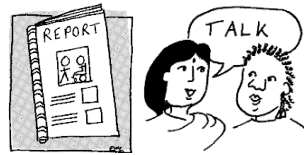


## **PATIENT AND PUBLIC INVOLVEMENT STRATEGY 2008 – 2011**



**How we plan to involve people in the things we do**

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## **1. Introduction**

This Patient and Public Involvement (PPI) Strategy has been developed to ensure that the services provided by the Trust are as a result of genuine local patient and public consultation and involvement at all levels of the organisation, and are underpinned through partnerships with other key stakeholders.

NHS Trusts need to work closely with patients and public and local communities to develop ways of providing health services which are responsive to their local needs. As a result, this strategy will develop and evolve in collaboration with other agencies in the local area.

This strategy is intended to ensure patient and public involvement is approached in a strategic and meaningful manner. The document explains how Nottingham University Hospitals NHS Trust (NUH) will meet its duty to involve patients and the public. It clarifies the way in which patients and public will be involved in future developments within the Trust, identifies the responsibilities of all staff within the Trust, and ensures partnership working with other key stakeholders and service providers of both health and social care.

NUH is preparing to apply for Foundation Trust (FT) status and this strategy links with strengthened local ownership of responsibility for hospitals and other health services through membership. Members of a FT can become actively involved in decision making process within the Trust to improve and develop services and ultimately enhance the patient experience.

## 2. What is Patient and Public Involvement (PPI)?

In this document, the term 'patients and the public' encompasses patients, carers, service users, individuals, groups and communities.

PPI defines the way in which patients, carers and the public have a voice in decisions about how healthcare services are planned, designed, delivered and evaluated. PPI needs to operate on two levels:

- Involving individual patients and their carers in decisions about treatment and care and empowering them to make informed decisions about their health.
- Enabling patients and the public to be involved and consulted on planning, monitoring, evaluating and developing services, proposals to change services and decisions about the way services operate.

Among the potential benefits, PPI can:

- Improve the planning of services.
- Lead to greater patient and carer satisfaction.
- Improve patient experience.
- Enable individual influence over issues affecting personal health through the development of self-care.
- Provide early warning, assessment and minimisation of potential problems.
- Facilitate better health and healthier outcomes.
- Improve public understanding and confidence of health services and create local ownership.
- Inform the setting of performance standards relevant to public needs.
- Promote openness and accountability.

Trust definition of PPI

PPI is the process of engaging with the needs and expectations of patients and putting the public at the heart of Nottingham University Hospitals (NUH) decision making, to ensure that the services and care provided are outcome driven and patient centred. Specifically it is concerned with exchanging information, mutual listening, and accepting that people should be allowed to influence their own care and the services they receive.

### 3. Legislative and Regulatory Context

The NHS document , **“Creating a Patient Led NHS”** (2005) has been produced to support NHS organisations in moving from a service that simply delivers services to people to a service that is totally patient led, responding to the needs and wishes of those patients. The implications of this for the Trust are we need to listen and engage our local population to discover what they want from our services and provide accurate and appropriate information in making informed choices about their health and treatment options.

Section 11 of the Health and Social Act (2001) (now S242 of the NHS Act 2006) requires Trusts and Strategic Health Authorities to involve patients and the public in service planning and operation. The Local Government and Public Involvement Act (2007) strengthened this duty to involve and put in place a duty to report, whilst replacing the Patients’ Forums with Local Involvement Networks (LINKs) in April 2008. LINKs are hosted by local authorities and serves to bring together statutory and voluntary organisations to scrutinise Health and Social care services within their area and promote a mechanism to engage the wider population.

There are two LINK networks for Nottinghamshire Health and Social Care Community covering the City and County. Both LINKs are hosted by the Carers Federation and are in a transitional phase. The LINKs have a set of powers which will enable them to:

- Enter specified types of premises and view the services provided as well as collecting the views and experiences of recipients of services.
- Request information and receive a response within a specified timescale.
- Make reports and recommendations and receive a response within a specified timescale; and, refer matters to the relevant Overview and Scrutiny Committee (OSC) and receive a response.
- LINKs, directed by their governance structure, and the decision making process it has put in place, will have the power to focus on issues which are of concern to the local community.

