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Action Plan

A Form fit to Function

Submitted to the Cabinet Secretary for Health and Wellbeing and Minister for Public Health and Sport, Scottish Government, following an Independent Review of the Scottish Health Council

May 2009

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1. Introduction

- 1.1 The Scottish Health Council was established in April 2005 to ensure that the Patient Focus and Public Involvement agenda was taken forward within the NHS in Scotland. To achieve this it was set up with its own identity and with direct access to the Cabinet Secretary for Health and Wellbeing, and a ministerially appointed Chairman. It is hosted within NHS Quality Improvement Scotland (NHS QIS) who have responsibility for governance, including employment of staff and providing support services. The Scottish Health Council also has its own National Council, whose members are appointed under the public appointments process, and ratified by the NHS QIS Board. From the outset it was agreed that the Scottish Health Council would be reviewed three years after it was set up.
- 1.2 The Scottish Government Health Directorates, the Scottish Health Council, and NHS QIS commissioned the Scottish Council Foundation to carry out this independent review and they published their Review report *Function and Form* in November 2008.
- 1.3 The Minister for Public Health and Sport then asked the Scottish Health Council to agree an Action Plan with NHS QIS and the Scottish Government Health Directorates that addressed the recommendations made by the review. Developing this Action Plan has involved discussion with all stakeholders including staff, National Council members, NHS QIS Board, NHS Boards and the Scottish Government and it includes:
 - redefining of Scottish Health Council functions to reflect the findings of the Review report and discussions with stakeholders;
 - key priorities for the Scottish Health Council for the future and, in particular, developing and implementing the Participation Standard;
 - arrangements for closer and improved collaboration with NHS QIS to make sure we identify and use every opportunity to share resources and knowledge to improve public and patient involvement and experience.
- 1.4 The Action Plan also recognises the need to work closely with the *Better Together* Programme funded by the Scottish Government.
- 1.5 Once the plan is approved by Ministers this will form the basis of a formal consultation with staff to take place in the summer of 2009.

1.6 The Review

Function and Form contained a number of conclusions and recommendations and the report can be accessed via www.scottishhealthcouncil.org¹. The main theme of the report was that the structure of the Scottish Health Council was "...impeding the efforts of staff and was in need of reform." It proposed that the organisation's form should more closely follow the functions, which should be accurately defined and located appropriately within a revised structure. The Review report also found that the geographical/regional structure, based on generic posts in all areas, had not assisted the development of necessary specialist expertise. The Review report also agreed that the direction of travel should continue to be that of transferring more resource into development work areas, to assist NHS Boards improve their participation activities as well as supporting the development of Public Partnership Forums. This direction of travel had already been agreed with the Cabinet Secretary and noted as an action in her letter following the Scottish Health Council Annual Review in October 2007. Similarly the Scottish Health Council's assessment activity should continue to evolve into a proportionate and robust 'quality assurance' role, in keeping with the policy approach outlined in the Scottish Government response to the *Crerar Review*.²

1.7 In developing a response to the review report two key groups were set up:

- A **Staff Group** made up of Scottish Health Council and NHS QIS staff along with a trade union representative, met to discuss, inform and advise on organisational issues such as the development of the Scottish Health Council functions and associated structure; and
- A **Governance Group** made up of members of the Scottish Health Council National Council, the NHS QIS Board, the NHS QIS Executive Team, and the Scottish Health Council Director. This Group considered options for the governance of the Scottish Health Council as well as opportunities to improve collaborative working on improving health care services, including patient and public experience.

1.8 This work was underpinned and guided by discussion at the Scottish Health Council National Council and the NHS QIS Board.

1.9 The Scottish Health Council National Council is of the view that to enable the organisation to build on and strengthen its important development role – as outlined in *both Function and Form* the review report and the Annual Review - it was necessary to maintain the 14 local offices covering the geographical board areas. The Council also reiterated its view that strengthening management capacity at National level is essential to take the organisation forward and NHS QIS supports this view.

¹ Web link to view *Function and Form* is

www.scottishhealthcouncil.org/shcp/files/SHC08_Independent_Review_Report_Nov_2008.pdf

² The Crerar Review web link: <http://openscotland.gov.uk/Resource/Doc/198627/0053093.pdf>

- 1.10 *Function and Form* noted that the present governance arrangements “had led to complications in the presentation of the organisation’s role and raises questions about lines of accountability”. The report also stated that “The status quo is a feasible option for the future...”³ and that the current arrangements have presented no difficulty in terms of the organisation meeting its responsibilities although maintenance of the status quo depends on a consensus between SHC and NHS QIS that this is the right option.
- 1.11 Both organisations will become part of a new health body – which is likely to be called Healthcare Improvement Scotland (HIS) – and the Group was fully aware that the governance arrangements for that body will be a matter for the Scottish Government and Parliament. The Governance Group agreed on two principles:
- The distinct identity of the Scottish Health Council must be retained
 - The profile of and focus on Patient Focus and Public Involvement (PFPI) must remain high on the NHS Scotland agenda. It is encouraging that the policy is increasingly supported by initiatives such as *Better Together*, the patient experience programme, the Scottish Government’s developing quality improvement strategy and by the planned inclusion of the Participation Standard in the NHS performance management system. PFPI needs to retain a high profile if it is to take this agenda forward and it is essential that any new arrangements did not dilute the momentum behind the policy.
- 1.12 They then considered 4 main options: maintaining the *status quo*; establishing the Scottish Health Council as an independent body; complete dispersal of the Scottish Health Council functions within NHS QIS / HIS; and establishing the Scottish Health Council as a component of HIS, retaining a visible identity and distinct role while addressing the existing governance issues and exploiting opportunities for closer integration.
- 1.13 In considering the Governance Group’s summary of the issues discussed, the Board of NHS QIS recognised that there is an opportunity to work in partnership with the Scottish Health Council while maintaining its unique identity and profile. They agreed without dissent that, from their point of view, option 4 is the preferred way forward in relation to governance of the Council.
- 1.14 The Scottish Health Council were unanimously of the view that the current arrangement, namely the *status quo*, which had worked well for the past four years, could transfer quite readily to the new body.
- 1.15 Staff have responded enthusiastically to the challenge of designing a new structure, and have participated in two ‘all staff’ events, inputting and discussing their ideas. We have also received a number of written responses to the Review report from Local Advisory Council members and NHS Boards.

³ *Function and Form*, page 6

- 1.16 The Staff Group held three meetings to consider the Action Plan and to input ideas and suggestions. This Action Plan reflects to a large degree the discussion and the consensus resulting from those meetings, and in particular, the description of the functions on page 9 and the structure set out on page 24 are a direct output from that group.
- 1.17 The Scottish Health Council and NHS QIS have developed and debated this Action Plan in partnership with staff and trade unions, with the aim of further strengthening PFPI across NHS Scotland and more widely in the public sector. We are committed to working together with all stakeholders to achieve this.
- 1.18 In order to deliver the revised functional approach in this paper, our workforce will be supported by a comprehensive training and development package. A revised structure with improved communications based on web-based information sharing and clearer functional line management arrangements will enable the organisation to develop closer and more effective working with NHS Boards, Public Partnership Forums, and other stakeholders. During the summer, we will engage in partnership dialogue with NHS Boards to develop further detail and practical protocols for the Community Engagement and Improvement Support and Knowledge Network functions. The intention is to have the revised structure (the implementation phase) in place by December 2009, subject to the successful implementation of our Organisational Change Policy (see Section 10). As referred to above, discussions with staff, NHS Boards, Public Partnership Forums and other stakeholders over operational aspects of implementation of the new functions will be essential and it is planned to continue these through the implementation phase until March 2010 in order to ensure the new structure's suitability and effectiveness for all stakeholders.

