

Major Service Change

A report on NHS Dumfries and Galloway's Consultation on the Plans for Dumfries and Galloway Royal Infirmary

Report **May 2012**

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1 Executive Summary

- 1.1. NHS Boards need to work with patients and local communities when changes to a health service are being considered. The Scottish Government issued guidance in February 2010, entitled 'Informing, Engaging and Consulting People in Developing Health and Community Care Services', to assist NHS Boards in their engagement with local people on the delivery of healthcare services. When a service change is considered by the Scottish Government to be 'major', the Scottish Health Council produces a report assessing whether the relevant NHS Board has involved people in accordance with the expectations set out in the guidance.
- 1.2. This report on NHS Dumfries and Galloway's process for involving local people in the plans for a new Dumfries and Galloway Royal Infirmary outlines our approach to quality assurance, charts our communication with NHS staff in relation to the engagement and consultation process and highlights the issues raised by local people during the engagement and consultation process
- 1.3. Between October and December 2011, NHS Dumfries and Galloway carried out a public engagement and option appraisal process on its plans to build a new acute hospital to replace the existing Dumfries and Galloway Royal Infirmary. The Board's preferred option is to build the new hospital on a new site, but it agreed to proceed to formal consultation with five options, i.e. four new site options and the existing site. Formal consultation took place between 11 January 2012 and 11 April 2012.
- 1.4. The existing Dumfries and Galloway Royal Infirmary provides acute medical services for a population of 148,190 covering a catchment area of 2,400 square miles. An intermediate hospital, Galloway Community Hospital, is situated in Stranraer in the far west of the region and provides a range of services including Accident and Emergency, Maternity, Renal Service, Acute Medicine, Day Surgery and Palliative Care. There are nine cottage hospitals which are bedded units with some providing services such as minor injuries units.
- 1.5. The Cresswell Building which is a newer building situated adjacent to the existing Dumfries and Galloway Royal Infirmary, will remain on the existing site, along with the dental service currently based there. The maternity services currently provided in the Cresswell building will move to the new build. Plans on the best future use of this building are being developed with public input.
- 1.6. NHS Dumfries and Galloway has stated in its consultation and engagement materials that "All other hospitals across the region will continue to provide services as they do now".
- 1.7. NHS Dumfries and Galloway reviewed its services through the Clinical Workstreams work during 2008-09 when it was considering the redevelopment of Dumfries and Galloway Royal Infirmary and carrying out public engagement on 'Your NHS, Your Future Care'. In October 2011, the Scottish Government asked the Board to proceed with the production of an Outline Business Case for the proposal to develop a new build hospital facility rather than refurbishment of the existing building.

- 1.8. A variety of methods were used to engage and consult with the population of Dumfries and Galloway including;
- display stands
 - information leaflet, map and individual topic information sheets
 - advertising via posters, press advertisements, website and Twitter
 - Participatory Appraisal which included street work, through existing Building Healthy Communities groups, which engaged with 928 people
 - 12 'drop-in' sessions were held at venues across the Board area and open to all which were attended by 203 people.
 - NHS staff attended 31 'Invite Us' sessions, which were pre-arranged meetings of a variety of groups covering older people, young people, disability groups, faith groups and community councils, where they spoke with 779 people.
- 1.9 All the methods used by NHS Dumfries and Galloway to establish the preferred site for the new build hospital resulted in 3,670 responses which indicated that two sites were preferred clearly over the remaining three options. The two most popular sites were preferred by 55% and 35% of respondents with the remaining three sites preferred by only 10% in total. The five sites included in the consultation are:
- Site A – Garroch
 - Site B – Summerfield
 - Site C – Tinwald Downs
 - Site D – Locharbriggs
 - Site E – current site.
- 1.10 The main issues raised by people during the consultation were: the need for a new hospital; the geographical location; introduction of all single rooms; sufficient and free car parking; sufficient bed numbers; no detrimental effect on the smaller hospitals.
- 1.11 The Scottish Health Council acknowledges the work undertaken by NHS staff in conducting this engagement and consultation, and the range of methods used to engage with people. The Scottish Health Council has identified the following learning points:
- The Scottish Health Council in its interim report on NHS Dumfries and Galloway's 'Your NHS, Your Future Care' public engagement advised NHS Dumfries and Galloway that improvements in the involvement of black and minority ethnic communities should be addressed, and, although we are aware of efforts to engage with this group during this consultation, this remains as a learning point.
 - It is important that consistent language is used across all documents and materials made available throughout an engagement and consultation process in order to avoid any confusion, particularly on key issues, such as site locations.
 - Consideration of the views of patients and the public at strategic level is an important aspect of an engagement and consultation process. The Scottish Health Council recommends that there is public representation directly at Project Board level to ensure that views are considered. The commercial and financial sensitivities of this project are acknowledged, however this type of representation has been demonstrated to work well in similar situations in other NHS Boards, allowing patient and public input at all levels of the proposed service change.