Health Overview and Scrutiny Committees may also review and scrutinise any matter relating to the planning, provision and operation of health services in the area of its local authority. In Nottingham for issues relating to the city, this is undertaken by the Health and Adult Social Care Committee but, for issues that affect the wider conurbation, a Joint City and County health select committee has been created.

In addition to NHS Act 2006 there is legislation around equality and diversity (Human Rights Act 1998, the Race Relations Act 1976, The Disability Discrimination Act 1995, the Discrimination Act 2005, the Equality Act 2006) and the Code of Practice to the Mental Capacity Act 2005.

Organisational performance is assessed against the Healthcare Commission Core Standards. The Trust makes an annual declaration stating its compliance with the standards. This performance management and regulatory tool has the following standards relating to PPI:

- C6 Healthcare organisations cooperate with each other and social care organisations to ensure that patient's individual needs are properly managed and met.
- C16 Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and where appropriate, inform patients on what to expect during treatment, care and after care.
- C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.
- C18 Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

The National Audit Officer's Key Lines of Enquiry which informs the ALE assessment, also assesses the Trusts PPI work and includes the following two areas of assessment

- 5.2 The organisation has put in place proper arrangements to ensure that services meet the needs of the patients and taxpayers and for engaging with the wider community.
- 5.3.2 The Trust has systems in place to ensure that it learns from internal experience and national reports or inquiries.

Following on from the Darzi review, East Midlands Strategic Health Authority has produced 'From Evidence to Excellence – Our Clinical Vision for Patient Care' which sets out a vision for health services across the East Midlands for the next 10 years and outlines the requirement across the East Midlands for the:

- Creation of a system where we involve, listen to and are influenced by the views of our patients, the public and our clinicians.
- Development of agreed clinical outcome measures, including patient reported outcomes.

#### **4. Scope of the Strategy**

This strategy and associated work plans will be delivered by all Nottingham University Hospitals staff who are involved in planning, managing, improving and providing healthcare services. The strategy is a public document and should also be seen as relevant to key Trust partners in service commissioning and provision, including local authorities independent contractors, NHS Trusts, voluntary sector and private sector providers.

The PPI strategy is informed by the Trust's integrated business plan; it should be read in conjunction with the equality and diversity strategy, communications strategy, foundation membership, recruitment and development strategy and risk management strategy. It should also inform and link to other key Trust strategies and policies as they emerge and develop, including policies for management of complaints, volunteers and patient advice liaison services (PALS).

## **5. Aim of Strategy**

To ensure that Nottingham University Hospitals NHS Trust, (in its present form and in the future as an NHS Foundation Trust) engages with patients and public from all backgrounds in a meaningful way to help deliver, develop and improve our services. To improve patient experience and quality of care we will put in place systems and processes which ensure that:

- Patient and public opinion is heard.
- Feedback is acted on.
- Lessons are learnt.

## **6. Objectives**

- To promote patient and carer involvement, in partnership with health care professionals.
- To ensure accessibility to good quality patient and public information.
- To involve the public in planning, monitoring and development of accessible health services to improve the quality of care.
- To support patients and public to develop their knowledge, skills so that they can contribute to service policy and planning.
- To promote active participation between the Trusts and other statutory agencies and voluntary organisations.
- To support staff to develop their awareness, understanding so they can contribute to PPI.
- To ensure effective monitoring and evaluation of PPI and to include equality data on gender, ethnicity and disability.

Key principles that underpin the strategy are available in appendix 1.

## 7. Where we are at Present?

Nottingham University Hospitals NHS Trust (NUH) was formed on 1 April 2006, when two top rated trusts - Queen's Medical Centre (QMC) and Nottingham City Hospital (NCH) - merged in order to develop a range of high-quality, sustainable services across two campuses. Since the merger in 2006, NUH has combined the post of complaints manager with the patient and public involvement role. An internal review the PPI and complaints service at the Trust undertaken in June 2008 identified the following:

Prior to the merger of the two Trusts, both organisations had well regarded, differing approaches to PPI with many examples of excellent practices around partnership working with patients and public.