Richard Norris
Director
Scottish Health Council

26th May 2009

2. The Givens

- 2.1 The Action Plan needs to take account of the existing environment and present a reasoned argument for change within certain constraints.
- 2.2 On that basis, the following are 'givens', which are taken to underpin the consideration of the Action Plan and the creation of a new organisational structure for the Scottish Health Council.
- Our quality assurance role of effective and meaningful PFPI in Scotland will continue
 - Our development / support role will continue
 - The development of the Participation Standard will be central in any new assessment approach
 - NHS Scotland policy stipulates that, in relation to organisational change, there should be no compulsory redundancies
 - There are no new resources and therefore any changes have to be financed within our existing budget
 - There is a case for major reform set out in *Function and Form*
 - The new organisation, in whatever form, will constitute a part of the new HIS body to be established in 2011.
- 2.3 In addition the following represents 'assumptions' made by the Director in formulating this plan, based on feedback from the National Council and other stakeholders:
- The local office network will continue to operate
 - All senior manager posts should combine both operational and strategic responsibilities, and there should be no gaps in terms of responsibility for the organisation's activities
 - There should be a move away from separate regional focus towards the establishment of functional teams with national responsibilities wherever possible

- There is a need for a communications strategy and delegated management responsibility to deliver improved internal and external communications
- Volunteers / public input is essential, but this can only be given meaningful consideration after we have developed a plan that takes us forward in terms of function and definitions.
- Training for both staff and volunteers must be a strategic priority, and reflected in the allocation of responsibilities in the senior management team, and elsewhere within the structure. An appropriate organisational development plan will be produced to deliver the changes, providing ongoing support and training for all staff to enable them to take on and build expertise and confidence in the new roles.

3. Analysing the Functions

3.1 The Scottish Health Council was established with three main functions, defined as

Assessment – independently assessing the performance of NHS Boards in delivering patient-focused services and ensuring public involvement

Development – supporting the development of good practice in patient focus and public involvement

Feedback – ensuring that patients, carers and the public are able to make their views on health services known

3.2 In practice, the organisation had found that the Feedback function was an integral part of Assessment and Development and *Function and Form* agreed with that view.

3.3 *Function and Form* however proposed that the functions of Assessment and Development be further analysed and defined as follows:

- There should be separation of the assessment and development functions locating separate teams to deliver each from within the National Office
- Assessment of ongoing participation activities by NHS Boards should be undertaken on a longer assessment cycle, and there should be closer collaboration with NHS QIS where appropriate
- There is an opportunity for the Scottish Health Council to develop approaches to assessing NHS Board performance in relation to particular themes on all Scotland basis, referred to here as ‘thematic assessments’
- The local offices should engage in ‘validating’ NHS Board self-assessments rather than producing their own assessments
- Assessment of NHS Boards’ consultation activities around major service change should be led by an expert national team
- Development can be ‘demand-led’, based on a ‘menu’ of development options and matching guidance for NHS Boards, Public Partnership Forums and others
- Equally, Development can be ‘supply-led’, based on identifying priority development actions arising out of self-assessments and the cycle of assessment reviews

- The Scottish Health Council should lead a Research and Development function for Participation / patient involvement. A new framework, based on the concept of a ‘knowledge hub’, should be created in partnership with external stakeholders. The work of the hub would draw on expertise available among NHS practitioners, health service academics and other public and community involvement experts.

- 3.4 The policy landscape has changed significantly regarding ‘scrutiny’ of public service organisations with the publication of the *Crerar Report* and the Scottish Government response to this report. There is a strong emphasis on ‘proportionate’ and independent scrutiny and assessment, and removing duplication and overlap where different agencies are assessing the same organisation at different times. There is also a strong emphasis on self assessment, and using longer assessment cycles, with annual assessments only where absolutely justified.
- 3.5 We are also aware of the emerging agenda on community planning and the increasing development of joint working between Community Health Partnerships and Local Authorities. Any organisation that has a ‘scrutiny’ role is also expected to demonstrate strong links between this role and ‘improvement’. It is significant in this regard that the new healthcare scrutiny organisation to be established in the light of the Scottish Government response to *Crerar* is to be called ‘Healthcare Improvement Scotland’ (HIS).
- 3.6 In the light of these developments and following discussions with all stakeholders, it is proposed that the organisation’s functions be redefined as follows:

- **Community Engagement and Improvement Support**
- **Participation Review**
- **The Knowledge Network**

3.7 **Community Engagement and Improvement Support**

The use of the term ‘Community Engagement’ is to ensure that the focus is rightly on engaging with communities, broadly understood and it is intended that Public Partnership Forums are a ‘major player’ in this respect. The term ‘Community Engagement’ encompasses both supporting NHS Boards to engage effectively with communities and our own direct engagement with communities – which is essential if we are to be able to carry out our functions. The term ‘Improvement Support’ is intended to capture the development agenda – but switching the emphasis on supporting NHS Boards to improve, rather than ‘developing’ NHS Boards – which could carry the implication that NHS Boards do not carry primary responsibility for developing and improving their approach to PFPI.

- 3.8 Community Engagement under this heading would include validating with local communities that NHS Boards have involved them meaningfully in producing their self-assessments for the new Participation Standard. This would be for pragmatic reasons, and there is explanation of this point later in this document (under paragraph 6.6).

3.9 This function would also include the Service Change team – given its ‘cross over’ role in combining both the provision of advice and guidance, and evaluating whether NHS Boards have demonstrated adherence to relevant guidance in their engagement and consultation activity. Whilst a case can be made for separating the ‘advice and guidance’ role from the ‘evaluation’ role relating to service change, on balance it is felt that it would be better to concentrate this expertise and knowledge in a small national team, thus ensuring consistency both in the advice given to NHS Boards and in the assessments provided. Local offices would be primarily engaged with local communities and would be able to provide valuable intelligence and information to the Service Change Team, but it would be members of the team who would work directly with NHS Boards in this area.

3.10 **Participation Review**

The Participation Standard, currently being developed, will become the principal means of assessing how well NHS Scotland is involving patients and the public in the design and delivery of services. The Participation Review function would therefore focus on assessment using the Participation Standard, and ensuring a consistent national approach. The review approach is likely to include national assessments based on review team visits and peer review reports. The exact delivery of the national assessment of the Participation Standard is currently under discussion with NHS QIS and NHS Boards, and local community and public organisations will also have the opportunity to input views and suggestions. The Participation Review staff would necessarily have to work closely with our Community Engagement and Improvement Support staff in ensuring that Participation Standard self-assessments and reviews were conducted robustly and consistently across Scotland.

3.11 This function would also provide ‘thematic’ reviews in areas where it was felt that a ‘snap shot’ pan-Scotland view was required, e.g. an update thematic review could assess progress across Scotland in providing opportunities for members of local communities to participate in Public Partnership Forums, or review patient involvement in Managed Clinical Networks. The Scottish Health Council sees considerable potential for this function to add value to our understanding of progress in implementing PFPI in different areas; identifying gaps and good practice and informing training and development activity. However, these reviews would be provided on an occasional basis rather than being a regular item, as the Participation Standard and our assessment approach should capture most of the important areas.

3.12 A separate role (but falling within the Participation Review section) would be the provision of secretariat and support services to Independent Scrutiny Panels set up as required by the Scottish Government. It is important to state that the delivery of scrutiny would remain with the Independent Panels and would not be the direct responsibility of the Scottish Health Council. The Scottish Government provides separate financial resource for the secretariat and support service and the organisation welcomes the opportunity to further explore and develop the synergies between the processes of the Independent Scrutiny Panels and those of the Scottish Health Council in relation to service change.

3.13 The Knowledge Network

Function and Form stressed the importance of creating what was referred to as a 'knowledge hub' to support 'demand-led' development by NHS Boards, Public Partnership Forums and other stakeholders.

