people to improve care and the range of services provided by the Board.

This approach 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.

Through the implementation of this Strategy Shetland NHS Board will address the following goals:

1. Informing	<p>We will ensure that people, including those who are seldom heard, are kept informed of the opportunities for involvement and know how to get involved.</p> <p>Various different mechanisms will be used to keep the public informed eg articles in Shetland Times, bulletins, posters, newsletters etc</p>
2. Supporting	<p>We will ensure that people receive the support they require to enable them to participate fully.</p>
3. Involving	<p>People will be involved at all levels of the organisation in activities, from developing strategies to planning, designing, developing and improving services.</p>
4. Improving	<p>We will be able to demonstrate that our work is designed and delivered around patients' and carers' experiences and takes account of timely feedback from both the public and our staff.</p>
5. Learning	<p>Our staff at all levels will have the awareness, understanding and confidence required to make sure that involving patients and public is the normal way they do things.</p>
6. Evidencing	<p>We will have produced a working action plan which will ensure the delivery of our strategy and provide evidence of our progress.</p>

Within Shetland NHS Board we are committed to the principles of Patient Focus Public Involvement and the attached Workplan for 2014/2015 sets out our aspirations for the next 12 months.

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Introduction

The publication of the NHS Scotland Quality Strategy (2010) supports the move to the delivery of more person-centred care, closer to home, and which actively involves patients and carers in decision making.

Patients, families and carers all want a clinically effective and safe service which is connected across health and social care and which is delivered with compassion.

This Patient Focus Public Involvement Strategy outlines how Shetland NHS Board aims to further the engagement of patients, carers and the public in the planning and delivery of services. The public are also encouraged to actively contribute to participating in feedback, scrutiny and evaluation of services.

The Patient Focus Public Involvement (PFPI) Steering Group is the Board's main group for developing and co-ordinating the principles of PFPI across the organisation. See Appendix 1 for Terms of Reference.

The success of this strategy will be measured by progress against the 7 key tests of user focus in the scrutiny of public services as identified by Consumer Focus Scotland (2008) – see Appendix 2. This survey will be conducted on a regular basis in order to measure our progress. The tests outline an organisational commitment to involving people in all aspects of the Board's work.

Purpose of the Document

This strategy sets out Shetland NHS Board's approach to identifying "What Matters to You" (the public) by engaging, involving and consulting with people to improve care and individuals' experience across the range of services provided by the Board.

Vision

In 2011, Nicola Sturgeon MSP, then Cabinet Secretary for Health, Wellbeing and Cities Strategy set out her strategic 2020 vision for achieving sustainable quality in the delivery of healthcare services across Scotland.

The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- We have integrated health and social care;
- There is a focus on prevention, anticipation and supported self-management;
- If hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm;
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions; and
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

In order to deliver the 2020 Vision, NHS Shetland has set the following Corporate Objectives

- To improve and protect the health of the people of Shetland;
- To provide quality, effective and safe services, delivered in the most appropriate setting for the patient;
- To redesign services where appropriate, in partnership, to ensure a modern sustainable local health service;
- To provide best value for resources and deliver financial balance; and
- To ensure sufficient organisational capacity and resilience.

NHS Shetland aims to deliver excellence in healthcare planning and service provision, in full partnership with other agencies and with the public in general, and more specifically, with patients in receipt of direct service provision.

Throughout NHS Shetland we aim to:

Improve the quality of services provided by ensuring that services are regularly reviewed using various improvement methodologies eg patient surveys, Small Tests of Change (STOCs) based on the quality improvement methodology of Plan Do Study Act (PDSA) cycles;

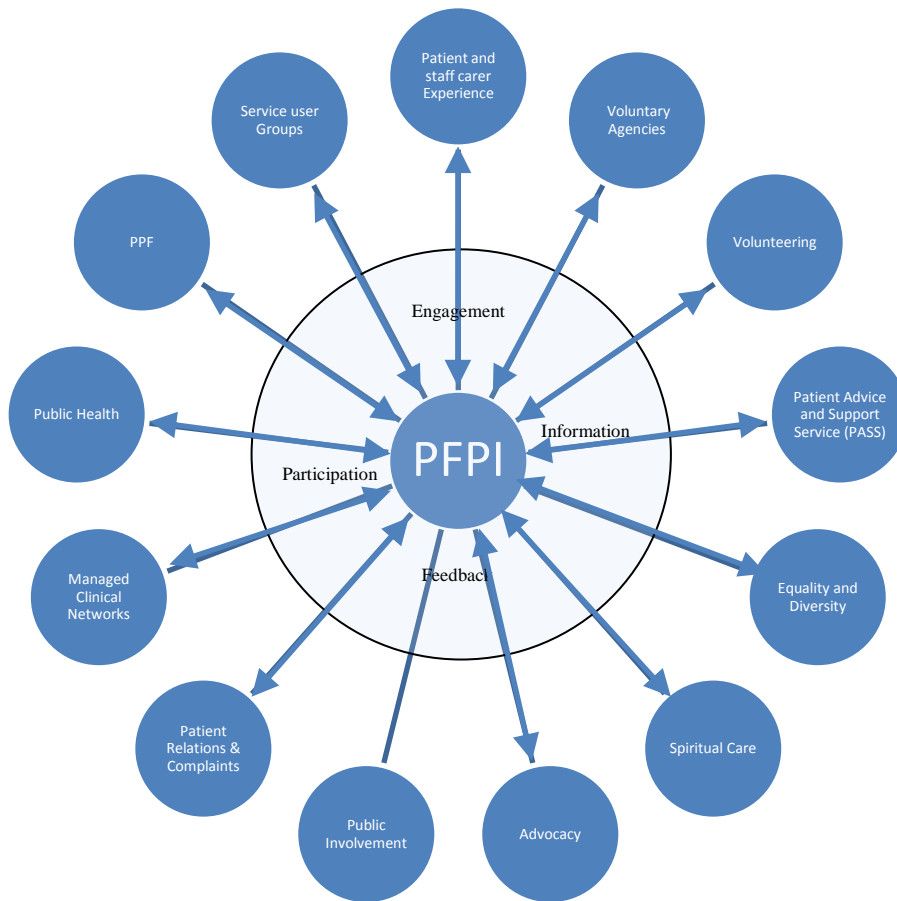
Make an Impact in improving the quality and safety of care and treatment provided eg by implementing the Scottish Patient Safety Programme (SPSP);

Use and share knowledge to review and enhance services provided eg Releasing Time to Care methodologies (initiative to support the delivery of a service which focuses on patient needs whilst removing activities that do not have a direct benefit to the patient) across a range of services; and

Work effectively ensuring that the Board delivers its functions effectively and efficiently within the resources available.

Scope of the Strategy

Patient Focus and Public Involvement activity covers a wide range of areas which are core to the work of the Board. Some of the key areas are shown in the diagram below:



The diagram highlights the importance of the 2 way process between the respective individuals, groups and the patient focus and public involvement structures. Core to this process is communication and support.

NHS Shetland provides services to the resident population of approximately 22,500 people plus a number of temporary residents who are either visiting the islands, working in the oil and gas industry developments or have to use the services as a first point of access to healthcare in emergency situations.

NHS Shetland directly employs approx 550 staff across a range of disciplines and support staff to provide services to Shetland residents. In addition, the Board contracts with Independent Contractors to provide a range of primary care medical, dental, pharmaceutical and optometric services across the Islands.

Any department or staff member who wishes to engage the public or patients in reviewing or developing their service should refer to the PFPI strategy for support and guidance.

