

# How to engage the public in scrutiny

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A longer version of this document is available [here](#)

## Introduction

Public scrutiny helps to ensure that staff who work in health and social care research and services are doing their job properly. Sometimes it goes wrong as the tragic events at Mid-Staffordshire NHS Trust and elsewhere highlight. Whether a reference group is commenting on a research idea, a member of the public is providing feedback on a document, service users are giving feedback on the services they receive, or Healthwatch champions are undertaking an unannounced 'enter and view' visit, scrutiny is underway, and it needs to be done well. This guide suggests how to ensure that scrutiny is offered and received in a manner that delivers improvement.

Public scrutiny occurs when members of the public comment on a document or service to improve it. By 'public' we mean patients, people who use social care services, carers, and other members of the community. Sometimes the public are joined by others (people from similar projects to the one being scrutinised, students, consultants, or inspectors). They read documents, visit services, talk to people, examine data, or attend meetings before giving their views. This paper is about scrutiny by the public, where scrutineers have much less formal power than the people they report to.

Scrutiny occurs when the output of one group is reviewed by others, unlike co-production, where professionals and the public work together to develop the output. Public scrutiny is both by the public and in public, as the views of the scrutineers are made available to all. It can be a more intensive process than consultation<sup>1</sup> although many of the same principles apply.

## A clear purpose. Effective scrutiny can help to...

- Align the project with overarching goals, such as individual human rights and community wellbeing.
- Improve the project by engaging scrutineers to act like critical friends. Fear on either side will derail the process.
- Appreciate the good aspects and highlight areas for improvement.
- Influence big decisions taken on special days as well as the everyday routines of ordinary days.
- Benchmark the project against a defined standard as well as taking account of first impressions. The benchmark may be informed by government priorities, research evidence, service level agreements, outcome targets and quality standards. It may be summarised in a prompt sheet provided to the scrutineers in advance. This reduces the undue influence of personal preferences.

## Find the right people to carry out the scrutiny

The best scrutiny occurs when a diverse range of people are included in the process. A variety of methods of engagement will be deployed to reach the widest possible range of people, paying particular attention to communities that have been under-represented in the past. Scrutineers who are in touch with a wider constituency (such as a member of a self-help or advocacy group) will act alongside lone individuals who speak from their personal experience.

The longstanding principles of ‘nothing about me without me’ as well as the ideas surrounding coproduction<sup>2</sup> mean that efforts will be made to engage scrutineers who have similar life experience to the people who are the target of the project under scrutiny. So, if, for example, the project is about people with communication issues, learning difficulties, dementia or mental ill-health, additional efforts will be made to find, support, and listen to scrutineers who have similar experiences.

Wherever possible, meetings called to share findings at the end of the scrutiny process will be held in public. The decisions made and actions taken because of the scrutiny process will be reported upwards to managers and back to the scrutineers and the communities they represent, so that they know they have made a difference.

The process will ensure that scrutineers honour the confidentiality of the people they listen to, whilst being able to raise concerns and retain their own anonymity in larger reporting settings where appropriate.

## Qualities of an effective scrutineer

**Safe and well.** The scrutineer does not bring infection or other hazards into the environment that would unnecessarily increase risk to patients or staff.

**Centred on improvement.** The purpose is to improve the project under scrutiny rather than advance personal interests. On rare occasions when a scrutineer is driving their own agenda or when legitimate comments are misrepresented, such misuses are tackled. Some candidate scrutineers have suffered harm in the system and must move beyond grief, anger, or preoccupation before they are able to listen well during the scrutiny process.

**Curious.** Scrutineers ask questions and examine evidence with an open, independent mind. They know that they may be mistaken. It is helpful to include a scrutineer who has an in depth knowledge along with an outsider who can ask an ‘innocent’ question and reveal gaps in the explanation.

**Trained and supported.** Background documents, introductory training and assistance will help people do well<sup>3</sup>. Challenging people in power is emotionally demanding, and so it is important to have support.