- 1.12 The Scottish Health Council quality assured the process followed by NHS Dumfries and Galloway through a variety of methods by, for example;
- attending Stakeholder Reference Group meetings, 'drop-in' sessions, 'Invite Us' sessions, Public Partnership Forum meetings and talking to local people who took part in these
 - asking for people's views on the Board's engagement and consultation process via questionnaires, telephone interviews and discussions with groups
 - reviewing NHS documents relating to the service change.
- 1.13 The Scottish Health Council has assessed the consultation process and is satisfied that NHS Dumfries and Galloway has followed the Scottish Government's guidance² on involving local people in service change.
- 1.14 This report will be submitted to NHS Dumfries and Galloway prior to the Board meeting on 16 May 2012, where the Board will consider the outcome of the consultation. Following discussion and a decision, NHS Dumfries and Galloway will make a submission to the Cabinet Secretary for Health and Wellbeing for Ministerial approval. In the submission, the Board should demonstrate how they have taken into account the suggestions and concerns that arose during the consultation.

2 Informing, Engaging and Consulting People in Developing Health and Community Care Services, CEL 4 (2010), The Scottish Government, 10 February 2010. In this report, the phrase 'the guidance' shall refer to this Chief Executive Letter (CEL).

2 Introduction

- 2.1 NHS Boards are required to engage and consult with people when they are considering a change to local health services. Guidance produced by the Scottish Government sets out how Boards should do this. When a Board is proposing a service change that is regarded by the Scottish Government as being a 'major' change, the Scottish Health Council produces a report setting out its views on whether the relevant Board has involved people in line with the expectations set out in the guidance. The Scottish Health Council's report is taken into account by the Board and the Scottish Government in deciding how to proceed with the service change.
- 2.2 Producing reports on major service change is one of the ways in which the Scottish Health Council carries out its role to help the NHS in Scotland improve how it involves patients and the public in decisions about health services. This report sets out the Scottish Health Council's view on how NHS Dumfries and Galloway has involved local people in the Acute Services Redevelopment Project in developing proposals for the site of the proposed new build acute hospital.
- 2.3 In February 2011 the Scottish Government requested NHS Dumfries and Galloway to evaluate alternatives for the replacement of Dumfries and Galloway Royal Infirmary.
- 2.4 The Scottish Government has indicated that it views the proposal to construct a new acute hospital in Dumfries and Galloway as a major service change.
- 2.5 The existing Dumfries and Galloway Royal Infirmary provides acute medical services for a population of 148,190 covering a catchment area of 2,400 square miles. An intermediate hospital, Galloway Community Hospital, is situated in Stranraer in the far west of the region and provides a range of services including Accident and Emergency, Maternity, Renal Service, Acute Medicine, Day Surgery and Palliative Care. There are nine cottage hospitals which are bedded units with some providing services such as minor injuries units.
- 2.6 The Cresswell Building which is a newer building situated adjacent to the existing Dumfries and Galloway Royal Infirmary, will, whatever decision is taken, remain on the existing site, along with the dental service currently based there. The maternity services currently provided in the Cresswell building will move to the new build. Plans on the best future use of this building are being developed with public input.

3 Has the NHS Board involved local people in line with the guidance?

3.1 The Scottish Health Council is satisfied that NHS Dumfries and Galloway has followed the Scottish Government's guidance on involving local people in making its decision on the site for the new Dumfries and Galloway Acute Hospital.

