

Patient and Public Involvement Strategy 2008



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1. Introduction

Homerton University Hospital NHS Foundation Trust is committed to delivering high quality healthcare services and providing the best possible patient experience. A good patient experience means that our environment, systems and interactions make patients feel safe, well informed and listened to. It also means that patients have a choice and are treated with dignity and respect.

Understanding the experiences, needs and priorities of patients, users of services, carers and local populations has become increasingly central to the design and delivery of health services. Our regulatory framework demands satisfied and engaged patients. As an NHS Foundation Trust, the basic philosophy of public accountability and community involvement is implicit in being a membership organisation. For Homerton, patient and public involvement means an ongoing relationship with the people we serve and a dialogue that helps influence and inform our service planning, delivery and evaluation.

Our commitment to diversity extends to all patient and public involvement activities. We strive to ensure that there is no discrimination on the grounds of gender, race, age, social class, sexual orientation, disability or religion.

Whilst touching on all levels of involvement, this strategy focuses predominantly on the involvement of service users as customers. Patients and their families and friends, individually and collectively are on the receiving end of the services we provide and we should use their experiences to guide and inform service planning and delivery.

2. Aims of the strategy

This strategy outlines how Homerton will develop and implement processes to ensure effective patient and public involvement. It aims to:

- promote the Homerton vision for patient and public involvement
- contribute to the improvement of the Trust's services from the perspective of patients and the public
- strengthen existing and develop new patient involvement and feedback structures
- ensure that the Trust meets its statutory and regulatory obligations in relation to patient and public involvement
- respect people's personal needs and expectations and deliver services that respect choice and dignity
- support those who wish to give feedback about their experiences as a patient and the public
- promote equality of opportunity in service development, provision and delivery
- ensure links with local government, the voluntary and community sectors

The strategy seeks to identify ways in which the patients and the public can be involved in their care and ways in which individual services and the Trust as a whole involves patients and the public in planning services and developing Trust strategy. Our Membership Development Strategy is part of an ongoing process of wider engagement with our communities. It sets out our targets for developing an active, engaged and representative membership and feeds directly into the PPI Strategy. We recognise that patient and public

involvement goes much further than this. Both strategies reflect our commitment to involving patients and the public to enhance services for patients.

3. What is public and patient involvement?

Patient and public involvement is the engagement of the hospital with its relevant population and groups. According to Picker (2008) the public expects local health services to be accountable and expects there will be:

- systems to measure performance
- scrutiny and oversight of services
- effective regulation through meaningful consultation, scrutiny and oversight with action taken against poor performance

Realistically not all people can get involved or want to get involved. In practice only one or two per cent of people do get actively involved in the planning and delivery of services. It is the quality of this engagement that is key to improving services. There is a wide spectrum of possible involvement mechanisms, from information giving to formal consultation. In Foundation trusts, public involvement is generated by having a community derived membership which means much wider public representation and engagement in the business of the Trust.

As a service providing organisation learning from and about our customers is core business. For the purpose of this strategy the term “customer” is used to collectively define the overlapping groups of patients, users of services, carers and the wider public as citizens, tax payers and potential patients. Complaints, choice and patient feedback together make a considerable amount of customer focused information. What customers say about our services provides us with valuable information on how to improve. For example, involving patients in infection control campaigns by encouraging them to ask staff to wash their hands has resulted in improvements in hand hygiene. Another good example of learning from our customers is the hospital’s involvement in the Health in Hackney Scrutiny Commission’s Dignity in Care Review and the development of the “Dignity Code”. Different types of feedback can be used to inform decisions across a variety of areas including for example, planning services and monitoring and improving service quality.

4. Governance and accountability

As a Foundation Trust supported by governance arrangements, there are significant opportunities to build on the work already in place. Our governance structure makes us more accountable to local people through a system of local ownership with elected governors and members. The governors meet regularly as a council and advise the Board in its work. The Council of Governors links Homerton and its members and the community and is pivotal in raising the patient experience at Board level. Membership only represents a small fraction of our total population and this strategy recognises that other arrangements are needed to enable Homerton to reach out to a wider audience beyond its members in order to:

- facilitate multi-agency working
- to feed additional information and knowledge to the Council of Governors
- employ a range of PPI methods e.g. focus groups, questionnaires and surveys to gather patient experience information
- target under-represented groups and communities
- contribute to the membership recruitment
- to meet our obligation to reduce health inequalities

We recognise that some services are established in engaging their service users in a variety of ways to seek service specific feedback. These patients may only want to be involved at this localised level, they may not want to become members but still provide a valuable patient experience for that service. However, we will take every opportunity to encourage our patients, carers and community to become members.