Goals

Through the implementation of the PFPI Strategy Shetland NHS Board will address the following goals:

1. Informing	We will ensure that people, including those who are seldom heard, are kept informed of the opportunities for involvement and know how to get involved. Various different mechanisms will be used to keep the public informed eg articles in Shetland Times, bulletins, posters, newsletters etc
2. Supporting	We will ensure that people receive the support they require to enable them to participate fully.
3. Involving	People will be involved at all levels of the organisation in activities, from developing strategies to planning, designing, developing and improving services.
4. Improving	We will be able to demonstrate that our work is designed and delivered around patients' and carers' experiences and takes account of timely feedback from both the public and our staff.
5. Learning	Our staff at all levels will have the awareness, understanding and confidence required to make sure that involving patients and public is the normal way they do things.
6. Evidencing	We will have produced a working action plan which will ensure the delivery of our strategy and provide evidence of our progress.

Within Shetland NHS Board a number of people have key roles to play in implementing, monitoring and delivering this strategy. See Appendix 3.

National Policy drivers

The publication of “Our National Health: A plan for action, a plan for change” (2000) first stated that in order to address inequalities in healthcare that a culture change, both in the way the NHS interacted with the people it served, and in the way that services were delivered was required. It noted that it was “no longer good enough to do things to people; a modern healthcare service must do things with the people it serves”.

Since then the Patient Focus Public Involvement Framework (2001) emphasised the importance of being responsive to patients’ needs and had a vision of a health service that saw

- people respected, treated as individuals and involved in their own care;
- individuals, groups and communities involved in improving the quality of care, and in influencing priorities and in planning services; and
- services designed for and involving users.

In summary, this framework defined a patient focused and person centred NHS.

The NHS Reform (Scotland) Act 2004 took this further by placing a duty on NHS Boards to involve people in designing, developing and delivering healthcare services.

Better Health, Better Care: Action Plan (2007) introduced the theme of Mutuality whereby the Scottish people and the staff of the NHS are seen as partners, or co-owners of the NHS, giving people a greater say in the services they use. The first national patient experience surveys were conducted in 2009. The survey enabled the public to comment upon their recent experience of healthcare and thus identify areas for improvement. This further progresses the theme of Mutuality. In terms of the move to Integration of Health and Social Care services, the surveys have incorporated questions in relation to care provision for the first time in 2014.

The launch of the Quality Strategy in 2010 strengthened the government’s commitment to mutuality and enhancing quality in service provision. The PFPI Steering Group and in particular the Public Partnership Forum (PPF) are seen nationally as having a

key role to play in influencing the development and implementation of the Quality Strategy at individual Board level.

Public Partnership Forums are networks of local individuals and organisations that are interested in health and social care services and who wish to be kept informed and involved in how services are designed and delivered in local NHS Board areas.

The Patients' Rights Scotland Act (2011) further progresses the Scottish Government's move towards developing a mutual NHS in Scotland. The Act serves to reinforce and strengthen the Government's commitment to place patients at the centre of the NHS in Scotland via the introduction of a set of Health Care Principles (see appendix 4); to clarify the standards expected of the NHS, including introducing a 12 week treatment time guarantee, the introduction of a patient advice and support service and the legal right to complain, as well as setting out the rights and responsibilities of patients in a clearer way, through a Charter of Patient Rights and Responsibilities.

The Charter of Patient Rights and Responsibilities (2012) provides a summary of what individuals can expect when they use the NHS in Scotland, together with an explanation of their rights and responsibilities. One particular section of the Charter – Communication and Participation – refers to individuals having the right to be informed, and involved, in decisions about health care and services. This is core to the provision of person-centred care.

The national Person Centred Health and Care (PCHC) Programme was launched by the Cabinet secretary in November 2012. The programme aims to develop health and care services which are centred on the people, families and carers who use our services. The overall approach of the programme is to listen to the experiences of people who use our services and use their feedback to drive improvement and make care more person-centred.

Practical improvements to person-centred care are promoted and supported through 5 key “Must Do with Me” areas, namely

What Matters to You?

- Individuals’ personal goals and things that are important to them should have been discussed and used to form the basis for treatment and care.

Who Matters to You?

- Individuals should be asked about the people that matter most in their life and be given the opportunity to involve them in the way that they choose.

What Information do you Need?

- Individuals should be provided with understandable full information and supported to make decisions which take account of their personal goals and the things that are important to them.

Nothing About Me Without Me

- Individuals will always be given the opportunity to be involved in all discussions. All information exchanges and communication between professionals or different services or supports are transparent and always provide the individual with the opportunity to be present or to contribute to the process.

Personalised Contact

- As much as possible, the timing and methods by which individuals contact and use services or supports are flexible and can be adapted to individuals’ personal needs.

Together these 5 “Must Do with Me” areas will help to ensure that all of the interactions between people using services and the staff delivering them are characterised by listening, dignity, compassion and respect. NHS Shetland supports the principles of the Person Centred Health and Care programme and implementation of these will be taken forward as part of implementation of this strategy.

In support of the local implementation of the person-centred programme, NHS Shetland are utilising feedback provided by comments, concerns and complaints to review care and services provided. This includes feedback received from the Patient Advice and Support Service (PASS) hosted by Citizens Advice Scotland.

Implementation of the local “Gathering Feedback Framework” will provide a formal structure to the gathering, listening and learning to feedback across the Board area. NHS Shetland will also develop an action plan in response to the Scottish Health Council (SHC) national report “Listening and Learning: how feedback, comments, concerns and complaints can improve NHS services in Scotland” (SHC, 2014).

On 4 June 2014 the Cabinet Secretary for Health and Wellbeing, announced that:

"we must do more to listen to, and promote, the voices of those we care for. We need the voices of our patients, those receiving care and their families, to be heard in a much clearer and stronger way"

The Scottish Government's ambition is to ensure that NHS services are co-produced with the communities they serve, build on people's assets and support the health and wellbeing of the whole person and their family. The delivery of this strategy will support NHS Shetland in the roll out of this ambition locally.

Work is also being taken forward by Healthcare Improvement Scotland and the Scottish Health Council to develop a “stronger voice” for service users and the public in defining health and social care services for the future.

Links to Equality and Diversity **Equality & Diversity**

In April 2013 Shetland Community Planning Partners published joint Equality Outcomes, a Mainstreaming Report and Employment Statistics. This was a multi-agency piece of work between Shetland Islands Council, NHS Shetland, Shetland College, Zetrans and Shetland Licensing Board.

In April 2014 NHS Shetland published updated Employment Monitoring information and took the opportunity to provide a brief update on our activities and progress on Mainstreaming equality and achieving our Equality Outcomes.

Mainstreaming Equality

Mainstreaming equality simply means integrating equality into our day-to-day working. This means taking equality into account in the way we go about our business when acting as an employer, or planning and providing services.

Equality Outcomes

Equality Outcomes are aimed at producing concrete improvements in people's lives that contribute to a fairer, more inclusive and more prosperous Shetland. Since publishing Shetland's Equality Outcomes and Mainstreaming Report 2013 – 2017, we have made notable progress in several areas in relation to our published equality outcomes, eg SIC working with Shetland Childcare Partnership to meet childcare needs in Shetland by supporting sustainable models of childcare provision which balance quality of service with affordability and Support the setting up of a Lesbian Gay Bisexual and Transgender (LGBT) community group.

These publications are intended to satisfy requirements under the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.

Summary of key messages and objectives

Patient Focus and Public Involvement is a priority area for NHS Shetland and is a key aspect of the Scottish Government's plans to deliver a health service that:

- Respects individuals; providing information and support so that they can be fully involved in decisions about their own care and treatment; and
- Involves patients and the public in improving the quality of healthcare, identifying local priorities and influencing service changes.