PPI activity is being undertaken and making a valuable contribution to helping the new Trust achieve its vision of excellence by 2016. For example there is an active Patient Partnership Group that meets monthly and whose members have provided comments on service changes, undertaken observation of care, reviewed documentation, completed questionnaires, participated in focus groups, and shared patient stories.

Standards for managing and responding to complaints have proved stretching for NUH during the last two years. There is now a need to further develop systems and processes so a robust complaints system is implemented and managed.

Although there are good examples of effective PPI and of good practice across the Trust, there needs to be clearer strategic direction and co-ordination of efforts to ensure the best principles of PPI are systematically applied in pursuit of the Trust's vision of achieving excellence for patient experiences.

Focus on role of patients and public shaping health services has increased. We are required to take into account the views of patients and public in designing, delivering and improving healthcare services. Our obligations are laid out in a number of policy and legal imperatives (page 5).

Organisational performance is assessed against the Healthcare Commission Core Standards (page 6) against which the Trust makes an annual declaration stating its compliance with the standards. The Trust declaration for 2007/08 PPI standards was:

- C16 Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and where appropriate, inform patients on what to expect during treatment, care and after care.  
**Declared met**
- C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.  
**Declared not met**

- C18 Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.  
**Declared insufficient assurance**

The Healthcare Commission visited the Trust in January 2008 as part of a national exercise to review how well organisations were meeting their obligations under the race equality legislation, and to assess how well they were meeting the needs of their patients and staff from black, minority and ethnic groups (BME), newly arrived and transient communities. This visit identified some shortcomings in NUH policies, procedures and processes. To rectify these the Trust Board has since approved the new Single Equality Scheme and appointed a Head of Equality and Diversity. This will facilitate the effective engagement of patients and public, delivery of our obligations and improvements in patient experience.

In response to an internal audit review report in September 2008 on patient and carer feedback, which focused on the Trust's complaints function and Patient Advice and Liaison Service (PALs). The Trust is implementing an action plan to address the issues raised.

NUH has signalled its intent to become a Foundation Trust by the end of 2009. NHS Foundation Trusts are specifically designed to strengthen local ownership of, and responsibility for, hospital and other health services. Establishing and maintaining an active membership will be a key objective of the new Nottingham University Hospitals NHS Foundation Trust. By becoming a NHS Foundation Trust, the Trust will be taking on a new way of working, which actively involves staff, patients, healthcare partners and local people. They will become more involved in decisions we need to make to improve and develop services and facilities, to ultimately enhance our patients' experience.

In July 2008 the Trust Board agreed to separate the post of Complaints Manager from the PPI role and appointed a Head of PPI.

## **8. Where We Need To Be?**

Supportive systems and processes need to be in place at a strategic level to enable a high quality and consistent approach to PPI. This is an essential requisite to ensure PPI is integrated into everyday working. It requires:

- A comprehensive strategy and practical work plans.
- Senior commitment and leadership.
- Proper resourcing and support.
- Clear roles, responsibilities and accountability.
- A commitment to partnership working.
- Effective mechanisms for monitoring, evaluation and sharing of learning.
- Recognition that additional efforts are required to ensure PPI reflects equality and diversity issues.

The Trust will need to continue to further develop as a patient-led organisation. This will be especially challenging during a time of continued radical change in Health and Social care that will see:

- Greater choice of service providers and service delivery, including Foundation Trusts as well as many other providers from the independent sector.
- The primary care trust's (PCTs) changing role to focus on the commissioning of services as the means through which services are managed, controlled and developed.
- Greater integration of health and social care, with more joint commissioning and the delivery of more services within the community.
- Accelerating reconfiguration, with new models of care being developed to provide the right care in the right place.

## 9. How We Will Get There?

This PPI strategy uses the existing systems and process for PPI as its foundation and sets out four work streams to generate and support planned, sustained and effective PPI. These are:

- Supporting patients and public.
- Supporting staff.
- Partnership working.
- Performance Monitoring and reporting.