**Thorough.** The public scrutineer may have more time to study papers and talk to people which can be helpful when staff are hard-pressed.

**Democratic.** Inequalities are reduced to enable people who have the lowest status or unconventional opinions to speak truth to power.

**Courteous.** Scrutineers will be polite, diplomatic, helpful, and accountable to a code of conduct or an organisation, so that persistent unacceptable behaviours lead to disqualification. Such situations are rare, and most scrutineers amend their conduct after feedback or else withdraw from the process.

## A welcome for the scrutineers

**Ambitious.** Managers are eager to improve and will welcome ideas about how to do so even when they are delivered in an awkward way. They employ other methods alongside public scrutiny and do not rely too heavily on just that one source of intelligence. This includes listening to their own staff<sup>4</sup>.

**Open.** Staff may fear that they will be subjected to unjustified criticism, set impossible goals, blamed for organisational failure, or treated disrespectfully. This may be the reputation of some regulatory bodies, but staff will be more open to feedback from Public Scrutineers if they expect them to be courteous, evidence-based, and reasonable.

**Interested and non-defensive.** The scrutiny process is most effective when staff are genuinely curious to know what the scrutineers think of their service or proposals. They also seek out and act on feedback from other visitors.

**Responsive.** Organisations who are regularly involved in scrutiny should be able to point to many instances where input from scrutineers has led to real change. Some of these changes will be in relation to small and local issues, while others will have a broader impact and affect systems and practices across a range of provision. To enable these high-level changes to be adopted, the scrutiny findings must be reported to senior people in the organisation who can implement a far-reaching response. The actions taken are then reported back to the scrutineers so that they know how their advice has been heeded or the reasons why it has been set aside<sup>5</sup>.



## Conclusion

Commissioning and delivery of health and social care services as well as reviews of service quality and research will all benefit from the input of patients and the public. One aspect of this process of coproduction is to invite members of the public to scrutinise the work of others. In this Guide, we have explored some of the conditions under which public scrutiny can thrive and add value.

A longer version of this document is available [here](#).

## References

<sup>1</sup> Bates P *How to meet legal obligations in your public consultation process* – see [https://peterbates.org.uk/wp-content/uploads/2017/04/how\\_to\\_meet\\_legal\\_obligations\\_in\\_your\\_public\\_consultation\\_process.pdf](https://peterbates.org.uk/wp-content/uploads/2017/04/how_to_meet_legal_obligations_in_your_public_consultation_process.pdf).

<sup>2</sup> For a brief history, see [Nothing About Us Without Us - Wikipedia](#). For resources on coproduction, see [NHS England » Co-production resources](#).

<sup>3</sup>The following focuses on the scrutiny role of local elected Councillors, but much of the material is of value to public scrutineers: Local Government Association (2017) *A Councillor's workbook on scrutiny*. Downloaded from [A councillor's workbook on scrutiny \(local.gov.uk\)](#). Also, Centre for Public Scrutiny (2020) *Taking scrutiny seriously*. Downloaded from [CfPS-Taking-Scrutiny-Seriously-web-versio-2020.pdf \(cfps.org.uk\)](#).

<sup>4</sup>Mannion R, Blenkinsopp J, Powell M, McHale J, Millar R, Snowden N, Davies H (2018) Understanding the knowledge gaps in whistleblowing and speaking up in health care: narrative reviews of the research literature and formal inquiries, a legal analysis and stakeholder interviews. *Health Service and Delivery Research* 6(30) <https://pubmed.ncbi.nlm.nih.gov/30148582/>

<sup>5</sup> Mathie E, Wythe H, Munday D, Millac P, Rhodes G, Roberts N, Smeeton N, Poland F, Jones J (2018) Reciprocal relationships and the importance of feedback in patient and public involvement: a mixed methods study. *Health Expectations*. Oct;21(5):899-908. <https://psycnet.apa.org/record/2018-16800-001>