3.2 The Scottish Health Council has carried out this assessment through undertaking a range of quality assurance activities including:

- attendance at Stakeholder Reference Group meetings organised by NHS Dumfries and Galloway and talking to local people who took part in these meetings
- attendance at 'drop-in' sessions organised by NHS Dumfries and Galloway and talking to local people
- attendance at 'Invite Us' sessions organised by local groups and discussions with those attending
- attendance at Public Partnership Forum meetings and discussions with members
- asking for people's views on the Board's engagement and consultation process via questionnaires, telephone interviews and discussions with groups
- meetings, telephone and email communications with NHS staff with responsibility for this major service change on a number of occasions between October 2011–April 2012 to discuss the engagement and consultation process and to offer and provide advice, support and feedback
- reviewing NHS documents relating to the service change
- gauging the availability of information available in public areas of Dumfries and Galloway e.g. libraries, health centres, hospitals, and local authority premises
- reviewing media coverage.

3.3 The questions and comments reported in the boxes throughout this report are indicative of some of the most common themes that have emerged from the public during the engagement and consultation process. These questions and comments were raised either at meetings arranged by NHS staff or in response to the Scottish Health Council's quality assurance activity.

4 Planning

- 4.1 Once an NHS Board decides to consider making changes to a service, it has to develop plans to show how it will involve local people throughout the process.
- 4.2 NHS Dumfries and Galloway carried out public engagement during 2008-2009 on the redevelopment of Dumfries and Galloway Royal Infirmary alongside its clinical services strategy 'Your NHS, Your Future Care'. This work included reference to single room accommodation and feedback from the public at this stage revealed this to be an area of concern. A public representative took part in each of the work stream groups set up in 2009 for the redevelopment of the hospital which considered models of healthcare and a number of redesigns were agreed. While some of these redesigns have already been incorporated into the existing service, the Scottish Health Council has been advised by NHS Dumfries and Galloway that there will continue to be opportunities for patients and interested members of the public to be involved in developing service models and patient pathways beyond the current consultation process.
- 4.3 During the planning element of its engagement process, NHS Dumfries and Galloway shared with the Scottish Health Council its project management structure and confirmed that a Stakeholder Reference Group would be set up that would link in via the Communications and Engagement Manager to the Project Board to ensure that the views of patients and the public were considered at a strategic level. Representatives on the Stakeholder Reference Group would be recruited through the Public Partnership Forum and via an advert on NHS Dumfries and Galloway's website.
- 4.4 A draft Communication and Involvement Framework was developed and sent to the Stakeholder Reference Group and the Scottish Health Council for comment in November 2011. NHS Dumfries and Galloway acted on the comments made by improving accessibility of its website and updating the list of community planning partners to include police, fire and rescue, housing and transport providers. On our suggestion that members of the Stakeholder Reference Group be included in the membership of the Project Board, NHS Dumfries and Galloway decided to discuss this option with the group before making any decision to change the membership.
- 4.5 The outcome of the discussion at the January 2012 group meeting was an agreement by the group to trial the arrangement whereby the Engagement and Communications Manager would act as the link between the two groups for a period of three months and to evaluate the arrangement after that time. The timescale means that any agreed changes would be implemented following the end of the formal consultation period but would apply to the future work of the group.
- 4.6 NHS Dumfries and Galloway developed a stakeholder database with the aim of ensuring that anyone who could be affected by, or have an interest in, the project had an opportunity to be informed and involved in the process. Members of the public or voluntary organisations who indicated to Scottish Health Council that they wished to be involved further were added to this database.
- 4.7 NHS Boards have a responsibility to ensure their processes and proposals are subject to an equality and diversity impact assessment. NHS Dumfries and Galloway carried out an equality and diversity impact assessment of its proposed service change on 6 Dec 2011. A separate equality and diversity impact assessment of the consultation process involving

members of the Stakeholder Reference Group was carried out on 16 December 2011. These were shared with the Scottish Health Council for information and, from within the equality target groups, the assessments identified potential adverse impacts on:

- children, adults and older people who are looked after and accommodated
- people with language or social origin issues
- people in the criminal justice system
- people in poverty.

4.8 NHS Dumfries and Galloway sought to address the potential adverse impacts by ensuring that information, for sharing with those potentially affected, was provided to workers already engaged with these groups e.g. public health workers and the prison service staff.

5 Informing

5.1 The guidance states that people who may be affected by a proposed service change should receive appropriate information on:

- clinical, financial and other reasons why change is needed
- benefits that are expected to flow from the proposed change
- processes which will be put in place to assess the impact of the proposal

The Scottish Health Council is satisfied that these aspects have been met by NHS Dumfries and Galloway.

