

STRATEGY DOCUMENT

Burton Hospitals
NHS Trust



PATIENT AND PUBLIC INVOLVEMENT STRATEGY

Approved by: **Trust Board**

On: **14 November 2007**

Review Date: **October 2010**

Corporate / Directorate **Corporate**

Clinical / Non Clinical **Non Clinical**

Department Responsible
for Review: **Governance**

Distribution:

- Essential Reading for: **All Staff**
- Information for: **All Staff**

Policy Number: **109**

Version Number: **2**

Signature:

Chief Executive

Date:

Burton Hospitals NHS Trust

STRATEGY INDEX SHEET

Title:	Patient and Public Involvement Strategy
Original Issue Date:	September 2002
Date of Last Review:	October 2007
Reason for amendment:	Review of existing document
Responsibility:	Associate Director of Governance
Stored:	Governance Intranet Site
Linked Trust Policies:	Membership Strategy (pending Foundation Trust)
E & D Impact assessed	EIA 064
Consulted	Patient & Public Committee Executive and Associate Directors

PATIENT & PUBLIC INVOLVEMENT STRATEGY

CONTENTS PAGE

Paragraph Number	Subject	Page Number
1	Introduction	1
2	Purpose of Strategy	1
3	Values and Beliefs	1
4	Aims of Involving Patients and the Public in Healthcare Potential benefits Level of Involvement	1
5	Desired Outcomes <ul style="list-style-type: none">• Effective Feedback• Effective Influence	2
6	Strengthening Patient and Public Involvement within the Trust	3
7	PPI Annual Plan & future development priorities <ul style="list-style-type: none">• Annual Plan• Prioritising future work• Proposals for future work• Joint working and cross agency collaboration	3
8	Methods of Involving Patients and the Public	4
9	Roles and Responsibilities	4
Appendix A	Statutory Development Priorities	6
Appendix B	Mental Capacity Act 2005	7

BURTON HOSPITALS NHS TRUST

STRATEGY FOR INVOLVING PATIENTS AND THE PUBLIC IN HEALTHCARE

1. INTRODUCTION AND BACKGROUND

Creating a patient-centred NHS and improving the experience of the individual patient is at the heart of the Government's plans to modernise health services. Involving patients in decisions about healthcare at both personal and strategic levels is fundamentally important to the improvement of health and social care services, as well as being a basic right.

2. PURPOSE OF STRATEGY

This strategy provides guidance to support and strengthen the development of patient and public involvement within the Trust, and aims to ensure that Trust plans are driven by patient priorities, both locally and across the wider health community.

3. VALUES AND BELIEFS

The Trust commits to the principle that its services will be '**patient-centred**', and driven by patient needs. Involvement is not just about closer scrutiny of services. Greater involvement of patients and the public in planning and delivering healthcare will result in mutual benefits to patients, carers and providers alike. The emphasis will be on creating ongoing partnerships where all those involved, patients and staff, are acknowledged as having an important contribution, and are respected as individuals.

4. OUR AIM OF INVOLVING PATIENTS AND THE PUBLIC IN HEALTHCARE

The primary aim of involving current and potential service users is to lead to demonstrable benefits to patients, healthcare staff, and the Trust, with improvement in care and outcomes.

To accomplish this, patients' views, both positive and negative, will be encouraged, taken into account and used to influence change and service developments.

4.1 Potential benefits for patients, carers and the organisation

- Better quality services that are more responsive to the needs of patients, leading to better outcomes of care, and improvements in health and well being.
- Policy and planning decisions that are more patient focused.
- Improved communications between organisations and the communities they serve.
- Greater ownership of local health services and a stronger understanding of why and how they need to change and develop.

4.2 Levels of Involvement

The Trust will aim to involve users at three levels:

- **The Individual Level** – the extent to which patients and carers are involved in their own care and treatment, and the extent to which they share in decision making about options available.
- **The Directorate Level** – involvement of users and carers in development and monitoring specialty specific services.
- **The Collective Level** – Involving the community served by the Trust in determining future service provision, and priorities, as well as evaluation and monitoring of current services.