5. Building on existing PPI work

We recognise that the involvement of users will help us to improve our services and make them more responsive to patient and carer needs. Local stakeholders have highlighted common areas of interest and concern in relation to PPI which are summarised below:

- strong support for Homerton as the local hospital of choice
- a belief that everyone has the right to be heard and involved and has something to contribute
- involve people in things that matter to them and make sure that they receive feedback
- provide a variety of approaches to PPI to reflect the diverse community
- use established community networks as a means of reaching out
- use the membership as a reference point and source of feedback
- use effective communication
- demonstrate we have made a difference

6. Mechanisms for securing patient and public input and involvement.

We already make use of a number of existing channels, user groups and networks to involve patients and the public by:

Informing – the initial step in the process of securing public input into the decision making or planning process or providing information.

Consulting – seeking user views and taking these into account when decisions are being made about service and organisational developments. This is an interactive process whereby some information may be given, but the main purpose is to listen to what people have to say

Working in partnership - people are invited to exercise choice and /or influence over the decision making process.

Involvement operates in the Trust using the following three approaches:

- the individual's care and treatment
- the design and improvement of service delivery
- strategic service development

7. Our approach to PPI

For user involvement to be effective we need to build on the structures already in place and develop a range of techniques and methods to support both staff and users in taking the strategy forward. We will make the most of the existing channels and opportunities available to us and includes the following.

7.1 Governors

All our governors have something to offer in representing the views of the public. They are elected by and from the membership. Governors have learned a lot about how the hospital works and make a major contribution to the way the hospital relates to its patients and the wider community. Governors help shape and endorse the future strategy of the Trust and provide a link between the hospital and the community.

7.2 Members

Through our membership we aim to be more open and accountable. Members hear first hand about plans and priorities on a regular basis through newsletters and membership events. Members get involved in a range of activities including reading groups, focus groups and members as volunteers.

7.3 Complaints, PALS, Clinical Audit, Risk, Chaplaincy, Litigation

These services or departments collect patient data and identify trends which are key to informing our knowledge of patient experience and in turn help to improve, develop and provide assurance for clinical services.

7.4 Patient Experience Tracker (PET)

At the beginning of 2007 we introduced electronic surveys to find out what people think of their hospital experience. We receive instant feedback from patients to identify potential improvements and review progress using electronic handsets to gather information from patients. Results and improvement plans are displayed on posters throughout the Trust showing visitors, patients and staff how we are performing and what we are doing to improve things.

7.5 Volunteer programme

We have many volunteers who work hard to improve the day-to-day experience of our patients. These include the League of Friends, labour ward supporters, Health and Cancer Information Centre, Acute Care Unit volunteers and various faith specific volunteers, all of whom provide a valuable service.

7.6 Multi-Agency work

Many services or projects across the Trust work in partnership with local voluntary sector organisations, user groups and other health and social care organisations. Good practice examples include:

- Homerton Disability Forum
- Maternity Services Liaison Committee
- The Hackney Older Peoples Reference Group who have developed the “Dignity Charter”
- Hackney Local Strategic Partnership who have initiated a valuable piece of work that introduces a range of contact and care interventions aimed at supporting women and families who are recognised as being most at risk of poor birth outcome.
- Inspire a Homerton employer engagement partnership working to raise achievement and aspiration among young people in Hackney through work related learning.

Our partnership projects provide us with service user information that will help us to develop services that are inclusive and accessible.

7.7 Patient user groups

Some of the Trust’s services have set up their own PPI structures to support patients and provide intelligence for service improvement or development, for example the diabetes, bowel cancer and allergy patient groups. PPI at this local level enables services to gather feedback from patients directly using the service.

7.8 Patient surveys

These are annual and ad hoc surveys required by the Healthcare Commission, the results of which contribute to the performance assessment of the organisation. The purpose of the surveys is to try and obtain an understanding of how patients view the quality of care provided by the Trust. Action plans are developed to address any improvements that may be needed.

7.9 Essence of Care

The Essence of Care Team have involved patients and carers in a range of initiatives to improve the patient experience including the introduction of new patient gowns and protected meal times. These initiatives were developed in response to patient feedback.

7.10 Major consultations

The Foundation Trust application in 2004 is an example of a major consultation exercise where the Trust sought a wide range of local stakeholder views on the hospital's application to become an FT. More recently hospital's staff patients and governors have participated in the Healthcare for London consultation on the future of healthcare in the capital.

8. Local Involvement Networks

The Local Government and Public Involvement in Health Act 2007 created new ways for patients and the public to be involved in decisions about the planning and operation of health and care services. Local Involvement Networks (LINKS) will both facilitate feedback on the quality of services and contribute to planning and priority setting for services. They will have a specific relationship with overview and scrutiny committees who will be encouraged to focus their attention on the work of commissioners of health and social services.