It described its focus as being "...learning from practical experience, research and evaluation evidence to improve PFPI activity. Good practice in public involvement from other sectors, in Scotland, the UK and relevant international examples should be highlighted and collaborative links built where appropriate."⁴

- 3.14 The Knowledge Network function incorporates this concept. Its function will be to provide a 'gateway' service for NHS Boards; ensuring that good practice and experience is shared; enabling the development of new approaches; facilitating the production of guidance, standards and good practice statements, and supporting NHS Boards in demonstrating adherence to these. This function will also contribute to policy development, information dissemination, and national engagement. We will be working closely with NHS Boards, Public Partnership Forums and other stakeholders in developing more details and protocols for the delivery of this new function.
- 3.15 There is already in existence various guidance on participation and involvement and the Participation Standard currently in development (led by the Scottish Health Council) will be based on and developed from those existing resources. However, the function would influence and, where appropriate lead on, the production of guidance, standards and good practice statements where appropriate and necessary in the future. This could include, for example, good practice guidance on the development of Public Partnership Forums. The function would draw in experts from both within and outside the Scottish Health Council, as well as working in partnership with interested parties.
- 3.16 The Knowledge Network would consist of contacts and practitioners both working 'at the coalface' within the Scottish Health Council, but also practitioners in NHS Boards, community organisations and other stakeholders. It would be important to ensure links with other parts of the public sector, and practitioners beyond Scotland. Such multi-agency contact would be one way in which this function would relate to the broader participation network.
- 3.17 The existing 'Evolving Practice' website and newsletter would be a key output and means for disseminating information and sharing practice, as part of the Knowledge Network.
- 3.18 NHS Boards, Public Partnership Forums and other groups would be able to contact the 'knowledge network' to obtain advice, up to date information and direction to other organisations / knowledge sources as appropriate. The service would be provided via posts based in the National Office (e.g. Information Officer, Patient Focus Officers, etc.) but may be referred to other specialists in the organisation as appropriate.

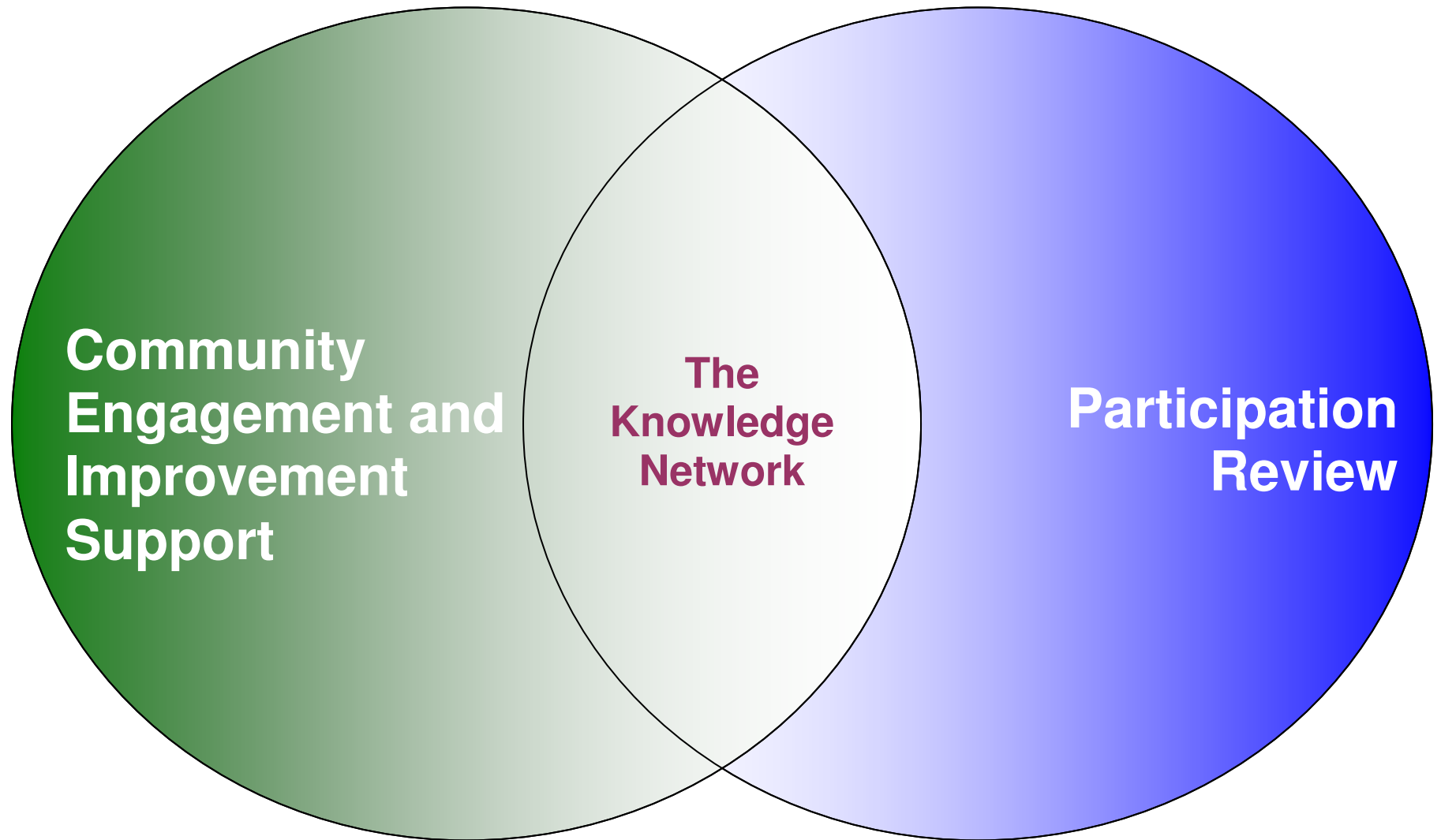
⁴ *Function and Form* Page 69

Where necessary, callers may be referred to external experts (e.g. in NHS Boards or other organisations). Ongoing training and support will be provided to the staff directly involved in the gateway service, to ensure that stakeholders receive up to date and relevant information, tailored to their needs.

- 3.19 These three areas of activity – the multi-agency contact, the Evolving Practice website, and the Gateway Service – would comprise the Knowledge Network – and involve developing and maintaining a network of contacts, knowledge and ideas for the further improvement of participation and involvement practice.
- 3.20 Over the past four years, the Scottish Health Council has significantly influenced the development of policy relating to participation and involvement. This input to policy development and the provision of policy updates to staff, members and other stakeholders will now be explicitly recognised in the new structure in a dedicated policy post. The Head of Policy will ensure the organisation continues to make a full contribution to the development of the participation and involvement agenda.

4. The Functions

Overlapping circles



5. Community Engagement and Improvement Support

- Proactive and tailored support for NHS Boards
- Community development support
- Identifying support needs
- Facilitating multi-agency working
- Sharing practice, networking and research
- Supporting Boards with good practice, guidance and standards relating to involving people in service change
- Skills and knowledge development

- 5.1 The first function is that of Community Engagement and Improvement Support. One of the key points raised by the Independent Review was the need to identify and demonstrate a nationally consistent approach to the issue of Development, and working with NHS Boards and Public Partnership Forums to deliver improvement within their PFPI activities. There is a clear opportunity to introduce a more proactive and effective approach. The key issues identified through the Participation Review process would become the shared objectives for both NHS Boards and the Community Engagement and Improvement Support function, as set out in the concept of 'supply-led development' in *Function and Form*.
- 5.2 The scope of this function is highlighted in the bullet points above, with the organisation offering credible and consistent support to NHS Boards and Public Partnership Forums with a geographically dispersed staffing resource available to support community development, facilitate multi-agency working and knowledge share, and provide practical assistance in improving stakeholder skills and experience. This function will work closely with the Knowledge Network to ensure that good quality and up to date knowledge is shared. We will be working closely with NHS Boards and Public Partnership Forums in establishing this function, feedback will be obtained on a regular basis to ensure that the function is meeting the needs of stakeholders. Training and support will be provided to staff to ensure they are equipped with the skills and knowledge necessary for the delivery of this role.
- 5.3 A key task for local offices would be to establish clear links with Community Planning Partnerships and other Community Engagement Groups – to avoid duplication and enable shared learning and development. Public involvement is a key priority not just for health but for the whole of the public sector and the Scottish Health Council can play a pivotal role in ensuring that a broader perspective informs the progress made by the public sector in Scotland as a whole.