Key actions:

To support patients and public we will:

- Raise awareness and understanding.
- Create opportunities for involvement (see appendices 2a, 2b and 2c)
- Support and empower patients.
- Improve information resources.

To support staff we will:

- Develop and establish organisational structures, processes and resources (see appendices 2a,2b and 2c).
- Raise awareness and understanding.
- Develop knowledge and skills.
- Provide practical tools and support.

To develop partnership working we will:

- Work proactively with patients and patient groups within the Trust
- Work proactively with PPI bodies and partner organisations.
- Consolidate partnership management.
- Link with equality and diversity group.

To develop performance monitoring and reporting we will:

- Establish mechanisms to monitor the implementation and effectiveness of PPI activities and seeking to involve service users in them.
- Adopt standards of best practice by which to evaluate PPI.
- Establishing clear reporting and escalation processes.
- Share the outcomes of PPI involvement with those who have been involved and with the wider public.

In partnership with the complaints function a three year work plan will be developed on the basis of the four work streams above to meet the objectives on page 9. The plan will take account of resources and inter-dependencies with other corporate functions such as equality and diversity, communications, workforce development and information technology. This strategy identifies the following areas as top priorities for action within the next twelve months.

Key priorities for 12 next months are:

- Review the terms of reference, constitution and codes of conduct for the members of the patient partnership group and other such bodies and update as necessary.
- Review and further develop systems and processes for PPI involvement.
- Engage appropriate involvement of patients and public in formal consultations on the Trust's Foundation Trust application and other reviews of Trust services.
- Set up systems so that PPI continues to be part of the main business of the organisation at all levels and across all relevant activities of policy and decision making.
- Develop Trust and directorate patient information leads.
- Develop system for developing and reviewing all patient information leaflets.

To support staff our priorities are to:

- Identify roles and responsibilities (appendix 2a).
- Develop and implement a three year work plan.
- Set up a PPI steering group co-chaired by the Director of Operations, Nursing & Midwifery and Director of Communications & Marketing (or their deputies) and a Non-Executive Director.

Membership will consist of: nine clinical leads (representing the directorates for PPI); Chair of PPG (patient representative); Head of PPI; Complaints Lead; and Equality & Diversity Lead. This group will have responsibility for improving the Trusts systems and processes for PPI and driving forward the PPI strategy and subsequent work plans. It will oversee the creation and implementation and performance management of the three year work programme. The group will be a sub-committee of the Directors Group.

- Directorates to review PPI activities and develop systems so they have clear oversight of all PPI activities, developing team/service/directorate level PPI plans aligned to Directorate plans.
- Integrate PPI into the business planning process and secure resources to support PPI at corporate and directorate level. To fund out of pocket expenses for patients and public involved in PPI activities, systems and equipment to undertake and report regular patient satisfaction surveys, the development of a range of consultation methodologies, training for patient, public and staff, resourcing of consultations.
- Engage and utilise the National Centre for Involvement which was set up in 2006 to help NHS staff and organisations respond to the need to develop services that are directly shaped by the views and experiences of patients and the public.

To develop partnership working our priorities are to:

- Link with local equality and diversity schemes to review and widen our partnerships and engagement with local communities and with voluntary and national organisations.
- Engage with LINKs.

To develop performance monitoring and reporting our priorities are to:

- Adopt standards of best practice by which to evaluate PPI (appendix 3).
- Establish mechanisms to monitor the implementation and effectiveness of PPI activities and seeking to involve service users in them.
- Establish clear reporting and escalation processes.
- Share the outcomes of PPI involvement with those who have been involved and with the wider public.
- Set up systems to record PPI activity so that robust evidence is available to support compliance of PPI Healthcare standards.
- Develop suitable performance metrics and regular reporting mechanisms for PPI related issues.

- Develop mechanisms to collate and report on patient feedback from the Productive ward, Essence of Care benchmarking programmes and patient satisfaction.
- Facilitate the implementation of the National Inpatient Surveys ensuring that the Trust undertakes them in accordance with required methodologies and timescales and that the results are appropriately reported. Each Directorate and relevant corporate department will be expected to formulate an action plan to address the relevant issues arising from the survey and report on their progress against the action plan.
- Review and update related NUH policies in light of this strategy.