Within NHS Shetland, various activities are undertaken in support of the 2 main areas of this strategy. Some of these are set out below:

1 **Engaging and Consulting People to improve Care and Services**

People are involved in a number of ways:

- **Groups/Committees** – lay representatives contribute to the work of the Board by being involved in various groups eg Nutritional Care Group, Control of Infection Committee and the PFPI Steering Group
- **Projects** – lay representatives provide a public perspective to projects eg involvement in planning Capital projects, such as development of new Foula Health clinic.
- **Leadership Walkrounds** – lay representatives have for a number of years been involved in leadership walkrounds eg cleanliness of premises. This initiative is currently being reviewed with a view to extending it to cover a range of activities across the Board eg Infection Control, Patient Safety.
- **Public Partnership Forum** – The development of the Public Partnership Forum (PPF) enables the general public to be involved in influencing Board decisions. The PPF has a representative who is a member of the Community Health Partnership (CHP) Committee thus ensuring that the public voice is represented in the key decision making forum for services under the direction of the CHP.
- **Evaluation of Services** - Individuals contribute to evaluation of services eg patient satisfaction survey of Day Surgery Unit.
- **Focus group sessions** – individuals contribute to review of services which they have used eg waiting times at Out Patient Clinic and review of process to identify where any improvements can be made.

2 Involving people

Improvements to patient care and services are suggested or progressed through:

- **Developing of Action Plans** – individuals participate in the development of action plans to address issues of concern eg Action Plan to respond to issues raised in National Patient Experience Survey.
- **Individualised Care Planning** – across the different disciplines practitioners will ensure that individuals are involved in discussing, agreeing and implementing their treatment plan.
- **Comments and Suggestions Scheme** – this general scheme enables patients, carers and staff to contribute ideas which could improve the care and/or services provided to patients or staff.

Volunteering

Throughout NHS Shetland there are many opportunities for individuals to volunteer and to support the work of the Board in engaging and involving people in improving care and services eg by undertaking patient surveys. There are also opportunities for volunteers to improve the direct care experience for individuals eg by providing activities/support for patients.

NHS Shetland has a Volunteering Strategy which outlines activities to progress volunteering within the NHS. This strategy is in line with the national Volunteering Strategy for Scotland. Support to participate in volunteering activities is available (eg orientation and training).

In 2013 NHS Shetland achieved re-accreditation with the Investors in Volunteering Award.

Register of Lay Representatives

A register of lay representatives is maintained which provides details of individuals' particular areas of interest thus enabling appropriate targeting and selection of volunteers to contribute to specific areas of the work of the Board.

All lay representatives are supported to participate with the reimbursement of out of pocket expenses, use of accessible venues, provision of hearing loop systems and the provision of materials in large print or other languages.

In addition to this there is a detailed description in the constitution of the support available to PPF members.

Engagement

All engagement activities carried out by NHS staff follow the principles outlined in the guidance in CEL 4 (2010) Informing, Engaging and Consulting People in developing health and community care services, proportionate to the activity being carried out.

Principles

Across NHS Shetland number of principles have been agreed which describe our commitment to providing person centred; inclusive services and that have been designed through engagement with staff, patients and the public.

The principles are as follows:

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

Public Partnership Forum (PPF)

In Shetland, the PPF aspires 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 health and care services;
- Support wider public involvement in planning and decision making about public services; and
- Broaden and deepen public involvement through developing new networks.

A lay Chairman was appointed to lead the PPF in March 2013. Since the appointment of the lay chairman the PPF has taken a more active role in bringing issues of concern in the Community to the attention of the NHS Board.

A diagram showing the current relationship between the PPF and the decision making groups and committees that lead on patient and public involvement within NHS Shetland is included in Appendix 5.

Health, social care and other public sector services across Scotland have been working increasingly closely for many years. The Public Bodies (Joint Working) (Scotland) Act (2014) sets out the framework for partnership working between Health Boards and Local Authorities. Over the coming months NHS Shetland and Shetland Islands Council staff will be working together with the people of Shetland to develop the new Health and Social Care Partnership.

The Health and Social Care Partnership will develop methods of involving people at all levels from involving and engaging local communities about local issues, engaging people about specific services through to developing a mechanism to involve the public in the Health and Social Care Partnership Board.

Community Planning Partnerships exist to get public services working with each other, with communities, with the third sector and private sectors to deliver better outcomes to communities.

Locally the Community Planning Partnership will work with the Health and Social Care Partnership in the development of appropriate public engagement and involvement options.

Currently the approach to involving people varies between NHS and Local Authority services. NHS Boards have a formal and nationally consistent approach to involving people and are assessed against a national Participation Standard.

Local Authorities are encouraged to work to the National Standards for Community Engagement and have the lead responsibility for Community Planning Partnerships. Local Authorities use locally determined mechanisms for engaging and involving people in their work.

During the development of the Health and Social Care Partnership we will agree an approach for engagement and involvement of the public in our services. It is anticipated that future legislation and/or guidance will identify approaches for involving people to assist partner agencies to work consistently and cohesively.

This strategy will be amended to reflect these changes as necessary once further guidance has been issued to the Health and Social Care Partnership.

Workplan and Future Priorities

An annual work plan will be developed and agreed by the PFPI Steering Group. Progress will be monitored by the PFPI Steering Group via reports which are made to the group on a quarterly basis. The workplan for 2014/2015 is included in Appendix 6.

Communication

Following approval of the PFPI Strategy by the Board, awareness of the Strategy will be raised with all staff via Head of Department and Departmental Team meetings.

The Strategy will also be placed on the Board's website to ensure that the Shetland public can also be aware of the Board's commitment to the active involvement and engagement of the public in service development and delivery.

Organisational Chart – reporting arrangements

The current governance arrangements for Patient Focus Public Involvement activity is as outlined in the organisational chart presented in Appendix 7. As we move forward with health and social care integration, this structure will be reviewed and revised accordingly.

Key Performance Indicators

Monitoring of the PFPI Strategy and its associated workplan is carried out internally, externally and by the public in general.

Internal Scrutiny

Monitoring of the activities in the PFPI Strategy and its workplan will be formally carried out via the PFPI Steering Group.

External Scrutiny

The Board is subject to external scrutiny of its PFPI activities through the Local Delivery Plan (LDP) planning process and through the Scottish Health Council.

The LDP is the delivery contract between Scottish Government and NHS Boards in Scotland. Traditionally the LDP has shown how NHS Shetland will deliver the governments performance framework (reporting on HEAT targets). The LDP is now developing into something more ambitious: setting out how the Board will deliver the transformational change required to deliver NHSScotlands' ambition to be world leader in quality care and its

2020 Vision as described through the Route Map. One of the areas in the Local Delivery Plan is person-centred care. On behalf of the Scottish Government, the Scottish Health Council developed a Participation Standard to monitor Board's progress with PFPI activity in 3 areas:

- How well NHS Boards focus on the patient (Patient Focus),
- How far NHS Boards get the public involved (Public Involvement), and
- How NHS Boards take responsibility for ensuring the staff involve the public (PFPI Governance).

Since 2011, Boards have been required to complete a self assessment against the Participation Standard. This self assessment is then verified by the Scottish Health Council.

Progress with the implementation of the LDP and the outcome of the Participation Standard review process are reported to Scottish Government Ministers and used to inform the Annual Review of the Board.