Our approach has always been to maintain close and open working relationship with the relevant committees in Hackney, to keep them informed of service changes and to participate fully and openly in any relevant reviews undertaken by the committees.

We have access to a variety of patient and public involvement mechanisms in partner organisations, including the PCT and Local Authority engagement mechanisms and public opinion research.

9. Strategy objectives

The following section seeks to identify goals, expectations and standards for involvement activities within each of the three approaches adopted at the trust.

9.1 Involving the individual patient and their carer in their treatment and care:

- patients are fully involved and informed about their care, their right to confidentiality and that their informed consent is gained before treatment.
- ensure that patients and the public have a variety of means to express their views which are built upon best practice.
- develop the range and accessibility of information provided to patients about their treatment and care building on existing expertise in the patient information and communications team.
- recognise that services provided by non-clinical departments are an important component of patients' treatment and ensure that views are sought and taken into account.

9.2 Involving patients and the public in the design and improvement of service quality:

- ensure service reorganisation projects involve patients
- establish mechanisms for making best use of patient / membership feedback to inform service planning and development
- ensure that patient involvement is a key dimension of estates and facilities strategy development and implementation.
- work collaboratively with the borough based LINKS.

- ensure that Hackney Scrutiny Committee is kept informed of any significant service reconfiguration plans and participate openly and supportively in any Scrutiny Committee initiated reviews which concern Trust services.

9.3 Involving patients, the public and their representatives in the development of Trust strategies:

- work with Council of Governors to involve them in a wide range of Trust strategies. This will involve briefing and seeking the views of the Council of Governors.
- identify Foundation Trust members from the constituencies to assist in relevant activities.
- explore options for developing a panel of patients to participate in Trust focus groups.
- require that any strategic initiatives brought to the Board for discussion and approval consider how patients and or their representatives have been, and will be appropriately consulted and involved.
- work with the CoG Membership Development Committee to recruit new members.
- continue to routinely communicate widely with stakeholders in relation to key developments.

10. Proposed structure

The current PPI committee currently oversees the implementation of the Trust's PPI Strategy and whilst it has active governor members they do not drive the PPI agenda at Board level. A new PPI committee, acting as a sub group of the Council of Governors could oversee all PPI activity, be it member, other PPI activity or joint member/non-member activity. The COG sub group could champion PPI for the Trust and link into key PPI activity across the Trust. In this way patient experience and involvement informs the work of the governors and their ability to influence the Board of Directors. Direct patient feedback would be reported to the PPI sub group. Patient safety and assurance information, which can also be defined as indirect patient feedback would be reported to the Board of Directors because of their legal responsibility and accountability. This is illustrated in diagram one entitled PPI Framework.

Advisors to the PPI sub group could also include the Director of Corporate Development, PPI Manager, Equality and Diversity lead, representation from Patient Advice and Liaison Service, Complaints, Heads of Nursing and Assistant General Managers. The sub group will oversee the implementation of the Trusts PPI Strategy and define what PPI should be carried out based on the patient experience intelligence it receives.

11. Responsibility and accountability

The aim is to strengthen accountability for PPI outcomes by linking the work more closely into clinical governance arrangements, see diagram outlining the PPI framework at the end of this document. The Trust's PPI manager working to the Director of Corporate Development is responsible for drafting, monitoring and reporting on the annual implementation plan and supporting the delivery of the strategy across the Trust. The PPI manager will produce an annual report PPI initiatives and outcomes to the Clinical Governance Committee based on information provided by clinical directorates and corporate managers.

The Board will conduct an annual review of the implementation plans derived from the strategy.

The PPI Manager working with the Head of Governance is responsible for maintaining a comprehensive list of user representatives and user groups linked to the Foundation trust membership database. This will allow staff to consult with users as and when required.

Clinical Directorates and corporate teams are responsible for reporting on PPI within the framework of the performance reviews. This report will take the form of a summary of current initiatives and outcomes linked to the strategy objectives and business plans

The Director of Operations and team are responsible for supporting the clinical directorates in promoting PPI when developing and redesigning services.

12. Supporting staff

It is recognised by the Trust that staff require access to expertise, support and advice to enable them to involve patients and the public in effective ways and to ensure a standardised approach across the Trust where this is required.

The PPI manager will be the key resource in support of colleagues. The Learning and Development team is responsible for ensuring that staff can develop the skills and knowledge to deliver the strategy.

13. Valuing the contribution of our customers

The Trust is keen to demonstrate that it values the contribution of patients, their carers and families. We will use a wide range of communication channels to raise awareness of the PPI Strategy amongst key audiences and to feedback on progress. Communication with patients and the public will be via patient literature, membership newsletter, community events, GP Link, the Trust Website and media coverage.