- 5.4 The experiences and best practice gained from the work of this function would be fed into the development of guidance and standards, thereby ensuring that a continuing cycle of improvement is secured. The emphasis with this function, as with the other two, is on collaboration and partnership working with NHS Boards and all other stakeholders to deliver an inclusive and comprehensive process of improvement that guarantees effective public participation in the development of health services.
- 5.5 It is envisaged that Community Engagement and Improvement Support staff would be based throughout the organisation's offices across Scotland, with a national management reporting structure in order to ensure consistency of approach and equity in support.
- 5.6 The majority of local staff would be involved in the delivery of this strategic function. This would represent a clearly defined role for local offices which would become more 'community facing', and specifically focus on:
- Providing support to the development of Public Partnership Forums
 - Working with 'seldom heard' groups to ensure they have the same opportunities to engage and influence NHS Scotland services as other groups
 - Engaging with Community Planning Partners to ensure that opportunities for participation are maximised, and duplication is minimised
 - Facilitating and sharing best practice locally
 - Engagement with other groups of importance to the whole health promotion and healthy living agenda, for example young people and working people, delivered through links with colleges, trade unions, professional associations, etc.
- 5.7 However, it should be noted that local staff will still need to maintain strong links with Community Health Partnerships and NHS Boards to continue to build their local knowledge and remain effective in their provision of guidance to local Forums and Community Groups.

6. Participation Review

- Participation Standard review
- Validation of NHS Boards Participation Standard self-assessment
- Evaluation of NHS Boards engagement and consultation activities on service change
- Thematic reviews
- Secretariat and other relevant support for Independent Scrutiny Panels

- 6.1 The new functional approach continues with the establishment of Participation Review. Over the past two years, NHS Boards have moved to a self-assessment approach relating to their PFPI activities, which has been broadly viewed as the appropriate way forward. NHS Boards' self-assessment approach incorporates community verification and this will continue, with communities verifying the NHS Boards' own audit of their practices using the new Participation Standard currently being developed. However, there remains a clear need for the Scottish Government to have access to an independent view as and when required not just on straightforward PFPI issues, but also in terms of service change and the consistent (and effective) application of PFPI principles across Scotland relating to specific NHS activity, both clinical and non-clinical, such as cancer care, diabetes, patient information, patient capacity building etc. (i.e. thematic reviews).
- 6.2 There also continues to be an intermittent need for secretariat and support services to be provided to Independent Scrutiny Panels as requested by the Scottish Government. These need to be put in place and deliver reports to an extremely tight timescale. As noted earlier, the content of Scrutiny Panel reports would be determined by the Panels, and are not part of the function of the Scottish Health Council.
- 6.3 The Participation Review function would address the key aspects highlighted in the bullet points above, by taking forward the guidance and standards put in place and applying it to NHS Boards' activities. A key role will be played by the Participation Standard enabling NHS Boards to audit their participation activities. Through our validation and performance review activities we will be able to monitor and bring national consistency to the use of this Standard. Through the instigation and publication of thematic reviews, the organisation would be able to provide the Scottish Government and the general public with accurate information and comment on the consistency of PFPI across specific NHS services. This work would then feed the Community Engagement and Improvement Support function with key areas of focus and development priorities in order to work collaboratively with NHS Boards and secure positive change.
- 6.4 The term 'Participation Standard Review' refers to the development of an approach similar to that used by NHS QIS in relation to the assessment of NHS Boards' performance against clinical standards. This involves assessment by a peer group and / or a visiting review team. We will be discussing with NHS QIS how that approach could be modified and adapted for the Participation Standard.

- 6.5 The term 'validation' refers to an agreement that an NHS Board has adopted an acceptable process in agreeing a self-assessment with its communities, Public Partnership Forums and other stakeholders. It does not imply we have agreed with the contents of the report. However, we would still need to develop robust validation approaches to ensure a consistent approach across Scotland.
- 6.6 The term 'evaluation' is recognised as a much stronger endorsement than 'validation', signifying our agreement that the NHS Board has complied with the standard necessary, e.g. agreement that an NHS Board has carried out a major service change consultation programme in accordance with Scottish Government guidelines.
- 6.7 Given the nature of the function's activities, it is envisaged that validation of NHS Boards' ongoing PFPI activities would fall to the local staff and the Community Engagement and Improvement Support function, but performance assessment by peer review would be facilitated and led by a national team which would also guarantee consistency of approach across Scotland. Evaluation of service change consultations would fall under the responsibility of the Head of Operations, as the small national team charged with this role would need to work closely with local staff. It is intended that service change consultation will be included under the Participation Standard, and this area will be closely linked to guidance issued separately by the Scottish Government, given that NHS Boards have particular responsibilities when developing and consulting on options for major service change, which require Ministerial approval. The Scottish Health Council has a distinct role in relation to major service change, in providing a report giving assurance that the NHS Board in question has demonstrated adherence to the guidance. This will therefore remain a separate activity for the Scottish Health Council as part of the Participation Standard.
- 6.8 Therefore, for very practical reasons, although the Participation Review should be thought of as a separate function, some of its elements will fall within the Community Engagement and Improvement Support section of the organisation.

7. The Knowledge Network

- A centre for the exchange of knowledge, support, development and ideas
- Producing guidance and standards
- Influencing guidance and standards
- Dissemination of standards and guidance
- Influencing the development of national policy
- Policy into practice
- Identifying good practice
- Good practice statements
- The expertise centre where knowledge is shared and developed
- Facilitating national networks
- Focussing on research, policy development, information management and events
- Providing a named contact for Boards to give them access to expertise
- Horizon scanning – both UK and internationally
- Generating a 'national' view, and being a unique centre for sharing and comparing cutting edge practice

- 7.1 Along with the new functions of Community Engagement and Improvement Support and Participation Review is a third function - the Knowledge Network - although this function is seen as integral to the other two and to some extent where they overlap (as per the diagram on page 14).
- 7.2 Since the Scottish Health Council came into existence in 2005 the organisation has worked in an incremental fashion to establish best practice in PFPI through the publication of guidance and shared standards and facilitates stakeholder access to such practice. The production of participation guidance, standards and other forms of 'best practice' advice will clearly remain an important role for the organisation. The expertise and knowledge that comes from Community Engagement and Improvement Support and Participation Review will both be needed to inform the development of guidance and standards. Clearly the importance of involving external stakeholders, particularly members of the public and NHS Board professionals, cannot be overstated.
- 7.3 This function also delivers an internal focus by providing our own staff with readily accessible expertise and best practice to enable them to work more effectively within communities across Scotland, with a consistent evidence-based approach. The Knowledge Network will focus on developing robust communication channels both internally and externally in order to support the achievement of shared objectives. The intention here is for the creation of a 'gateway' for NHS Boards and community organisations to access up to date guidance and good practice examples, and provide direct access to specialist expertise.

The Network would also exist in a 'virtual' form, through the networking and links that would be built up. Importantly, not only would this Network need to be closely linked with other knowledge resources (e.g. the NHS QIS hub), but also those in other organisations working in the same area – e.g. Audit Scotland (who have a role in assessing how well local authorities carry out involvement activities) and the Social Work Inspection Agency. Equally the Scottish Health Council Knowledge Network would need to harness and develop the practical skills and experience of our own staff and voluntary members, who will often be developing 'cutting edge' knowledge in this emerging area. Training and development plans will be created and monitored to support staff in delivering this key activity.

- 7.4. There is an important policy component to the Knowledge Network. The Scottish Health Council has been a key national player in the development of PFPI policy and practice over the past four years and this function would incorporate, in an explicit form, that policy contribution. This role would include issuing briefing papers to staff and stakeholders on policy developments, maintaining a 'watching brief' (horizon scanning) on policy development both in the UK and internationally and ensuring that our views, based in our own evidence and feedback, are available to inform policy makers.
- 7.5. With a combined remit of developing guidance and standards, sharing knowledge and good practice, and policy development, the Knowledge Network function is ideally placed to build on the solid record of conferences and seminars that have been organised by the Scottish Health Council over the past four years. These events have been very much welcomed and have received very positive feedback from all stakeholders and will continue to be a key output for the restructured organisation.