As noted earlier, the move forward with Health and Social Care Integration may well see a new mechanism for monitoring engagement across health and social care services in the future.

Public Scrutiny

As NHS Shetland is a very small Board area it has very close relationships with the public it serves. Public accountability is very evident in the Board area and thus feedback on services and involvement of the public in decision making is readily provided, both formally and informally, to Managers within the service.

The above feedback mechanism supplements the robust formal systems which are in place eg comments and suggestions scheme, Complaints process and the outcome of the national patient experience surveys, all of which enables us to improve service delivery. It is an added bonus that through being a small health board that we receive feedback directly from our service users to staff which adds a richness and further dimension to our ability to react and respond to suggestions for service improvement.

Review

This Strategy will be reviewed in 3 years time or sooner if substantial information becomes available which creates the need to revise the strategy.

Training

Training in relation to Patient Focus and Public Involvement activity is aimed at 2 main groups – staff and members of the public themselves.

Initial and refresher PFPI training for staff is provided through the Corporate Induction and Mandatory Refresher sessions. All courses held by the local Staff Development Section focus have a strong person-centred focus.

All training sessions are evaluated by participants and the comments used to inform future improvements to the programme. PFPI Resource materials are made available to staff at the session and a Resource Box is available for loan from the Staff Development Library.

Various resources to support PFPI activity are available. This includes the Participation Toolkit (developed by and supported by the Scottish Health Council), the National Standards for Community Engagement and the Visioning Outcomes in Community Engagement (VOiCE) tool.

The Scottish Health Council and the Board's website provide further details of resources which can support staff with PFPI activity.

For lay representatives initial induction training is provided to support them in their role of engaging with the health service. This training is generic in that it aims to support lay representatives whether they be volunteers in clinical areas, members of Managed Clinical Networks or supporting patient focus public involvement activities in the many groups across the Board area.

Training from Voices (Scotland) has also been provided to support the public in understanding the role of lay members and in helping members to build “cases for change” in order to progress areas of concern locally, within health and care services.

Lay representatives are also welcome to attend any of the training programmes offered to staff in order to enhance their knowledge in particular areas of practice, eg Equality and Diversity training.

Impact Assessment

A Rapid Equality Impact Assessment will be conducted by the PFPI Steering Group and the results of which will be presented to the Board in conjunction with the Strategy (see appendix 8). The outcome of the Equality Impact Assessment will be made available to the public on the Board's website.

Glossary

HEAT Targets – Health, Efficiency, Access and Treatment Targets – targets set by the Scottish Government for achievement by NHS Boards

LDP – Local Delivery Plan – agreement, on service developments and delivery to be carried out in a particular timeframe, between the Scottish Government and an NHS Board

PASS – Patient Advice and Support Service – Service provided through the Citizens Advice Bureau to support the public in accessing information about NHS services. PASS staff also support individuals whom wish to submit a complaint about services received/experienced.

PDSA – Plan Do Study Act – a service improvement methodology

Person Centred Health and Care Programme – Scottish Government initiative to enhance the level of person centred care delivered across health and care services in Scotland

PFPI – Patient Focus Public Involvement

PFPI Steering Group – NHS Board’s group with lead responsibility for ensuring PFPI activity is considered across the work of the Board

PPF – Public Partnership Forum – Public Partnership Forum’s provide a mechanism by which issues of concern in health and care can be discussed between service providers and the public

Releasing Time to Care – a service improvement methodology

SHC - Scottish Health Council – National Organisation with Local Officers which offers a range of support to ensure that the NHS engages effectively with their local populations. At a national level Scottish Health Council Service Change Advisors provide assistance and scrutiny to NHS Boards who are undertaking projects which constitute Major Service Change.

SPSP – Scottish Patient Safety Programme – an improvement programme to enhance the safety of services provided across Scotland

STOCs – Small Tests of Change – a service improvement methodology

References

CEL (2008) 10 Refreshed Strategy for Volunteering in the NHS in Scotland

CEL 4 (2010) Informing, Engaging and Consulting People in Developing Health and Community Care Services

Consumer Focus Scotland (2008) Seven Key Tests of User Focus in the Scrutiny of Public Services

NHS Reform (Scotland) Act 2004

NHS Shetland (2014) Corporate Objectives

NHS Shetland (2014) Gathering Feedback Framework

Patients' Rights Scotland Act (2011)

Public Bodies (Joint Working) Act (2014)

Scottish Community Development Centre (2005) National Standards for Community Engagement

Scottish Executive Health Department (2000) Our National Health: A plan for Action, A plan for Change

Scottish Executive Health Department (2001) Patient Focus Public Involvement Framework

Scottish Executive Health Department (2005) Equality and Diversity Impact Assessment Toolkit

Scottish Executive Health Department (2007) Better Health, Better Care: Action Plan

Scottish Government (2008) Better Together National Patient Experience Programme

Scottish Government (2008) Visioning Outcomes in Community Engagement (VOiCE)

Scottish Government (2010) NHS Quality Strategy

Scottish Government (2011) 2020 Vision

Scottish Health Council (2010) Participation Standard

Scottish Health Council (2010) Participation Toolkit

Scottish Health Council (2014) Listening and Learning: how feedback, comments, concerns and complaints can improve NHS services in Scotland.

Appendices

- 1 Committee Structures and Organisational Arrangements
- 2 Seven Key tests of User Focus in the Scrutiny of Public Services
- 3 Roles and Responsibilities associated with implementation, monitoring and delivery of PFPI strategy
- 4 Healthcare Principles
- 5 Relationship between the PPF and the decision making groups and committees that lead on patient and public involvement within NHS Shetland
- 6 Workplan for 2014/2015
- 7 Governance Framework for PFPI
- 8 Rapid Equality Impact Assessment

Committee Structure and Organisational Arrangements

Patient Focus Public Involvement (PFPI) Steering Group

The PFPI Steering Group is a sub-committee of the NHS Board and is the Board's main group for developing and co-ordinating the principles of Patient Focus Public Involvement, as well as being a source of advice for members of staff who wish to engage with lay members. The group has the following remit:

- Help foster a culture whereby the principles and spirit of Patient Focus and Public Involvement are communicated to and adopted by all staff delivering health and care services;
- Ensure that the principles and spirit of Patient Focus Public Involvement are communicated to the people of Shetland in a practical and understandable way;
- Ensure that the principles of Patient Focus Public Involvement are integrated appropriately into all redesign projects and activities;
- Ensure that Patient Focus Public Involvement interfaces with the overall Equality and Diversity agenda as is appropriate and relevant locally and nationally;
- Ensure that anyone in Shetland who wishes to engage in Patient Focus Public Involvement activity is afforded the opportunity to become involved in the process as active partners with all staff delivering health and care services;
- To work with the Shetland Islands Council (SIC) to ensure that Patient Focus Public Involvement is an integral part of working in partnership and to ensure that the sharing of best practice is encouraged;

- To work with the relevant staff of the Scottish Government Chief Nursing Officer People, Public and Professions Directorate to ensure that policy and strategy requirements are met appropriately;
- To work with the Board's Staff Development Department and other appropriate external agencies to ensure that the training needs of all stakeholders are met in relation to the delivery of the Patient Focus Public Involvement agenda;
- To provide guidance and support to the Board's groups, Committees and Forums on how to deliver the principles of Patient Focus Public Involvement within their spheres of influence;
- To assist key staff in monitoring the impact of Patient Focus Public Involvement initiatives;
- To build strong links with local representatives of the Scottish Health Council to ensure an effective working relationship which is of benefit to both organisations and to the public of Shetland; and
- To appropriately support the work of the Community Health and Social Care Partnership in engaging with the local community.