5.2 A media release was issued to publicise the proposed change in November 2011. In follow-up press articles NHS Dumfries and Galloway indicated that changes to the way it provides services were needed because of the need to update and renew various clinical and non clinical systems in the existing building, including electrical systems, plumbing and heating systems, medical gases, the nurse call systems and extensive work to ensure that current fire standards are met.

5.3 NHS Dumfries and Galloway also highlighted that changes to ward layouts to meet the regulations on single rooms in refurbished clinical premises, mean that a current 30-bed ward, after refurbishment, would accommodate only 16 single rooms and would consequently require a bigger building. Carrying out these changes on the existing site while the current building is being used would be disruptive to clinical services and result in the loss of on-site car parking.

5.4 NHS Dumfries and Galloway staff held discussions in community settings on the plan for Dumfries and Galloway Royal Infirmary with around 140 people, including new mums, older people and the general public inviting them to take part in the engagement process.

5.5 A number of themes emerged from these discussions and from local media coverage, which the Scottish Health Council advised the NHS Board to consider and address as part of its consultation process e.g. concerns around single room accommodation and future plans for the Cresswell Building, MacMillan Centre and the Dental Centre. Following this feedback, NHS Dumfries and Galloway developed an information leaflet on the proposed changes, containing more detail around the emerging themes and this was distributed across the region.

6 Engaging

- 6.1 The guidance states that NHS Boards should develop options through a process that is open, transparent and accessible and in which potentially affected people and communities are proactively engaged.
- 6.2 NHS Dumfries and Galloway established a Stakeholder Reference Group, with 12 Public representatives, recruited through the Public Partnership Forum and from an advertisement on the Board website, to link with the Project Board. An information leaflet and frequently asked questions document were circulated via GP and dental surgeries, pharmacies, opticians and to all Public Partnership Forum members and made available at other events, for example, the 'Putting You First' multi-stakeholder event. Scottish Health Council staff observed prominent display boards containing information about the proposed changes situated at both main entrances to Dumfries and Galloway Royal Infirmary.
- 6.3 In November 2011 NHS Dumfries and Galloway invited local people from across the NHS Board's geographical area to take part in an option appraisal process of possible scenarios for a new build Dumfries and Galloway hospital on 24 November 2011. The session was attended by 29 people including 13 members of the public, eight representatives from partner organisations and seven members of NHS staff and the participants considered three options:
- Option 1 - do minimum (backlog maintenance)
 - Option 2 - new build on current site
 - Option 3 - new build on new site (22 possible locations).
- During this session NHS staff used as a basis for discussion the relevant benefit criteria identified from previous Dumfries and Galloway Royal Infirmary redevelopment work and participants were able to amend or change the criteria where needed. Based on the information provided, participants agreed that four of the new site locations as well as option 2, a new build on the current site, should go forward for public consultation.
- 6.4 The NHS Board, at its meeting on 5 December 2011, agreed to put forward the five options for public consultation, subject to receiving Scottish Health Council approval to progress to formal consultation. The five sites are:
- Site A – Garroch
 - Site B – Summerfield
 - Site C – Tinwald Downs
 - Site D – Locharbriggs
 - Site E – current site.
- 6.5 The Scottish Health Council approved the engagement process to date and was satisfied that the Board had demonstrated an open and transparent process in determining which options should proceed to formal consultation and in publicising the results of the appraisal process.
- 6.6 The Scottish Health Council based its decision on observing the option appraisal session and seeking people's views on the process via questionnaires. Responses were received from 16 (73%) of the 22 non-NHS staff attendees who had taken part in the option appraisal.

Most people (12 of 16, 75%) said they had received sufficient information about the review, 15 (94%) understood why the Board was developing plans to build a new Dumfries and Galloway Royal Infirmary and 14 (87%) felt that NHS staff listened to their views during the option appraisal and engagement process.

- 6.7 The Board demonstrated that it worked with its partners including Dumfries and Galloway Council (for example by working with the Planning Department to identify the 22 off-site locations for a new hospital) and the Scottish Ambulance Service (by analysis of the impact on Scottish Ambulance Service operations if the new build was off-site).
- 6.8 NHS Dumfries and Galloway shared its Engagement Action Plan with the Scottish Health Council for comment and updated the plan to take account of our feedback in relation to, for example, Equalities Impact Assessment and keeping the Public Partnership Forum updated.