8. Delivering the functions

- 8.1 Taking into account the valuable feedback gained from the Scottish Health Council's staff and other stakeholders, considerable thought has gone into devising a recommended organisational structure that fully translates the identified functions into a practical application.
- 8.2 The inclusive process leading up to the publication of this Action Plan produced a number of suggested structures, each with their own individual merits. The proposed structure on page 24 represents the best of those suggestions, combining a fresh look at how the organisation is managed, by moving away from national / regional splits, employing careful application of our existing staff numbers and talent and, most importantly, ensuring that organisational form follows function. For ease of reference, the existing structure is provided on page 23.
- 8.3 An important principle in developing a new structure was to ensure better lines of communications with NHS Boards, enabling them to have named contacts able to provide specialist expertise. Under this new structure for example, NHS Board practitioners would have direct contact with the Service Change team to discuss public involvement in service re-design. Another example would be if NHS Board practitioners required information on other international approaches relevant to a specific project, they would be able to get in touch with the Knowledge Network team. A third example would be if an NHS Board practitioner was seeking guidance on using the Participation Standard, they could achieve this by directly contacting one of our Performance Analysts. Finally, if an NHS Board was looking for alternative approaches for linking into community planning structures, or looking to refresh their own Public Partnership Forum strategy, they could obtain information from the Community Engagement and Improvement Support team in their local area.
- 8.4 *Function and Form* recommended a consolidation of our local office network, creating seven area offices in place of the 14 local offices. It was proposed that staff in areas currently served by a local office would work from home or 'hot desk' at NHS Board premises. The National Council had serious concerns about this recommendation, and felt that rather than improving communications it would greatly hinder the cohesion of working within a national organisation. Staff, trade unions and other stakeholders agreed that this recommendation carried a significant risk to our ability to engage with and develop local community contacts across Scotland. Therefore, this recommendation has not been taken forward at this time. Instead this Action Plan sets out a structure for staff that enables more flexible working in expert teams, whilst continuing the local office network, and in so doing, ensuring our ability to obtain local feedback and input as part of our community engagement role.

8.5 The issue of how we meaningfully involve members of the public in the delivery of our functions will need to be addressed as a matter of urgent priority as soon as the structure has been agreed. The importance of public involvement in scrutiny / improvement organisations was emphasised by Crerar:

“The needs and priorities of service users and the public must be the prime consideration in all external scrutiny. The public is the ultimate beneficiary of external scrutiny. As such, it is crucial that it is closely involved in both decisions about the use of scrutiny and any scrutiny activity.”

*The Crerar Review (2007)*⁵

8.6 Following the Crerar Review the Scottish Government set up the User Focus Action Group to provide Ministers with broad proposals for improved user focus in the work of scrutiny bodies. In their report the Group identify seven broad features of user focus in scrutiny, and say that they expect all scrutiny bodies to show how they are involving users, where they can, under each of these seven features. A key priority therefore for the Scottish Health Council will be to demonstrate that the organisation not only complies, but complies in an exemplary way, to these features. The seven features identified by the User Focus Action Group are:

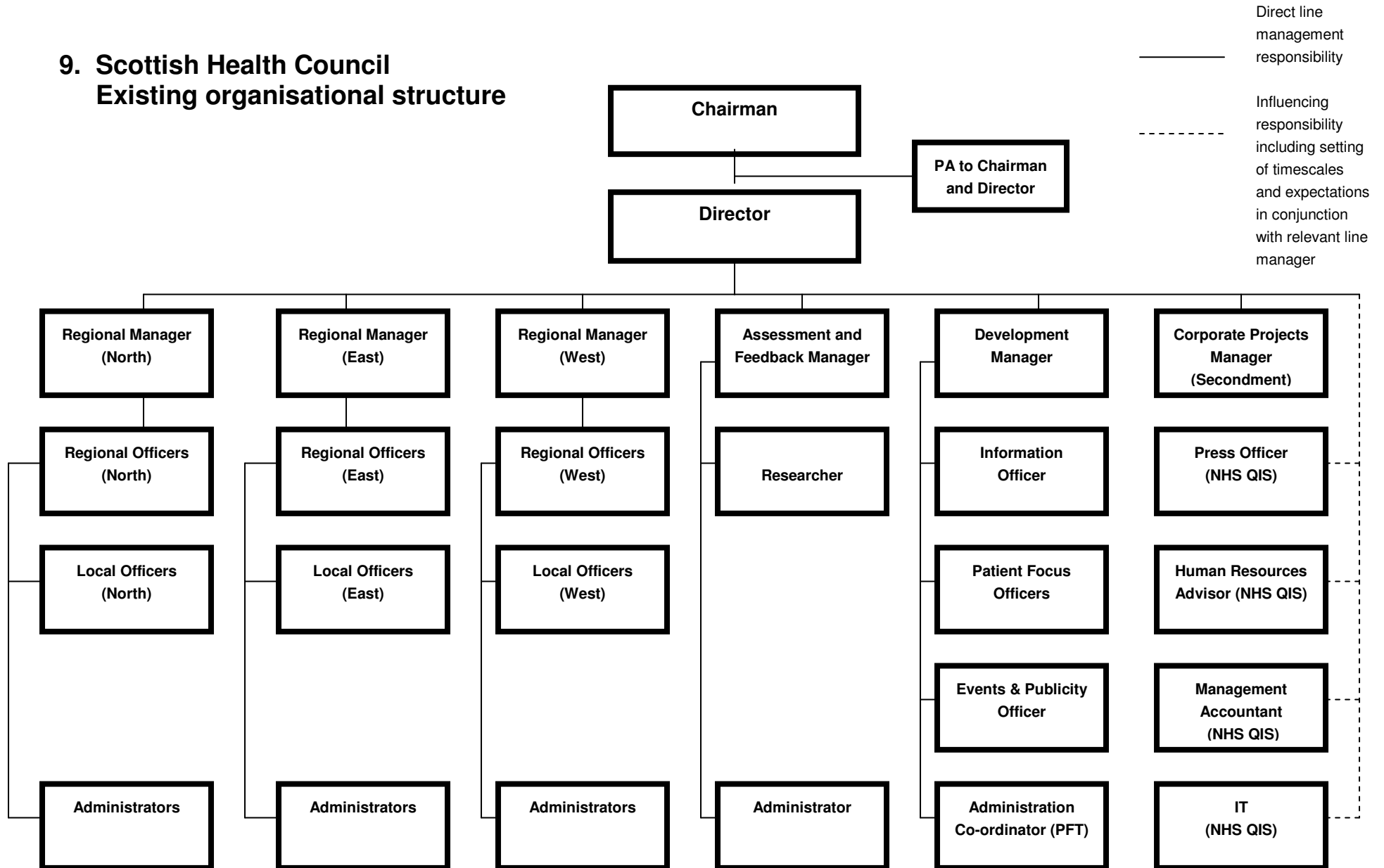
1. an organisational commitment to user involvement recognising the value added by overcoming barriers for the users and maximising involvement opportunities;
2. user involvement in the scrutiny body governance structures;
3. user involvement in the design of scrutiny activity;
4. user involvement in delivery of scrutiny;
5. user involvement as members of scrutiny teams (informing evaluations and judgements through first-hand activities);
6. accessibility of their scrutiny findings in reports that are easy to read and understand; and
7. when the scrutiny body has a direct role in helping service providers improve, that the scrutiny body is supporting user involvement in subsequent improvement action.⁶

8.7 An earlier group looking at how to develop and improve our own public participation structures and volunteer input, using our Local Advisory Council Members, was established and chaired by the Scottish Health Council Chairman. This group was put in abeyance for the duration of the Review. This group will be reconvened and the majority of members will be drawn from our current Local Advisory Council Membership. A strategy will be developed to take forward our public involvement for the newly restructured organisation, based on the seven tests.