## **10. Resource Implications**

PPI has to be embedded within the organisation and become an integral part of people's jobs and not a bolt on activity. However, it is equally important to understand that effective PPI requires resources, people, time and funding. Like any other key business activities, PPI is undertaken to generate a set of benefits (page 4) and directorates need to budget for effective PPI.

The Trust currently has limited corporate capacity to support a broad range of PPI functions needed to drive PPI at the heart of the organisation. These include funding out-of-pocket expenses for patients and public involved in PPI activities; systems and equipment to undertake and report regular patient satisfaction surveys; the development of a range of consultation methodologies; training for patient, public and staff; resourcing of consultations; and development and maintenance of PPI databases. Clinical directorates will lead ward and specialty PPI processes and systems under the guidance of Head of PPI.

It must achieve sustained high performance against mandatory standards which will translate into improved quality of care.

Directorates will need to integrate plans to deliver an appropriate level of PPI activity into their service strategies.

Corporately, the organisation must ensure that it can gather and report patient satisfaction in a regular, evidence-based way at ward, directorate and board level. It must also ensure that public consultations on FT and service strategies confirm to mandatory standards and are representative of the community we service.

Limited recurrent revenue funding has been identified to deliver routine assessment of patient opinions and to support administration of the governance and performance processes at corporate level. Large scale consultations that for FT status, will require additional resource on an ad hoc basis.

## **11. Review, Reporting and Evaluation**

This PPI strategy covers a three-year period. Discussion of risks for both PPI and complaints will be a standing agenda item for the PPI Steering Group.

Progress on PPI work plans will be considered by the Trust Board and Directors Group on a quarterly basis and by the PPI Steering Group and Directorate teams on a monthly basis.

PPI will feature in all directorate and departmental business plans, with evidence of real involvement, leading to changes for patients and public.

Results of satisfaction surveys will be published annually and widely publicised throughout the organisation and the community we serve.

All PPI activity should be recorded on a central database.

Measurable success criteria will reflect best practice and national targets as set out in Standards for Better Health.

Success can be measured in more than one way. Ultimately we will need to provide evidence that we have achieved our strategic aim that patient and public opinion is heard, feedback is acted on and lessons are learnt. How this can be demonstrated will be agreed in consultation with commissioners and patient groups. In the short term, we will monitor the implementation of work plans and progress reports will be produced annually. Appendix 4 sets out draft success measures and timescales.

## APPENDIX 1

### Key Principles which underpin the Strategy are:

- Patients and their carers will be involved in their own individual care.
- Patients and public will be treated with dignity and their privacy, cultural and religious beliefs will be respected at all times.
- The Trust will support patients in making choices by providing appropriate and accessible information written and produced in accordance with Trust guidelines, tailored to meet individual needs and ensuring preferred methods.
- Patients, and the public will be provided with the information, skills and support they need to enable them to participate in a meaningful way at all levels.
- Patients and the public will be involved in service review and departments will be able to demonstrate resulting improvements.
- Patients and the public will be involved at all stages in the planning and development of services.
- The Trust will promote equality of opportunity for all people, regardless of disability, gender, race, age, sexual orientation or religion.
- Staff will be equipped with the knowledge and skills they need to carry out effective patient involvement.
- The Trust will engage and consult with other public bodies and the local community to maximise effectiveness and comply with Section 242 of the new National Health Service Act 2006 (formerly Section 11 of the Health and Social Care Act). The Trust will engage through the PPI Steering Group, the developing LINKs and membership of the evolving membership of the Foundation Trust. We will also ensure that local engagement continues with the involvement of local people as volunteers within Trust services.
- The Trust plan for the implementation of PPI will be an evolving process based on this strategy and the priorities of the Divisions. Divisions will develop and implement local plans.
- The Trust will have Key Performance Indicators for PPI.