Certain expectations should be met throughout the life of this strategy:

- events should be at times that suit patients and their families and plenty of notice provided.
- ensure that all public and patient involvement initiatives take account of potential barriers to participation.
- the Trust should be clear about what is expected.
- the Trust should be honest about what can change and what is negotiable.
- swift feedback should be provided to those taking part in involvement activities.

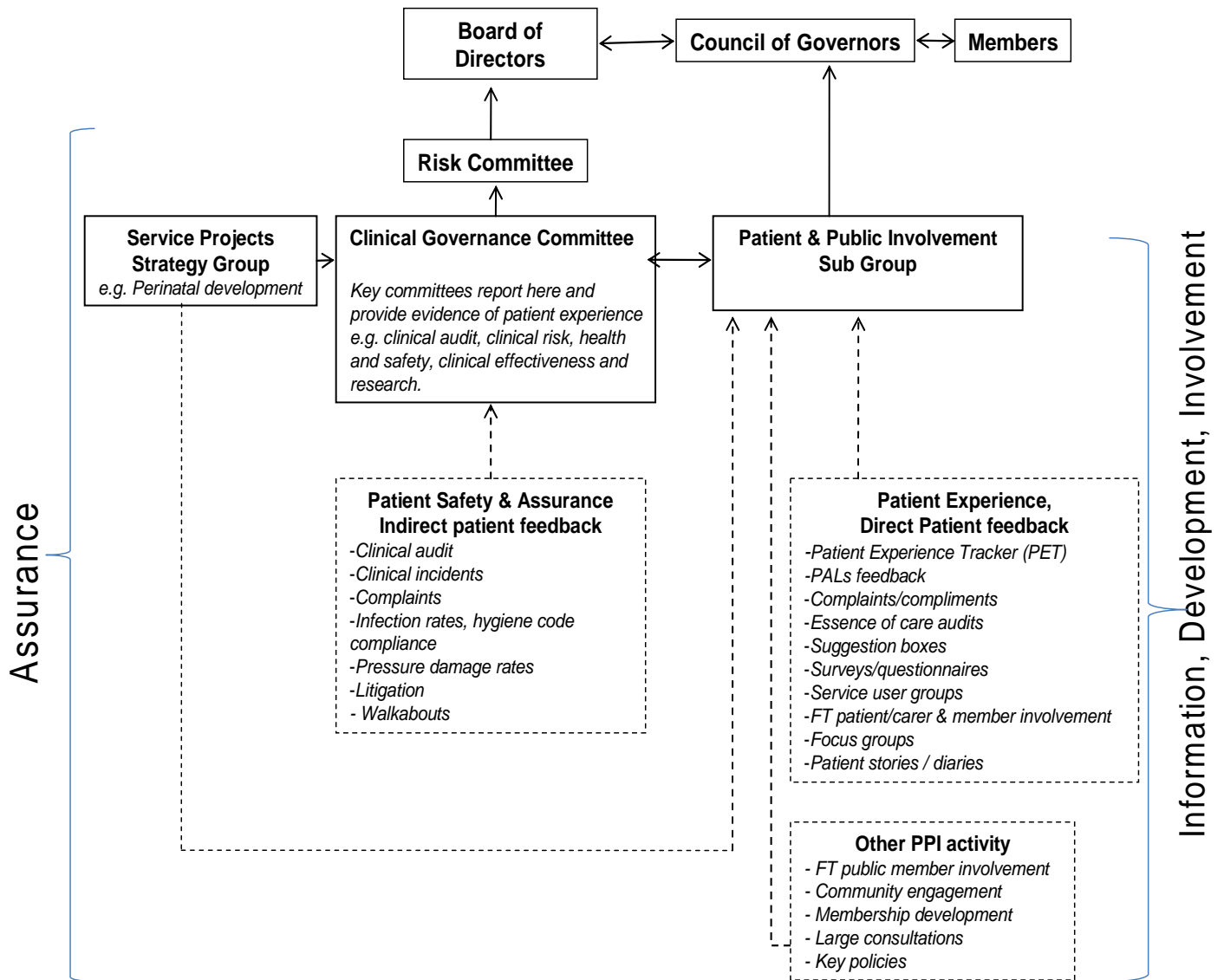
A wide range of stakeholders and partners will also need to be involved in or informed about this work to varying degrees. These include GPs and other referrers, PCTs and specialist Commissioners, Overview and Scrutiny Committees, the Council of Governors as well as the wider membership of the Foundation Trust.

14. Keeping the PPI Strategy under review

The strategy will be reviewed and updated every three years and will be agreed by the Board of Directors and Council of Governors after wide spread consultation with all relevant parties.

P. Brown
Director of Corporate Development
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Diagram: Patient and Public Involvement framework



Solid boxes are Trust Committees
 Solid lines are formal reporting structures
 Dotted boxes contain key information required by Committees