⁵ The Crerar Review web link: <http://openscotland.gov.uk/Resource/Doc/198627/0053093.pdf>

⁶ www.scotland.gov.uk/Topics/Government/PublicServiceReform/IndependentReviewofReg/ActionGroups/UFAGReport

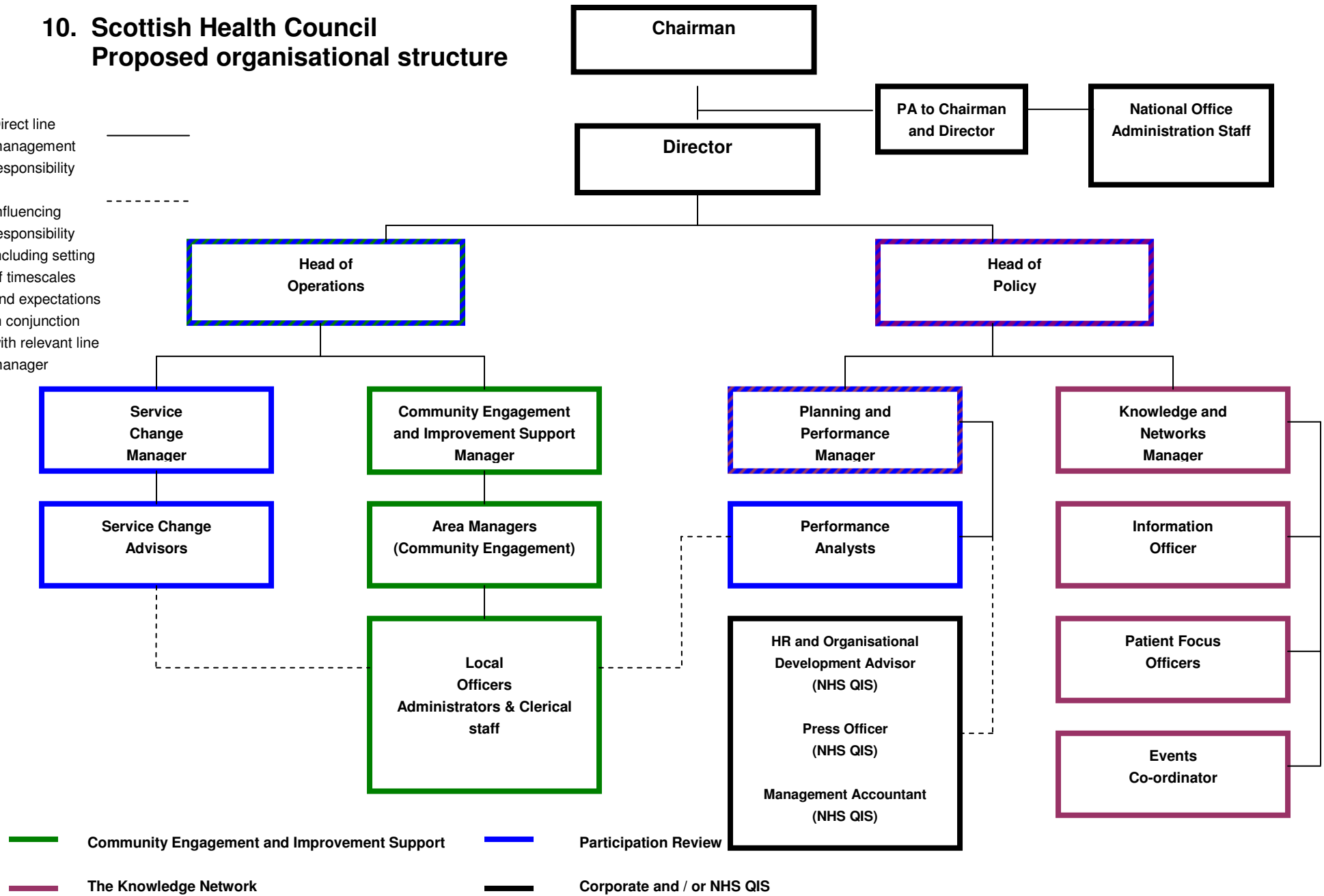
9. Scottish Health Council Existing organisational structure



10. Scottish Health Council Proposed organisational structure

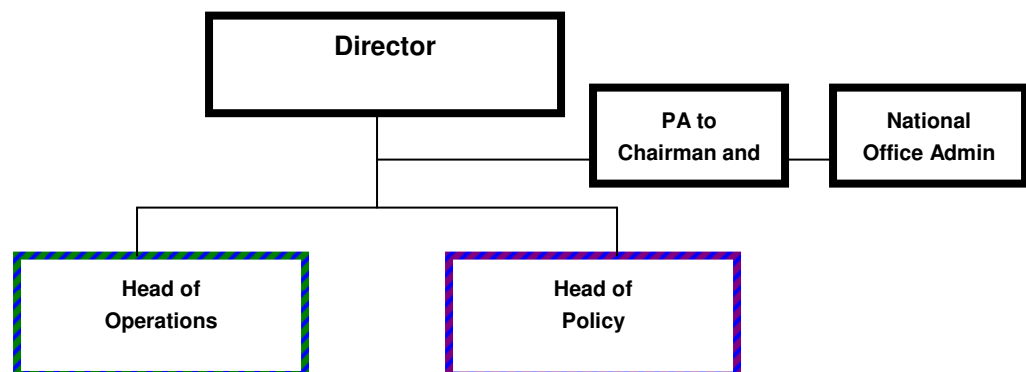
Direct line management responsibility

Influencing responsibility including setting of timescales and expectations in conjunction with relevant line manager



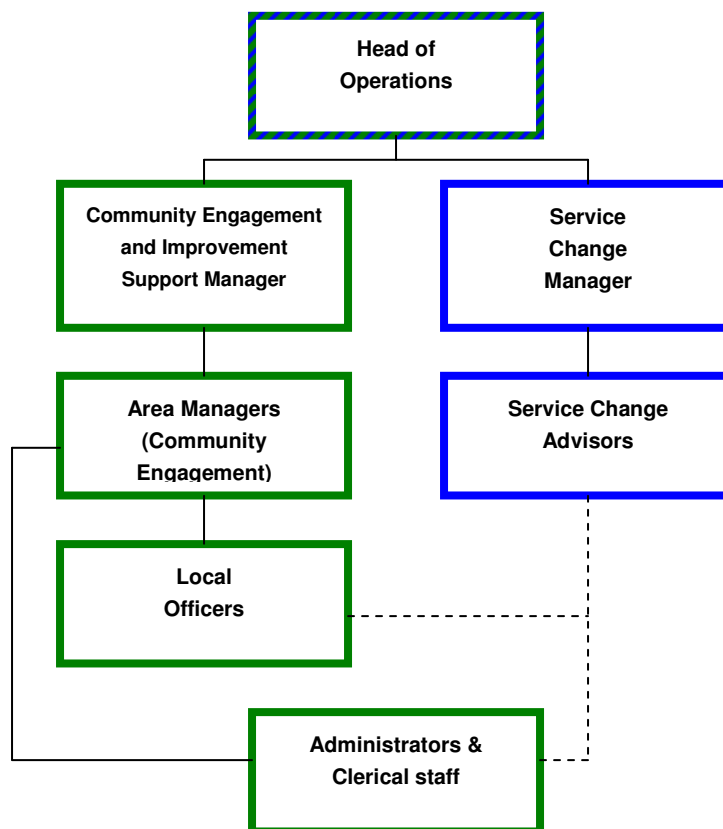
11. Structure Rationale

- 11.1 Taking all the aforementioned factors into consideration, the organisational structure proposed by this Action Plan represents what the Scottish Health Council considers to be the optimal approach to consolidating the PFPI advances that have been made across Scotland in the past four years, while also addressing the key development needs of the organisation highlighted by *Function and Form* and in our on-going discussions with key stakeholders. A major additional consideration has been the need to have a robust structure in place to help support NHS Boards with the practical implementation of the emergent Participation Standard.
- 11.2 The proposed structure has started from functional first principles and from this has developed into a form which has been arrived at through an extensive process of engagement with our own staff and stakeholders. The proposed changes are deliverable within existing resources, and we are confident that the proposed structure will enable the organisation to meet the aspirations set out in *Function and Form*; better able to demonstrate nationally consistent and robust approaches; an approachable, bespoke service for NHS Boards based on small expert teams; and effectively and flexibly harnessing the skills and talents of all our staff.
- 11.3 The current Scottish Health Council structure has a Director line managing five direct reports. These direct reports split between national and regional responsibilities and while many achievements have been made, it is felt that this has been in spite of the current structure rather than because of it. In keeping with the identified functions in mind, the proposed structure sees the Director with three direct reports as follows:



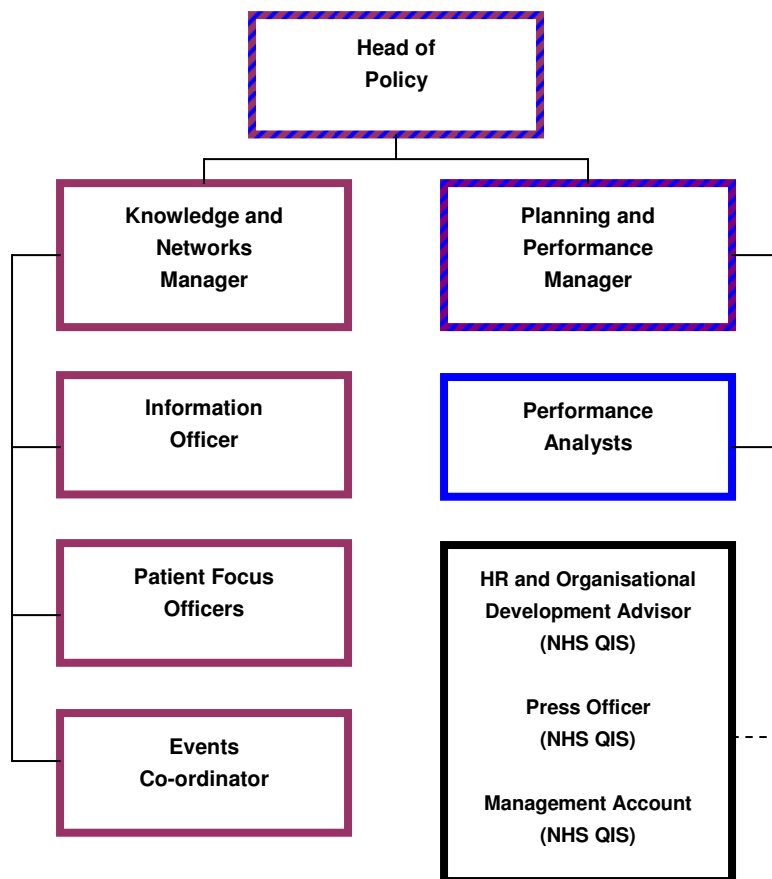
- 11.4 The **Head of Operations** role in effect takes lead responsibility for the Community Engagement and Improvement Support function while also managing evaluation activity relating to NHS Boards' Service Change efforts from the Participation Review function. This role, which will have the largest staff management responsibility, will also lead on the validation of NHS Boards' PFPI work (from Participation Review) and the ongoing management of the organisation's volunteers.

- 11.5 The **Head of Policy** role leads the Knowledge Network function. The post responsibilities include; leading the on-going development of participation guidance and standards through the co-ordination of both internal and external expertise; and the Performance Assessment / Peer Review and Thematic Assessment parts of Performance Review. This role also takes overall responsibility for corporate management activity, the ongoing relationship with the NHS QIS support functions, communications strategies (both internal and external) and the secretariat support for the Independent Scrutiny Panels process as required by the Scottish Government on an *ad hoc* basis.
- 11.6 Both of these posts are key strategic roles, attending National Council meetings with the Director, and deputising as appropriate in the Director's absence. The Head of Operations is seen as the most senior appointment after the Director given their substantial staffing and delivery responsibilities.
- 11.7 The **PA to Chairman and Director** will take responsibility for the delivery of a integrated administrative service in the National Office, which will also involve the direct line management of the other administrative staff.
- 11.8 The **Head of Operations** has the following line management responsibilities under the proposed structure:



- 11.9 The **Community Engagement and Improvement Support Manager** will lead on the identified functional responsibilities as well as line manage a team of **Area Managers (Community Engagement)** from across Scotland. The Area Managers will come from the current Regional Officer community. They in turn will line manage the existing group of Local Officers who will have a strong community-facing focus.
- 11.10 The **Local Officer** post title will remain unchanged. However, as will be clear from everything contained within this Action Plan, there will be changes to aspects of the Local Officer role. The vision for Local Officers is that their enhanced community engagement role will continue to include working on many of the functions carried out by the organisation. In larger areas where there are a number of Local Officers, some specialisation may be necessary or desirable. Skills and experience will be used flexibly across the organisation regardless of geographical location to ensure that the organisation gets full benefit from the talents of our Local Officers and that postholders feel they are given the opportunity to contribute in as many ways as possible.
- 11.11 The **Service Change Manager** will lead on the service change aspects of the Participation Review function and line manage a team of three **Service Change Advisors** populated from the existing Regional Officer community. It is envisaged that each Service Change Advisor will be based in a respective region (North, East and West). They will have influencing responsibility on the Local Officers and will discuss support requirements with the respective Area Managers as and when required.
- 11.12 **Administrators** in the new structure will continue largely with their present duties. There will need to be a flexible approach to ensure effective administrative support, not just to the managers and Local Officers but also to the Service Change team and other specialist teams as appropriate.

11.13 The **Head of Policy** has the following line management responsibilities under the proposed structure:



11.14 A new post of **Knowledge and Networks Manager** is created as part of the new structure taking lead responsibility for the development of the Knowledge Network and the building of appropriate national networks in relation to PFPI. This post will also take forward the ongoing development of participation guidance and standards. The post will line manage the **Information Officer**, the **Events Co-ordinator** and the three **Patient Focus Officers** who will all have amendments made to their respective job descriptions to ensure fitness for purpose and consistency with the expectations and objectives of the Knowledge Network. The posts described in this paragraph will constitute the core staffing of the Knowledge Network. These staff will work closely with colleagues both within and external to the Scottish Health Council, and will operate the gateway service for NHS Boards, Public Partnership Forums and other stakeholders.

- 11.15 The new role of **Planning and Performance Manager**, reporting directly to the Head of Policy, will ensure the organisation takes a proper, considered and strategic view of its work plan and the on-going achievement of objectives through effective resource planning.
This post has Senior Management Team lead responsibility for the independent review of Boards' Participation Standard reports, which will require close and regular working with NHS QIS and NHS Boards. The Planning and Performance Manager will also manage the recruitment and training needs of our volunteers. In addition this post will be responsible for liaising with NHS QIS over their provision of shared services such as HR, Finance and IT and how they successfully interact with the Scottish Health Council going forward.
- 11.16 Another development is the creation of **Performance Analysts** roles who will report directly to the Planning and Performance Manager. Given that NHS Boards are focused on their own self assessment of PFPI activity, the traditional 'assessment' role of the Scottish Health Council has diminished. However, there remains a clear need for the Scottish Health Council to provide a more focused performance review role in relation to the Participation Standard. The postholders will need to work closely with other staff involved in the validation of NHS Boards' Participation Standard self-assessment reports. These postholders would also be responsible for the delivery of national thematic reviews. Administrative support will need to be provided both by the national office administrative staff and administrators in local offices as required.
- 11.17 *Function and Form* identified serious issues with the IT tools provided to Scottish Health Council staff. The difficulties in providing an integrated IT infrastructure (arising from the provision of a range of 14 different IT systems in different Board premises) has inhibited the ability of staff to share up to date information. This can be rectified with a web based solution and this structure provides a clear managerial responsibility (via the Head of Policy) for ensuring that staff are provided with adequate IT tools for the future. A clear definition of requirements will be developed to assist this work.
- 11.18 *Function and Form* also highlighted the need for the Scottish Health Council to focus on its own organisational development as a key priority. Given the size of the organisation, a dedicated stand-alone post would not be realistic, and given the synergies that exist between HR and organisational development we believe that both disciplines can be integrated into a single post, based on the existing HR Advisor role. Therefore, a new **HR and Organisational Development Advisor** role will be established, remaining part of the NHS QIS HR Unit, but working exclusively for the Scottish Health Council. The success of this Action Plan will greatly depend upon the organisational development and staff training plans devised and implemented by this postholder. The Planning and Performance Manager will provide full support, and strategic leadership on the Senior Management Team on this issue.