The following comments were made by attendees at the option appraisal session in response to being asked what was helpful:

- "Particularly the expectations about how costly to refurbish the existing hospital."
- "The whole presentation was very enlightening."
- "Good to be involved from an early stage and to see how the selection process will unfold with the ultimate conclusion of a new hospital for the region in the right place with good access for all."
- "Sufficient info to make informed decisions."

and one response when asked what would have been more helpful:

- "Update as to how many sites were thought suitable and a visit to them to get a better idea."

Comments when the respondents were asked if they felt they were listened to:

- "Staff took time to hear comments and give clear answers."
- "Time taken to listen to various views."
- "Engaged well as a group, facilitator ensured that all were treated the same."
- "Positive attitude of those being questioned – nobody was left out."
- "All views were taken into account, discussed etc."

No negative views were expressed in response to this question.

7 Consulting

- 7.1 The guidance states that when an NHS Board consults on a major service change, it should:
- produce a balanced and accessible consultation document that enables people to come to an informed view
 - explore innovative and creative methodologies and approaches to ensure the process is inclusive
 - where a preferred option is indicated by the Board, be clear that all responses to the consultation will be considered, including alternative suggestions that are put forward
 - ensure the consultation period lasts for a minimum of three months.
- 7.2 NHS Dumfries and Galloway began the consultation on the site for a new build hospital on 11 January 2012 and the consultation concluded three months later on 11 April 2012.
- 7.3 NHS Dumfries and Galloway indicated, through its consultation plan, that it would initiate a range of methods to consult with the public including:
- develop a leaflet with input from public members of the Stakeholder Reference Group and distribute across the Board area for example to:
 - hospitals, opticians, pharmacies, GP and dental surgeries
 - local authority networks, libraries and other public premises
 - all Community Councils
 - local hotels and supermarkets
 - local rotary clubs
 - schools.
 - reproduce leaflet information on the Board website
 - make use of Twitter and Facebook
 - use display stands
 - hold a number of public 'drop-in' sessions across the geographic area
 - respond to community groups' requests for 'Invite Us' sessions
 - Participatory Appraisal Exercise with Building Healthy Communities team.

In response to the Scottish Health Council questionnaire, members of the public indicated that they first found out about the plans for a new build hospital in a variety of ways including:

- letter from NHS Dumfries and Galloway
- NHS Dumfries and Galloway flyer or poster
- local newspapers
- Public Partnership Forum
- word of mouth
- GP and dentist surgeries (including GP patient groups)
- local TV news
- poster in local shop.

- 7.4 The information leaflet used at the consultation stage was based on the earlier leaflet developed with the Stakeholder Reference Group to inform and engage with the public. NHS staff improved and developed the leaflet based on feedback from the public and the Scottish Health Council. The leaflet provided information on work to date including that an option appraisal event and a number of engagement events had already taken place.
- 7.5 Additional information sheets were developed on specific aspects of the project which had been raised as questions and concerns by the public at the informing and engaging stage e.g. information on single rooms, clinical services information, and transport.
- 7.6 Scottish Health Council staff noted the availability of information at a variety of sites across the Board area, however in some GP surgeries visited availability was found to be poor and this was fed back to the Communication and Engagement Manager. Subsequently a second mailing of leaflets was made to GP and dental surgeries with a request to display them.
- 7.7 Information contained in the leaflet was also available on the Board website on both their internet and intranet sites. Details were provided on how to contact the Board to have a say about the proposal, either by attending a 'drop-in' session, advertised locally, via the website and by email or in writing. A contact phone number was provided. Alternative formats and language options for the leaflet were offered and feedback to the Scottish Health Council from a visually impaired group identified that large print versions were made available when required. Information was disseminated via Twitter.
- 7.8 NHS Dumfries and Galloway hosted 12 'drop-in' sessions across the Board area. Scottish Health Council staff attended 10 of these sessions and observed that the public had good opportunities to give their views, ask and have their questions answered by NHS staff from a range of disciplines at the sessions.

What people told the Scottish Health Council when asked what, if anything, they found helpful about the consultation exercise:

- "Detailed discussion and answers with three people at the 'drop-in' session' - VERY HELPFUL."
- "Discussing with officials at 'drop-in' session."
- "Plenty of advance notice."
- "Having notification early to ensure ability to attend."
- "The case argued for the need to build a new facility – despite external appearances."
- "Map and information leaflets."
- "The consultation representatives seemed aware of those looking at the displays and asked whether the information was clear - they also said they were there if anyone had any questions at all."

and responses when asked what could have been better:

- "Reminder in local press - notice of the event was too early."
- "It is not totally clear that the first consultation exercise was only to try and establish a proposed site."
- "There was still confusion as to 'why a new hospital was necessary.'"
- "More information on why a hospital under 40 years old should be needing replaced at gross expense."
- "A wider consultation."