Membership

Whilst the core membership of the group is noted below the group may co-opt additional members of staff as appropriate to advise and/or carry out time limited pieces of work to assist the group in meeting its overall aims.

Membership of the Group consists of :

Non-Executive Board Member (Lay Chairman)
Director of Nursing and Acute Services – Designated Director for Patient Experience
Chief Nurse, Directorate of Community Health and Social Care/
PFPI Lead (Vice-Chair)
Chief Nurse, Acute and Specialist Services
Senior Human Resources Adviser – Diversity and Equalities Lead
Director of Community Health and Social Care
Service Manager Primary Care
CHP Lead Clinician
Consultant representative
Public Partnership Forum (PPF) Chair
Voluntary (Third) Sector representative
Lay representatives (Minimum of 4)
Youth Voice/Youth Parliament Representative
Area Partnership Forum representative
Rep/Chair of Area Clinical Forum
Clinical Governance Representative
Complaints Officer, NHS Shetland
Chief Executive, NHS Shetland
Representation from Partner organisations (e.g. NHS Grampian, NHS 24 and Scottish Ambulance Service) - By Invitation for specific agenda item
Scottish Health Council Local Officer

Chairman

The Chairman will be a Non-Executive Director of Shetland NHS Board who will chair the Steering Group meetings. In their absence the Chief Nurse, Directorate of Community Health and Social Care as Vice Chair will deputise.

Six members of the group should be present to constitute a quorum, at least one of whom should be the Chair/Vice-Chair and two other members should be lay members.

Frequency of Meetings

Meetings will be held 6-8 weekly, with the option to call additional meetings as required.

An attendance record will be kept for all meetings and any member of the group who has not been present at 3 consecutive meetings

will receive a letter from the Chairman asking whether or not they wish to remain on the group as the representative for their respective area. Should they wish to continue, an improvement in their attendance will be required.

Any person who has not been present at four or more consecutive meetings will be considered to have voluntarily terminated their membership of the group and an alternative nomination will be sought from the group which they are representing.

Agenda items can be forwarded by any member of the group to either the Chair or Vice-Chair. A section on each agenda will be dedicated to the lay members to enable them to raise any immediate issues of concern which have not been placed on the agenda ahead of the meeting.

Reporting Arrangements

A verbal report of the activity of the group will be reported to each Shetland NHS Board meeting by the Non-Exec Chairman. The minutes of the PFPI Steering Group will also be received by the Board for information.

An annual report will be presented to the Board.

The agenda, minutes and details of the activities of the group will be available via the Board's Internet site and using opportunistic methods of communication, for example via team meetings, upon individual request.

Seven Key tests of User Focus in the Scrutiny of Public Services

- 1 An organisational commitment to user involvement
- 2 User involvement in the governance structure
- 3 User involvement in the design of scrutiny
- 4 User involvement during scrutiny to improve understanding of what services feel like on the receiving end
- 5 User involvement as members of scrutiny teams
- 6 Accessibility of scrutiny outputs and
- 7 User involvement in improvement action following scrutiny

Ref Consumer Focus Scotland (2008)

Roles and Responsibilities associated with implementation, monitoring and delivery of PFPI strategy

Within Shetland NHS Board a number of people have key roles to play in implementing, monitoring and delivering this strategy. These are as follows:

Chairman and Non-Executive Directors

A Non-Executive Director of the Board chairs the PFPI Steering Group thus ensuring that the Board's commitment to leadership of the PFPI agenda is demonstrated from the top. Chairmanship of the group by a non-executive director indicates the importance placed on lay involvement in the Board's activities.

Chief Executive

The Chief Executive has overall responsibility for ensuring that the Board complies with Scottish Government requirements.

Designated Director for Patient Experience

The Designated Director for Patient Experience is the Director of Nursing and Acute Services. The Designated Director ensures that the strategic direction for PFPI activity is identified and communicated to all staff and lay representatives.

PFPI Lead

The PFPI Lead is the Chief Nurse, Community Health and Social Care Directorate who is responsible for the operational delivery of the PFPI agenda across Shetland NHS Board area.

PFPI Steering Group

The PFPI Steering Group is responsible for developing and co-ordinating the principles of Patient Focus Public Involvement, as well as being a source of advice for members of staff who wish to engage with lay members.

Heads of Departments

Heads of Departments have a responsibility to ensure that patients and/or lay representatives views are captured and taken into account when considering any changes to services. Engagement of lay representatives/public should be from the initial planning stages of a project and continued through to completion.

Staff

Staff are responsible for ensuring that they actively engage and involve patients and, where appropriate, their significant others in the planning and agreeing of proposed plans of care.

Volunteers/Lay representatives

Volunteers are responsible for actively participating in activities which they have volunteered for, in order to enhance the delivery of services to patients.

Lay representatives are responsible for contributing the public view point to any initiative with which they choose to become involved.

Scottish Health Council

The Scottish Health Council's role is to improve how the NHS in Scotland involves people in decisions about health services. They also provide support to Boards with their improvement activities.

HEALTH CARE PRINCIPLES TO BE UPHELD BY RELEVANT NHS BODIES AND RELEVANT SERVICE PROVIDERS**Patient focus**

- 1 Anything done in relation to the patient takes into account the patient's needs.
- 2 Patients are treated with dignity and respect.
- 3 Privacy and confidentiality are respected.
- 4 Health care is provided in a caring and compassionate manner.
- 5 Support necessary to receive or access health care is available.
- 6 The patient's abilities, characteristics and circumstances are considered.

Quality care and treatment

- 7 Regard is had to the importance of providing the optimum benefit to the patient's health and wellbeing.
- 8 The range of options available in the patient's case is considered.
- 9 Health care is based on current recognised clinical guidance.
- 10 No avoidable harm or injury is to be caused to the patient by the health care provided.
- 11 Patients are cared for in an appropriate environment which is as clean and safe as is reasonably possible.

Patient participation

- 12 Patients participate as fully as possible in decisions relating to the patient's health and wellbeing.
- 13 Patients are provided with such information and support as is necessary to enable them to participate in accordance with paragraph 12 and in relation to any related processes (general or specific).
- 14 Patients are encouraged to treat any person involved in the delivery of health care with dignity and respect.

Communication

- 15 Communication about a patient's health and wellbeing is clear, accessible and understood.
- 16 Communication about general services and processes and decisions is clear, accessible and understood.

Complaints

- 17 Issues of concern are dealt with reasonably, promptly and in accordance with proper procedures.