11.19 As the Head of Policy and Performance Review will also lead the organisation's communications strategy – both internal and external – it will be necessary to review the **Press Officer** role, which like HR is currently offered to the Scottish Health Council on a shared service basis by NHS QIS. Given the vital importance of a robust communications approach, the existing Press Officer remit and communications strategy will be reviewed in order to deliver maximum benefit and contribute to a more effective communication process.

A gap in the existing management structure has been identified in relation to communications and this will be addressed by providing the Head of Policy with a clear mandate for both internal and external communications.

11.20 The secretariat support for Independent Scrutiny Panels falls under the Head of Policy but we cannot at this stage be prescriptive or create a dedicated post for this as the future workload is uncertain. Independent Scrutiny Panels are created on an *ad hoc* basis by Scottish Government and costs incurred by the Scottish Health Council in providing support are met separately. However, it is envisaged that the current practice of using seconded staff to provide a secretariat service under the supervision of an appropriate senior manager will continue.

11.21 It is important to state that all of the organisational change described here will be funded from our existing resources. It should be appreciated that minor changes or variations may be required following further discussions with stakeholders. The Scottish Health Council and NHS QIS will continue to work closely on the further development and implementation of this plan.

12. Managing the change process

- 12.1 The change process will follow the NHS QIS Organisational Change Policy and Procedure which was agreed in principle by the Partnership Forum Policy Sub-Group in November 2008.
- 12.2 It should be noted that whilst there is potential for additional costs relating to job bandings, this is not envisaged. However, we will be in a position to know the true picture once all jobs have been through the appropriate Agenda for Change process. Because we do not have extra resources, we may have to revisit the recommended structure if new bandings do create financial pressures.
- 12.3 Once the Action Plan has gained approval from the Scottish Government, a full consultation document will be prepared including the following information:
- Introduction
 - Current organisational position
 - Driver for change (including all internal and external factors)
 - Proposed changes to function, structure and roles with accompanying rationales
 - Indication of how these changes might impact employees
 - Suggested timescales for consultation and implementation, subject to agreement and amendments
- 12.4 **It is envisaged that the content of this Action Plan will form the majority of the full consultation document.**
- 12.5 **Consultation period and process**
- There will then follow an agreed period of consultation commencing with the circulation of the consultation document to all staff.
- 12.6 The agreed period of consultation will be arrived at in conjunction with the Director, Scottish Health Council, the NHS QIS Employee Director and the NHS QIS Head of Human Resources.
- 12.7 All staff will be offered an individual interview with their line manager and trade union representative (if desired) to enable further discussion and understanding of how the change will affect them. A representative from the HR Unit will also be included in this process. The aims of the individual interview will be to:
- Discuss the implication that the change will have on the employee
 - Explain the reasons for the change
 - Allow any concerns to be raised and discussed thoroughly
 - Ascertain the employee's views and aspirations
 - Discuss options that may be available and any employee role preferences where relevant
 - Identify any training needs as appropriate.
- Further individual interviews will be arranged with employees as required.

12.8 When the agreed consultation period has concluded, a further open meeting may be offered to explain the agreed approach to be taken, taking into account any additional feedback received during the consultation. In all events, a letter will be drafted to all affected employees from the Director, Scottish Health Council. The letter will include:

- Details of the change, taking into account any feedback received during the consultation period
- Information about how the change will affect the individual employee
- The process to be followed in implementing the change (including any relevant notice periods)
- A reference to any rights the employee has in terms of protection of earnings
- A recognition of the stressful nature of any change process and an expression of thanks for their involvement

12.9 The letter will also include additional relevant information such as job descriptions, organisational structure charts, and the Knowledge and Skills Framework (KSF) post outline as per the result of the individual interviews with affected employees.

12.10 **Restructuring**

Affected employees will then go through the restructuring process with a view to moving into entirely new roles or amended roles via sole candidacy ('slotting in') or limited competition ('ring-fencing') as appropriate.

12.11 **Appointments to posts will be made based on employee suitability measured by an appropriate, transparent and fair assessment process. Selection criteria will be set against a clear person specification, the relevant KSF post outline and in accordance with the NHS QIS Equal Opportunities and Diversity in Employment Policy and the NHS QIS Recruitment and Selection Policy.**

12.12 Where an affected employee is unsuccessful in securing a position via sole candidacy or limited competition, steps will be taken to seek suitable alternative employment elsewhere within NHS QIS and, potentially, the wider NHS Scotland.

12.13 Posts which remain unfilled at the end of the restructuring process will become available to application from other NHS QIS employees. Any posts that remain unfilled will be advertised externally, and subject to open competition.

12.14 **Affected posts – senior management**

The Action Plan envisages the abolition of the following posts in the Scottish Health Council senior management structure:

- Regional Manager
- Assessment and Feedback Manager
- Development Manager

Current substantive employees in the above posts will be 'ring-fenced' as the initial candidates for the following new posts:

- Head of Operations
- Head of Policy
- Community Engagement and Improvement Support Manager
- Service Change Manager
- Planning and Performance Manager
- Knowledge and Networks Manager

In the event of any initial candidate being unsuccessful, the organisation will endeavour to find a suitable alternative post as previously described.

12.15 Although it might appear that Senior Management Posts are increasing from 5 to 6, this is not the case. The Scottish Health Council agreed at its National Council meeting in April 2008 to create a new substantive post of Head of Policy and Projects – to add capacity and deputise for the Director as required – in addition to the existing 5 posts. However, this was 'put on hold' pending the independent review process. The Senior Management Team currently contains a secondee with the title of Corporate Projects Manager.

12.16 **Affected posts – middle management**

The Action Plan envisages the abolition of the following posts in the Scottish Health Council middle management structure:

- Regional Officer
- Researcher

Current substantive employees in the above posts will be 'ring-fenced' as the initial candidates for the following new posts:

- Area Manager (Community Engagement)
- Service Change Advisor
- Performance Analyst

As before, in the event of any initial candidate being unsuccessful, the organisation will endeavour to find a suitable alternative post as previously described.

12.17 Affected posts – others

Subject to Agenda for Change review, the following posts in the recommended structure:

- Information Officer
- Patient Focus Officer
- Events Co-ordinator
- Local Officer
- PA to Chairman and Director
- Administrator (both Local and National)
- HR and Organisational Development Advisor
- Press Officer

are deemed to be substantially similar to existing posts and therefore, existing postholders will be considered as the natural successors to these posts and will become the sole candidates for the positions. Appointments to the posts will be subject to employee suitability measured by an appropriate, transparent and fair assessment process. Even though these posts are deemed 'substantially similar' training and support will be provided to enable staff to meet the new requirements of these posts linked to the revised functions and structure.

As before, in the event of any sole candidate being unsuccessful, the organisation will endeavour to find a suitable alternative post as previously described.

12.18 Timescales

All timescales regarding the consultation and implementation of the new organisational structure will be agreed between the Director, Scottish Health Council, NHS QIS Employee Director and the NHS QIS Head of Human Resources upon approval of this Action Plan by the Scottish Government. Assuming that Scottish Government approval is given by end of June 2009 the new structure should be in place by December 2009 subject to the organisational change process.

The indicative timescale would be:

June 09	Scottish Government gives approval
July 09	Development of job descriptions and 'sign off' by Scottish Health Council and NHS QIS of Implementation Plan
Aug / Sep 09	Formal Consultation with staff
Oct – Dec 09	Implementation including recruitment into new posts
Sep – Mar10	Discussion with Boards and Public Partnership Forums on implementation of new functions

The Scottish Health Council will engage in partnership dialogue with NHS Boards and Public Partnership Forums on developing more detail and protocols around the Community Engagement and Improvement Support and Knowledge Network functions and engage with NHS QIS and other relevant stakeholders over proposed approaches to reporting on NHS Boards' progress and self-auditing against the Participation Standard.

12.19 Evaluation of Action Plan implementation

It will be necessary for the Scottish Health Council to review the changes once they have had time to embed, in order to be satisfied that the organisation's and the Scottish Government's, objectives have been met.