5. DESIRED OUTCOMES

Patients and the public will be better informed about the services currently delivered in their area, the future service changes/developments proposed, and feel empowered to influence the future planning and delivery of health services.

5.1 Effective *feedback* about the patients' perspective of service quality will lead to:

- Services that are more responsive and focused on needs.
- Higher standards of service quality, and greater consistency of service delivery.
- Efficient use of resources in delivering services.
- Developing capacity for service improvement and development.
- Development of services in line with the changing demographics of the local community.

5.2 Effective *influence* from patients and the public will lead to:

- Patient-centred care.
- Involvement in care and treatment decisions and informed choice.
- Better accountability to patients and public and enhanced clinical governance arrangements.
- Integrated organisational systems and structures that are linked to improvements in outcomes and the patients experience of care.

6. STRENGTHENING PATIENT AND PUBLIC INVOLVEMENT WITHIN THE TRUST

To strengthen effective involvement and achieve sustainable benefits:

- A Corporate Lead Officer will be appointed.
- All Directorates will identify a Lead Officer with responsibility for Patient and Public Involvement.
- Patient and Public Involvement will be integral to the daily work of the Trust and considered as part of all Trust improvement priorities.
- The Trust will participate in annual patient surveys as required to enable trends to be monitored and the impact of action plans to be identified, leading to a continued improvement in survey results.
- The Trust will engage with Hard to Reach, black and minority ethnic communities to ensure they are increasingly monitored as part of surveys and the views of these communities are included.
- Senior Managers will routinely build Patient and Public Involvement into strategic and business plans and into clinical governance activity.
- A central process will be developed to link to other appropriate bodies to ensure joined-up working and sharing of learning across the Trust.

7. PPI ANNUAL PLAN AND FUTURE DEVELOPMENT PRIORITIES

7.1 Annual Plan

The Annual PPI Plan will be prepared by the PPI Advisor and formally approved by the Patient & Public Committee. It will:

- Translate the broad aims of the strategy into specific activities and initiatives for the coming year.
- Target service areas and stakeholder groups to ensure the views of Hard to Reach target groups are included as part of PPI activities.
- Timetable activities.
- Demonstrate how and where patient and public involvement work will affect decisions and impact on services and identify clear outcomes for the work.
- Specify training and development activities to support work (staff and patient/public).
- Indicate links with other relevant involvement work by other agencies and where and how collaboration will be pursued and information shared.
- Report on past year's activities and how work for the coming year will build on this and take it forward – new areas/client groups.
- Update plans and review progress in subsequent years.

7.2 Prioritising future work

Further work will be prioritised and current practice developed using internal knowledge. Areas for improvement will be identified through clinical governance procedures and previous involvement with patients maintaining a focus on the Standards for Better Health.

All plans will be agreed and prioritised by the Patient & Public Committee for inclusion in the Annual PPI Plan.

7.3 Proposals for future work

Proposals for future working will be discussed and agreed with individual Directorates and other key personnel and groups (including patients and the public) prior to the production of the annual Directorate PPI Plans.

These plans will consider statutory development priorities (see Appendix A), specific Trust activities and initiatives for the coming year, target service areas and user groups, and will be reviewed annually.

7.4 Joint Working and Cross Agency Collaboration

Partnership working and links with external agencies will be developed in order that the patient's journey is seamless, and to ease the resolution of cross-organisational concerns or complaints.

8. INVOLVING PATIENTS AND THE PUBLIC

There are many different ways of working with patients, both formally and informally. Formal ways include working as part of a multidisciplinary team or group and meeting on a regular basis. Less formally, existing groups of patients in the community can be involved. Each has its place in contributing to effective patient involvement.

Approaches to patient and public involvement will be flexible, and different methods used according to the task and identified outcome. This strategy will not dictate the approaches that will be used; however, there is an expectation that consent and ethical approval for patient involvement will be obtained as necessary, taking into account the requirements of the Mental Capacity Act 2005 (see Appendix B). In addition to the ethical considerations of involving public and service users, attention will be given to the roles, relationships, responsibilities, and individual training needs of invitees on formal steering groups and committees.

9. ROLES & RESPONSIBILITIES

The Board is accountable for all aspects of Patient and Public Involvement.