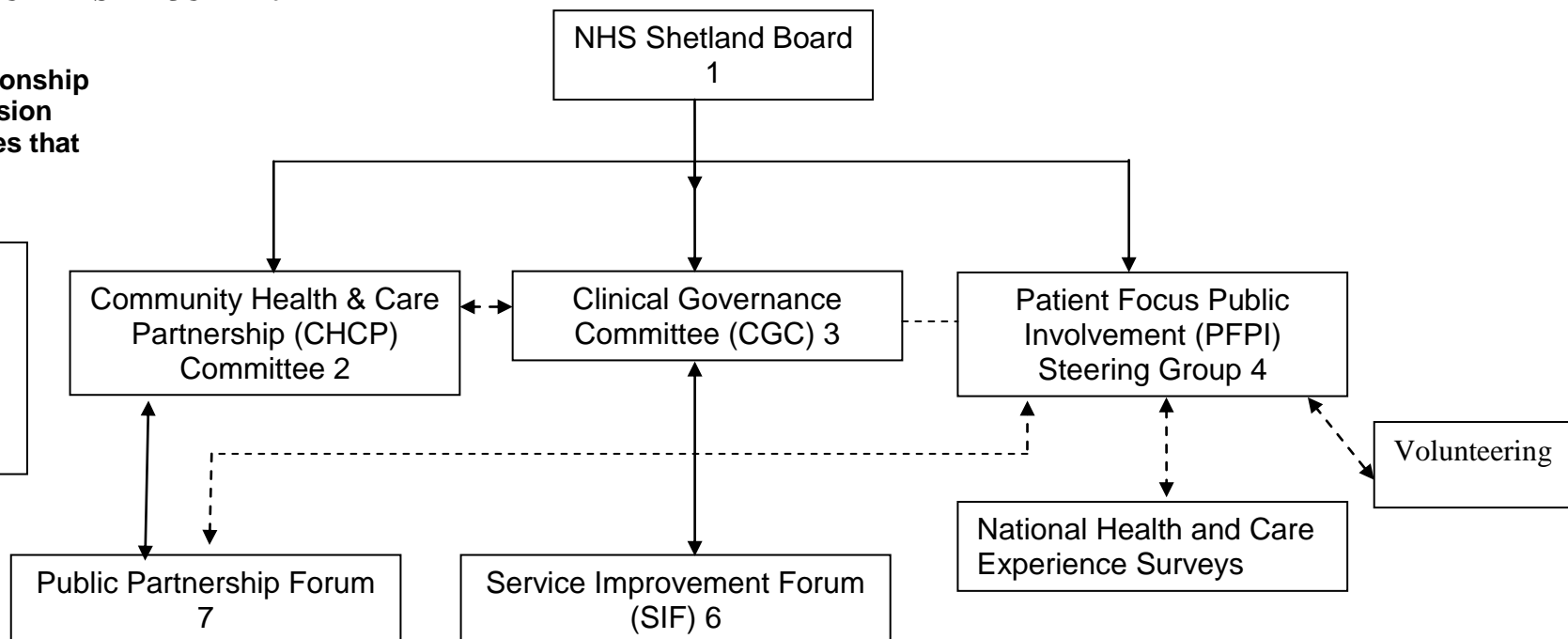
Other

- 18 Waste of resources in the provision of health care is avoided.

CURRENT STRUCTURE AS AT JULY 2014

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. Patient Experience survey working group specifically looks 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.

Appendix 6

**PFPI Strategy Workplan 2014-2015
(Including previous initial Improvement Actions in response to SHC Participation Standard Feedback)**

Outcome	Action	Responsibility/ Timescale	SHC support	Updates
Involving People				
<p>People of Shetland contribute to the reviews and development of services within NHS Shetland Acute services and Community Health and Social Care Directorates</p>	<p>Continue to participate in the National Person-Centred Health and Care programme.</p> <p>Implement “Patient Experience Framework” across the Board area ensuring all departments actively engage the public within the work of their dept.</p> <p>Present some of the work undertaken by individuals/depts, to enhance person-centred care, to the PFPI Steering Group for information</p>	<p>Kathleen Carolan, Director of Nursing & Acute Services Ongoing</p> <p>Kathleen Carolan, / EM Watson PFPI Lead July 2014</p> <p>Kathleen Carolan, / EM Watson PFPI Lead May 2014 onwards</p>		

Outcome	Action	Responsibility/ Timescale	SHC support	Updates
Staff recognise the value of the lay contribution to all service plans	<p>Continue to promote the value of lay involvement through Induction and Compulsory refresher sessions. Update current presentation in 2014</p> <p>Promote uptake of PFPI resources on LearnPro to staff across the organisation</p> <p>Evaluate the impact of staff training and the provision of PFPI resources in relation to increasing level of engagement of public/service users in the work of departments/ Services</p>	<p>Kathleen Carolan, Director of Nursing & Acute Services EM Watson, PFPI Lead September 2014</p> <p>EM Watson PFPI Lead Ongoing</p> <p>EM Watson, PFPI Lead August 2014</p>	<p>Camille Brizell, Local Officer SHC</p>	

Outcome	Action	Responsibility/ Timescale	SHC support	Updates
Public Partnership Forum (PPF)				
The PPF mechanism is an effective tool by which to engage with the local population on a range of issues	<p>Support the PPF to hold 4 meetings during 2014-2015</p> <p>Agenda for PPF meetings are set by the PPF membership</p> <p>Increase public awareness of PPF and it's activity by issuing a bulletin to the local media following each meeting</p>	<p>EM Watson to work with Lay Chair PPF Dates to be confirmed</p> <p>Harold Massie Chairman, PPF Ongoing</p> <p>Harold Massie, Chairman PPF Ongoing</p>	Camille Brizell Local Officer Scottish Health Council (SHC linked workplan activity)	

Outcome	Action	Responsibility/ Timescale	SHC support	Updates
PPF mechanism has a diverse membership which is reflective of the Shetland population	<p>Consider mechanisms by which to increase diversity of PPF group.</p> <p>Approach employers to support employees in volunteering to participate in PPF</p>	<p>Emilie Gray, Equality and Diversity Lead/ EM Watson PFPI Lead/ Harold Massie PPF Chairman By September 2014</p>	<p>Camille Brizell Local Officer Scottish Health Council</p>	
	<p>Develop/appoint PPF Office Bearers & Committee</p> <p>Review Scottish Health Council PPF Development Tool for resources to support development of local PPF structure</p>	<p>Harold Massie PPF Chairman/ EM Watson, PFPI Lead August 2014</p> <p>Harold Massie PPF Chair / EM Watson PFPI Lead By December 2014</p>	<p>Camille Brizell Local Officer Scottish Health Council</p>	
	<p>Revise PPF Working Agreement, taking account of national developments/guidance in terms of integrated health and care services</p>	<p>EM Watson PFPI Lead / PPF Lay Chair By March 2015</p>	<p>Camille Brizell Local Officer Scottish Health Council</p>	

Outcome	Action	Responsibility/ Timescale	SHC support	Updates
Equality and Diversity				
Lay representatives have the opportunity to influence the work of the Board in relation to Equality and Diversity Issues.	<p>Continue to promote /seek views of PPF/PFPI Steering Group members on Equality and Diversity issues.</p> <p>Maintain strong links between PFPI Steering Group and Equality and Diversity Network by Joint membership</p>	<p>EM Watson, PFPI Lead Emilie Gray, Equality and Diversity Lead Ongoing</p> <p>EM Watson, PFPI Lead & Emilie Gray, Equality and Diversity Lead</p>		
Volunteering				
Ensure volunteers can contribute to the work of the Board, enhancing services and care provided to patients in both the Acute services and Community Health and Social Care Directorates	Implement Volunteering across NHS Shetland in line with the actions identified in the Volunteering Strategy action plan	Dr Roger Diggle, Medical Director/Clinical Governance Lead As per timescales noted in separate action plan	Camille Brizell Local Officer Scottish Health Council (SHC linked workplan activity)	

Outcome	Action	Responsibility/ Timescale	SHC support	Updates
Understanding Experience				
Feedback is routinely sought from users of the services and this is used to inform service development and delivery	<p>All departments to conduct patient experience audit annually</p> <p>Implement action plan in conjunction with "Patient Opinion" to further the use of the Patient Opinion facility across NHS Shetland</p> <p>Implement regular review meetings with CAB re use of Patient Advice Support Service (PASS) facility. Utilising feedback to enhance service provision/development</p>	<p>Exec leads and Heads of Depts By March 2015</p> <p>Carolyn Hand, Complaints and Feedback Officer, EM Watson PFPI Lead/Gina Alexander, Director Patient Opinion</p> <p>Carolyn Hand, Complaints Officer July 2014</p>		
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	<p>Develop and implement action plan to address issues identified in GP survey – results expected May 2014</p> <p>Develop and implement action plan to address issues identified in in-</p>	<p>EM Watson PFPI Lead July 2014</p> <p>EM Watson PFPI Lead October 2014</p>		