7.9 The Scottish Health Council highlighted to the Board that the map and leaflet could have been made clearer by consistently using the same system to label and describe the proposed sites, for example site B on the map is referred to as Summerfield Farm in the leaflet and in discussions is often referred to as the Lockerbie Road site.

7.10 The 12 'drop-in' sessions, were open to all and attended by 203 people from across the geographical spread of the region. The format of these sessions enabled staff to:

- gather views from the public on their preferred site for the proposed new build hospital and reasons for their preference
- answer as far as possible any questions about the five proposed sites
- answer as far as possible any other questions about the proposed new build
- advise that following a decision on the site, while expecting that services provided from the new build hospital will be the same as they currently are, all services will be looked at in terms of:
 - how they are delivered
 - how improvements could be made building on earlier work from the Clinical Services Review.

7.11 NHS staff carrying out the 'drop-in' sessions reported a number of common themes arising from their discussion with members of the public. These were:

- why is a new hospital necessary?
- the geographical location
- introduction of all single rooms
- sufficient and free car parking
- sufficient bed numbers
- no detrimental effect on the smaller hospitals.

It was also noted that choice of site was made based on transport and traffic considerations.

Comments given to the Scottish Health Council which reflect these themes were:

- "Surprised that a new building was required at what I felt was a very early stage. Explanation given."
- "Scottish Government decision re single rooms and that existing Dumfries and Galloway Royal Infirmary would be too difficult to refurbish to required standards."
- "(Need) to provide more modern facilities, e.g. single rooms."
- "I believe the choice is already made and those in the West of the area will still be left with lots of travel."
- "Please consider public transport to/from hospital. The current situation is inadequate."
- "Would be helpful if the final site for the new hospital means that people do not have to go through Dumfries town centre to reach it. Some people have to travel far enough already without losing time getting through Dumfries."
- "Could consideration be given to the new hospital being titled 'Galloway Regional Hospital' as it is to serve the whole Unity County, using 'site A' directly off the A75 main road?"

7.12 Members of the project team also attended 31 'Invite Us' sessions speaking to 779 attendees. Invitations were received from a broad range of groups to attend their meetings and deliver a standard presentation and answer questions on the project. As the sessions developed sometimes a more informal approach was taken if appropriate.

7.13 'Invite Us' sessions were arranged at short notice to suit the groups' requests. Several attendees responded to the Scottish Health Council questionnaires which were distributed at the sessions.

What people attending 'Invite Us' sessions told the Scottish Health Council:

- "Clear background to costs and location of option sites."
- "It was helpful to be assured of best choice for people of Dumfries and Galloway."
- "Given large print information and offer of travel expenses."
- "I asked questions and got good answers to them."
- "The question of private finance for the hospital was gone into on the consultation."

7.14 Scottish Health Council staff attended Stakeholder Reference Group meetings throughout the consultation process and at the meeting on 12 April 2012 and met with the six public members who had attended the meeting that day. The group were asked to identify from their perspective:

- what went well with the consultation process?
- what could have been better with the consultation process?
- what would you like to see done differently next time?
- any other comments?

What went well with the consultation process:

- "Good level of involvement in Design Statement Workshop, Steering Group, Non-Clinical Project team, Process Workshop."
- "Good communication, estate information, Transport Info, Communications."
- "Regular briefings at Public Partnership Forum and Community Health Partnership meetings."
- "Work group is very important. Allows individual to speak more openly than at a committee-type meeting."
- "Good public consultation."

No comments were given on 'What could have been better?'

What would you like to see done differently next time?

- "Perfectly happy with the way information has been imparted, suggestions are always answered."
- "If using flow charts make sure a 'frontal position' for all personnel to SEE."

Any other comments:-

- "Tea/coffee breaks to give the opportunity for more individual discussions throughout meetings."
- "Presentation is most important."
- "Process has been interesting. Always made welcome at meetings and encouraged to get involved."
- "An opportunity to give something back."