A Non Executive Director will Chair the Patient and Public Committee and report back to the Trust Board on PPI activity.

The Patient and Public Committee will approve the Trust and Directorate PPI Strategies, provide strategic guidance, and monitor and evaluate activities. The Committee, as a Sub Committee of the Trust Board, has formal terms of reference, will meet quarterly and report quarterly to the Trust Board on its activities.

Reviewing the broader picture at regular intervals and checking that current priorities and activity are still relevant will be necessary at Directorate Board level, and quarterly at Trust level through the Patient and Public Committee.

Directorate action plans, will be approved and monitored by the Patient and Public Committee.

The Associate Director of Governance is accountable for the implementation of patient and public involvement activities, and responsible for ensuring there is adequate support and advice for involvement activities.

The Patient and Public Involvement Advisor is responsible for developing the Trust Strategy and PPI agenda in line with local and national priorities supporting Directorate PPI involvement.

Identifying opportunities to engage with partner organisations in the local health economy, developing a network of service users and carers to enable the Trust to access a diverse range of views recognising the social, cultural and economic diversity of the communities served by the Trust.

Informing and giving feedback to all those involved will be seen as the responsibility of the person leading the initiative, and being part of every consultation process. Feedback is considered an essential stepping stone for future involvement.

The importance of evaluating what has been done and what is working well for both staff and patients is recognised as part of the annual review and annual planning cycle (Ref section 7.1 above). Innovations, lessons learnt and areas of good practice will be shared both across the Trust and externally.

Directorate General Managers will ensure that effective processes are in place for the involvement of users in planning operational change, production and delivery of Directorate PPI Plans and quarterly progress reports for the Patient and Public Committee as required.

Identification of demonstrable improvements in services that are a direct result of shared working and learning will be fed back from Directorates through the Patient and Public Committee.

Directorate PPI Leads will ensure that PPI is included on all team and department meetings and that the PPI plan is effectively translated into objectives for all areas within their own Directorate.

STATUTORY DEVELOPMENT PRIORITIES

The need to involve patients and the public has been reflected in a wide range of government plans for NHS modernisation. The Trust is involved with a variety of initiatives to strengthen communication between patients, staff and NHS organisations, these include:

- Patient Advice and Liaison Service (PALS).
- Patient and Public Involvement in Health (PPIH) Forums.
- Local Involvement Networks (LINKs).
- Patients' Survey Programme.
- Patient Prospectus.
- Independent Complaints Advocacy Services (ICAS).
- Overview and Scrutiny Committees (OSCs).
- South Staffordshire Local Implementation Strategy (LIS).
- Improved Access to Health Records and correspondence about care and treatment.
- Informed Consent implementation.
- Resuscitation Guideline revision to include patients in resuscitation decisions.
- Ensuring that cancellation of elective surgery by the hospital does not occur on the day of surgery for non clinical reasons.
- Reducing cancer waiting times.
- Increasing patient choice by ensuring that every patient will be able to book every hospital appointment and elective admission for a date and time of their convenience.
- Reducing waiting times for a routine Outpatient appointment.
- Reducing waiting times for inpatient treatment.

MENTAL CAPACITY ACT

Background

The Mental Capacity Act 2005 provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Everyone working with/or caring for an adult who may lack capacity to make a specific decision must comply with the Act when making decisions or acting for that person, when the person lacks capacity to make a particular decision for themselves.

Implementation within the Trust

In October 2006, an implementation group was set up regionally. A training plan was agreed by the group in January 2007 and a project team put in place from June 2007.

The aim of the training is to enable staff to comply with all the requirements of the Act, supporting regulation and guidance. October 2007 is the implementation date for this training.

The training is being delivered at QHB as per the guidelines set out by the Department of Health Website with the assistance of Stoke PCT trainers. There are two levels of training being provided:-

- Basic training for all frontline staff
- Specialist training for those Medical, Nursing and Therapy staff who will be involved in the decision making process.

The training commenced in August 2007 and it is being evaluated and monitored by the training team in Stoke.

An 'E learning' programme is being developed within the Trust. It is important that all organisations include the MCA training as part of their Induction Programme and CPD.