Outcome	Action	Responsibility/ Timescale	SHC support	Updates
	<p>patient – results expected August 2014</p> <p>Liaise & action plan with NHS Grampian re feedback on NHS G services used by Shetland residents</p>	<p>EM Watson PFPI Lead January 2015</p>		
<p>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.</p>	<p>Update on Health and Care Experience actions will be shared via PPF meetings</p> <p>Information on Services publicly available via Board's website</p>	<p>EM Watson PFPI Lead Annual Update to PPF October/November 2014</p> <p>Carolyn Hand Corporate Services Manager Ongoing</p>		
<p>The patient experience is used to inform decision making within all levels of the Board</p>	<p>Implement the "Patient Experience Framework" across the Board</p> <p>Institute a process to Share Patient Stories with Board members at NHS Board meetings</p>	<p>K Carolan, Director of Nursing and Acute services September 2014</p> <p>K Carolan, Director of Nursing and Acute services September 2014</p>		

Outcome	Action	Responsibility/ Timescale	SHC support	Updates
<p>NHS Shetland demonstrates that the involvement of the public is core to all Board activities</p>	<p>Review use of the Participation log to support demonstration of lay involvement and changes made as a result</p> <p>Review Board format for documents to include a section on work undertaken to seek patient and public views eg PID format, Board /Committee format</p> <p>Consider section on Board reports that highlight changes proposed by the public</p> <p>Continue to seek new ways of communicating with the public and exploring engagement opportunities with them</p> <p>Review all documents for issue to lay members and remove/explain any “jargon” present</p>	<p>EM Watson, PFPI Lead Ongoing</p> <p>Ralph Roberts, Chief Executive/Corporate Services By July 2014</p> <p>Ralph Roberts, Chief Executive/Corporate Services By Sept 2014</p> <p>EM Watson PFPI Lead/Kathleen Carolan Director of Nursing & Acute Services By December 2013</p> <p>Carolyn Hand Corporate Services</p>	<p>Camille Brizell Local Officer Scottish Health Council (SHC linked workplan activity)</p>	

Outcome	Action	Responsibility/ Timescale	SHC support	Updates
	Consider overall project time scales to ensure sufficient time built in to support public involvement/engagement in relevant processes eg when issuing documents for consultation	ongoing All Executive Directors Ongoing		
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	Complete Public involvement/engagement pack for use by all staff to ensure that there is a core set of documentation which supports individuals undertaking engagement activity eg sign in sheets, evaluation forms Feedback provided to individuals as agreed which may be directly or through Board media eg comments and suggestions scheme, press articles etc	EM Watson, PFPI Lead By October 2014		

Outcome	Action	Responsibility/ Timescale	SHC support	Updates
Improving Care				
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	<p>Review with Practices their Public participation opportunities</p> <p>Support the development of Patient Participation Groups at Individual General Practices</p>	<p>EM Watson PFPI Lead/ Lisa Sutherland Service Manager Primary Care/Camille Brizell SHC Local Officer By October 2014</p> <p>EM Watson PFPI Lead/ Lisa Sutherland Service Manager Primary Care/Camille Brizell SHC Local Officer By 31 March 2015</p>	<p>Camille Brizell Local Scottish Health Council Officer</p> <p>Camille Brizell Local Scottish Health Council Officer</p>	
Improving Care				
The voice of the customer (public) informs all service developments	<p>Lay representation is sought for all project groups established to take forward service redesigns</p> <p>Independent public engagement events (eg</p>	<p>Support from all Senior Management Team members to ensure that service managers/Heads of Departments ensure public voice is included in projects Ongoing</p> <p>K Carolan, Director of Nursing and Acute Services &</p>	<p>Camille Brizell Local Scottish</p>	

Outcome	Action	Responsibility/ Timescale	SHC support	Updates
	focus groups, surveys) undertaken to inform service plans, as necessary	EM Watson, PFPI Lead Ongoing	Health Council Officer	
Public are aware of the various mechanisms in place which can be used to provide feedback on the services provided by the Board	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	EM Watson, PFPI Lead / Carolyn Hand, Corporate Services Manager October 2013	Camille Brizell Local Scottish Health Council Officer	
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 2014 EM Watson PFPI Lead August 2014 Kathleen Carolan Director of Nursing and Acute Services September 2014		

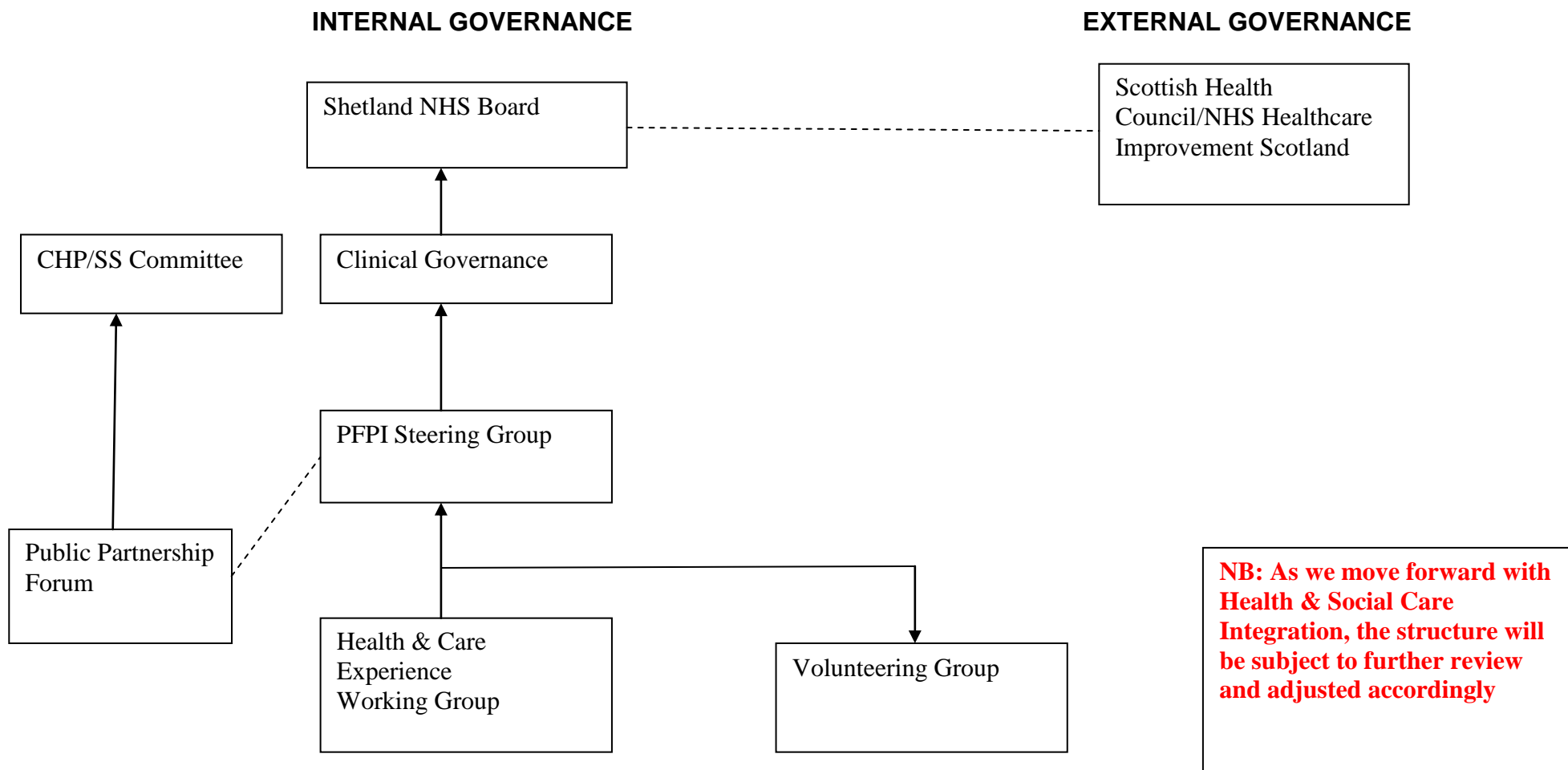
Outcome	Action	Responsibility/ Timescale	SHC support	Updates
Opportunities for engagement and involvement activities continue to develop across NHS Shetland.	<p>Workplan for 2014-2015 incorporates improvement actions as advised by Scottish Health Council</p> <p>Develop new PFPI Strategy for period 2014-2017</p>	<p>Kathleen Carolan Director of Nursing and Acute Services/ EM Watson, PFPI Lead</p> <p>Kathleen Carolan Director of Nursing and Acute Services / EM Watson, PFPI Lead By June 2014</p>	Camille Brizell Local Officer Scottish Health Council	
Shetland Public assured that NHS Shetland involves people in the development and review of services.	<p>Prepare and submit NHS Shetland Self Assessment on PFPI activity to Scottish Health Council as per future scrutiny guidance (awaited)</p> <p>Achieve Level 4 (Improvement) in Participation Standard</p>	<p>Kathleen Carolan Director of Nursing and Acute Services/ EM Watson, PFPI Lead By March 2015</p> <p>Kathleen Carolan Director of Nursing and Acute Services/ EM Watson, PFPI Lead By March 2015</p>		