8 Quality assuring the consultation process

- 8.1 The guidance states that the Scottish Health Council is required to quality assure throughout the consultation process and that NHS Boards should engage with it at the earliest possible stage and ensure any issues identified by it are acted upon. The Scottish Health Council provided advice, support and feedback to the Board on issues and concerns raised during our assessment of the consultation process.
- 8.2 NHS staff responded to issues and suggestions that were raised by the Scottish Health Council during the consultation process. Examples include:
- extending the consultation period by a week
 - responding to our feedback on the availability of leaflets in some locations by replenishing stock to GP surgeries
 - developing additional, more detailed information sheets to address particular concerns e.g. single rooms.
- 8.3 The Scottish Health Council distributed 402 questionnaires to people and groups that NHS Dumfries and Galloway had spoken and met with during the consultation period and 90 (22.4%) questionnaires were returned. Of the completed questionnaires:
- 79 (87.7%) said they had sufficient information about the consultation
 - 88 (97.7%) said the reasons why the Board is developing plans to build a new Dumfries and Galloway Royal Infirmary were explained
 - 31 (91%) people were provided with the support they needed to participate effectively, 3 (9%) answered no to this question
 - 64 (71%) people felt their views were listened to, 7 (7.7%) did not and 16 (17.7%) were not sure
 - 53 (58.8%) people wanted to continue to work with the Board in developing the plans for the new Dumfries and Galloway Royal Infirmary, 36 (40%) did not and 2 (2.2%) people said they may want to work with the Board.
- 8.4 NHS Dumfries and Galloway held a meeting on 26 March with the Stakeholder Reference Group, members of the Project Team and Project Board to agree the criteria and weighting which would be applied to the five sites. A meeting held on 25 April examined the results of the public consultation and applied the previously agreed criteria and weighting to each of the possible sites. Based on this work, the representatives agreed to recommend a site³ to the NHS Board, which reflected the level of public support.

³ At the time of writing this report, the Scottish Health Council was asked by Board staff not to disclose the preferred site due to commercial sensitivity

9 What are the next steps in complying with the guidance?

- 9.1 This report was submitted to NHS Dumfries and Galloway for consideration at their Board meeting on 16 May 2012, when the Board will consider the outcome of the consultation process.
- 9.2 Following discussion, and if approval is sought to build the new acute hospital on either the existing or a new site, NHS Dumfries and Galloway will make a submission to the Cabinet Secretary for Health and Wellbeing for Ministerial approval. In this submission, the Board should demonstrate how they have taken into account the suggestions and concerns during the consultation period and how these have been addressed in their decision.
- 9.3 Once a decision has been made, NHS staff should provide feedback to all people who took part in the process. This should inform them of the outcome of the consultation and the final decision reached by the NHS Board. It should also demonstrate how views were taken into account during the decision-making process and explain how people can be involved in the implementation of any changes.
- 9.4 The NHS Board should evaluate its informing, engaging and consulting processes, consider the impact they had on the service change and identify areas for improvement. This process should be designed to demonstrate learning within the organisation, leading to continual improvement in future service change.

10 Learning points identified by the Scottish Health Council

- 10.1 The Scottish Health Council acknowledges the work undertaken by NHS Dumfries and Galloway in conducting this engagement and consultation and the range of methods they have used to engage with people. NHS Dumfries and Galloway engaged with the Scottish Health Council at an early stage in their process and this has resulted in good and continuing communication between the organisations. The Board has agreed to take part in an 'after action review' with the Scottish Health Council to explore any improvements in how we work together in future.
- 10.2 As the NHS looks to deliver continual improvements in the quality of its public involvement activities, it is appropriate to identify areas where there are learning points.
- The Scottish Health Council in its interim report on NHS Dumfries and Galloway's 'Your NHS, Your Future Care' public engagement advised NHS Dumfries and Galloway that improvements in the involvement of black and minority ethnic communities should be addressed, and, although we are aware of efforts to engage with this group during this consultation, this remains as a learning point.
 - It is important that consistent language is used across all documents and materials made available throughout an engagement and consultation process in order to avoid any confusion, particularly on key issues, such as site locations (see paragraph 7.9 above).
 - Consideration of the views of patients and the public at strategic level is an important aspect of an engagement and consultation process. The Scottish Health Council recommends that there is public representation directly at Project Board level to ensure that views are considered. The commercial and financial sensitivities of this project are acknowledged, however this type of representation has been demonstrated to work well in similar situations in other NHS Boards, allowing patient and public input at all levels of the proposed service change.

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