Outcome	Action	Responsibility/ Timescale	SHC support	Updates
NHS Shetland activities are informed by the voice of the customer through lay representation contributing to the work of the Board at all levels	Re-audit against Consumer Focus Standards Develop action plan to address results of audit	EM Watson, PFPI Lead July 2014 EM Watson, PFPI Lead December 2014	Camille Brizell Local Officer Scottish Health Council	
Support for Public and Staff in delivering the Patient Focus Public Involvement agenda				
Members of the Shetland public will be able to access information on services provided and current health and care initiatives via NHS Shetland website	Ensure information on PFPI section of Internet site remains up to date Encourage public to provide feedback to the Board via the online feedback mechanism	EM Watson PFPI lead Ongoing All PFPI Steering Group members Ongoing	Camille Brizell, SHC Local Officer	
Lay representatives are supported to enable them to maximise their contribution to the work of NHS Shetland	Review with lay reps any development needs Source relevant training to support, as necessary	EM Watson, PFPI Lead/PPF Lay Chair October 2014		

Outcome	Action	Responsibility/ Timescale	SHC support	Updates
	Provide local induction programme to PFPI (as required)			

EM Watson, Chief Nurse (Directorate of Community Health and Social Care)/PFPI Lead, 11 April 2014

Governance Framework : Groups and Committees



Appendix 8 – Rapid Equality Impact Assessment

1. Rapid Impact Checklist - NHS Shetland PFPI Strategy 2014-2017

<p>Which groups of the population do you think will be affected by this proposal? All groups of the population (aged over 16years) will be affected.</p> <ul style="list-style-type: none"> • minority ethnic people (incl. gypsy/travellers, refugees & asylum seekers) • women and men • people in religious/faith groups • disabled people • older people, children and young people • lesbian, gay, bisexual and transgender people • people of low income • people with mental health problems • homeless people • people involved in criminal justice system • staff 	
<p>N.B. The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed.</p>	<p>What positive and negative impacts do you think there may be?</p>
	<p>Which groups will be affected by these impacts?</p>
<p>What impact will the proposal have on lifestyles? For example, will the changes affect:</p> <ul style="list-style-type: none"> • Diet and nutrition? • Exercise and physical activity? • Substance use: tobacco, alcohol or drugs? • Risk taking behaviour? • Education and learning, or skills? 	<p>The strategy will not necessarily have an impact at an individual level in terms of changes in diet, lifestyle etc but the involvement of lay representatives in the work of the Board has the potential to have an impact on these areas in terms of local policy development and practice.</p>
<p>Will the proposal have any impact on the social environment? Things that might be affected include</p> <ul style="list-style-type: none"> • Social status • Employment (paid or unpaid) • Social/family support • Stress • Income 	<p>Individuals who participate in the work of the Board through the giving of their time in relation to Patient Focus Public Involvement activity may well experience positive benefits in their social environment such as feeling a greater sense of self worth through contributing to improving services and activities for others who require to use the service.</p> <p>Out of pocket expenses are paid to support individuals involvement.</p>
<p>Will the proposal have any impact on</p> <ul style="list-style-type: none"> • Discrimination? • Equality of opportunity? 	<p>The implementation of this strategy may have a positive effect on equality</p>

<ul style="list-style-type: none"> • Relations between groups? 	<p>of opportunity and discrimination by ensuring that services respond to those with particular needs. Public Involvement may also help raise the profile of those with differing views and thus can assist with the developing of a better understanding of things from a range of perspectives.</p> <p>The implementation of the PFPI Strategy should support the inclusion agenda across the work of the Board.</p>
<p>Will the proposal have an impact on the physical environment? For example, will there be impacts on:</p> <ul style="list-style-type: none"> • Living conditions? • Working conditions? • Pollution or climate change? • Accidental injuries or public safety? • Transmission of infectious disease? 	<p>The PFPI Strategy is unlikely to have an impact on the physical environment as noted. However, the involvement in some of the projects which the Board wishes to undertake may well have an impact in these areas eg involvement in the Capital programme developments.</p>
<p>Will the proposal affect access to and experience of services? For example,</p> <ul style="list-style-type: none"> • Health care • Transport • Social services • Housing services • Education 	<p>The implementation of the PFPI Strategy should enable more active involvement of members of the public in the development/review of services which in turn should assist with making the services better fit the needs of those who require to use them.</p> <p>This is inline with the Scottish Government's aim of promoting mutuality in the NHS in Scotland.</p>

Rapid Impact Checklist: Summary Sheet

Positive Impacts (Note the groups affected)

The Patient Focus Public Involvement Strategy supports increased opportunities for individuals and groups from all sectors of the community to become involved in shaping the work of the Board both at an individual patient level as well as at service planning level.

This enhanced involvement can only be positive for members of the community where they actively become involved in service planning and delivery to ensure that the services provided meet the needs of individuals from all sectors of the community.

Negative Impacts (note the groups affected)

There should be no negative impacts as the ethos of the Patient Focus Public Involvement Strategy is to promote the Scottish Government's concept of Mutuality whereby the NHS belongs to all of us and thereby our contribution to the development and delivery of that service is actively welcomed.

Additional Information and Evidence Required

From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?

There is no requirement for a full EQIA process as the implementation of this strategy should support the inclusion of all individuals in the planning and delivery of NHS services locally.

Manager's Signature: EM Watson, Chief Nurse, DCH&SC /PFPI Lead
Date: September 2014 on behalf of PFPI Steering Group