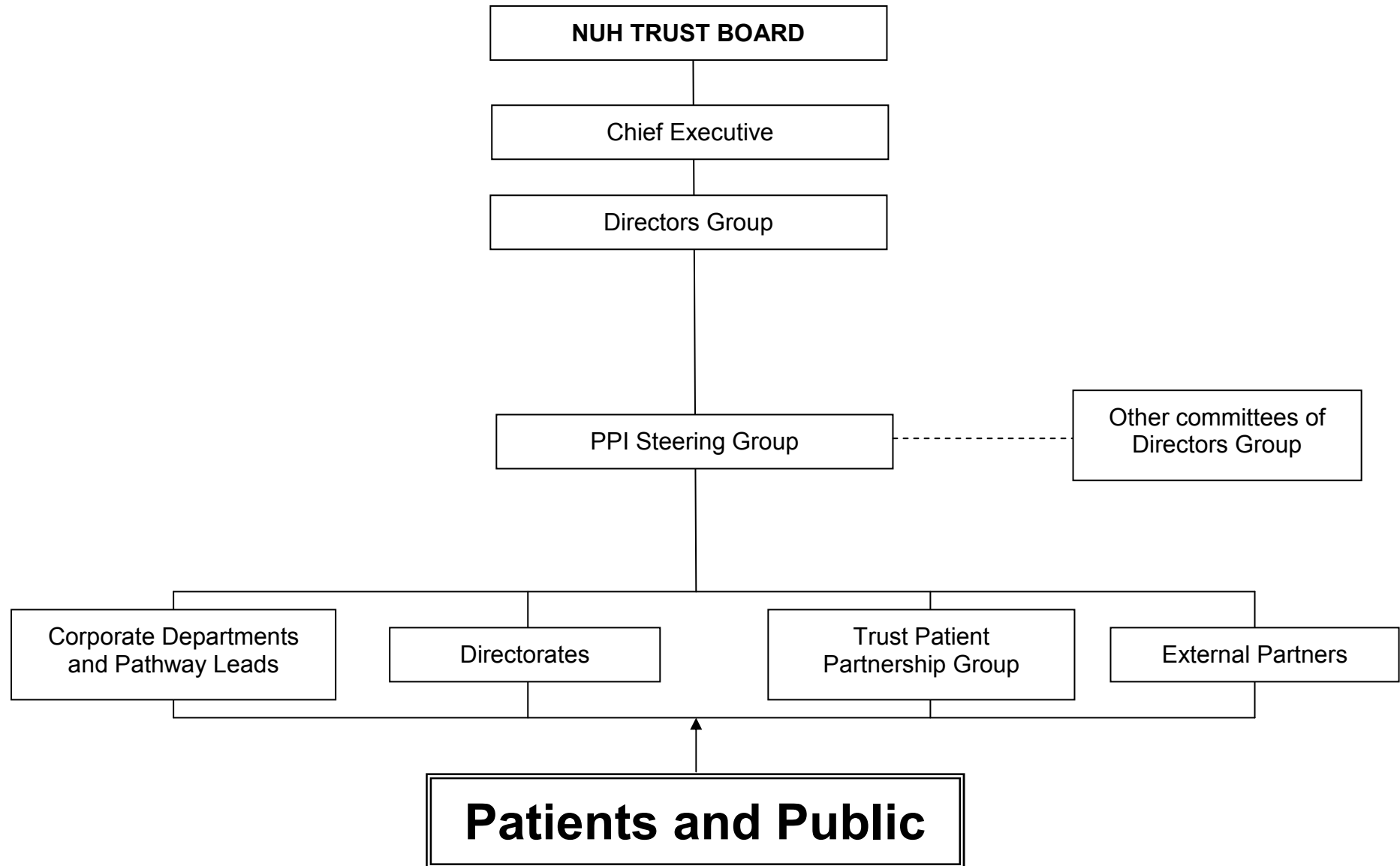
## Roles and Responsibilities

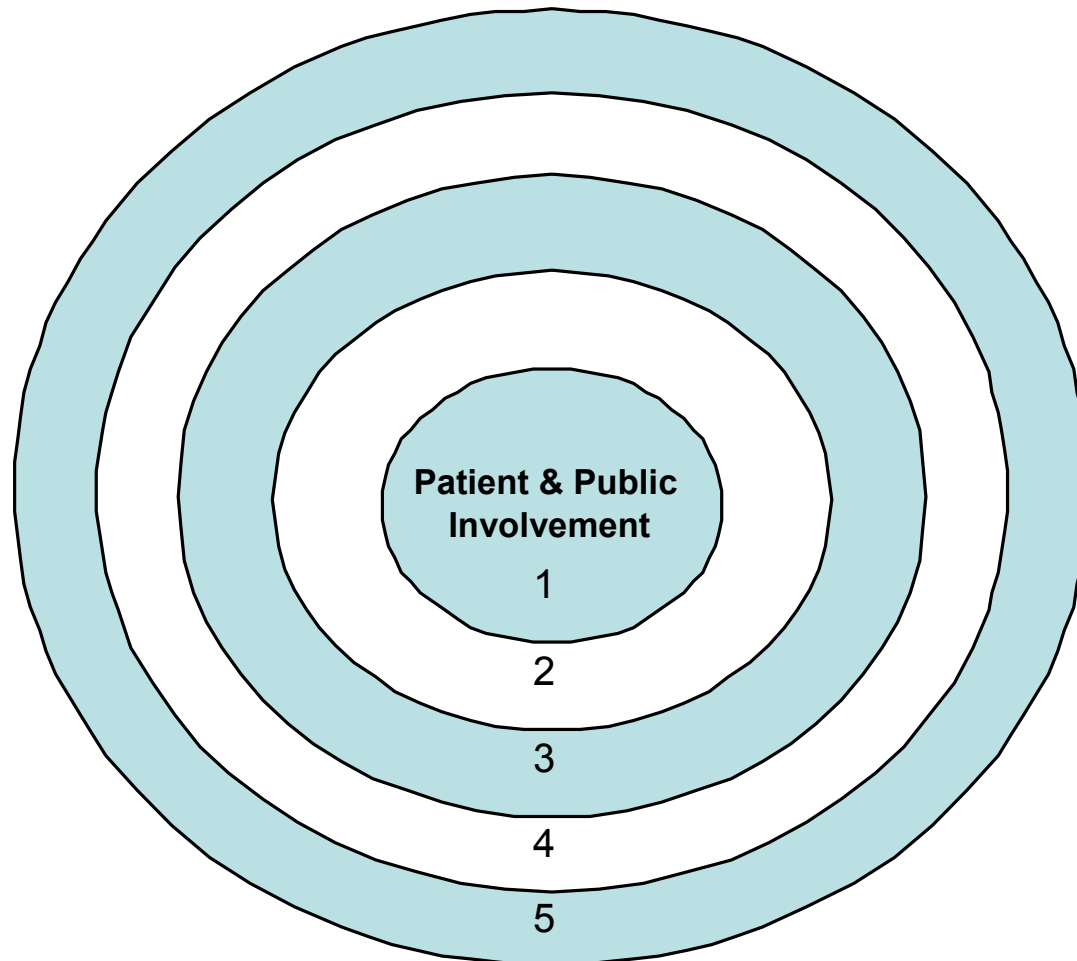
## APPENDIX 2a

Level	Over-arching Responsibilities
Trust Board	<ul style="list-style-type: none"> <li>• Ensure that robust systems are in place that enables feedback from patients and public to be heard, actioned and lessons learnt.</li> <li>• Approves the PPI strategy ,monitors implementation and oversees its review</li> <li>• Provides leadership and strategic direction and makes all reasonable efforts to ensure that the PPI function is adequately resourced to carry out its statutory PPI responsibilities with specific reference to Section S242 of the NHS Act 2006.</li> </ul>
Directors Group	<ul style="list-style-type: none"> <li>• Providing the Board with assurance about the effectiveness of PPI arrangements, oversees the preparation of the PPI strategy work plans and recommends them to the Board. Ensures PPI aspect is considered for all Trust projects and work.</li> <li>• Reports to Trust Board.</li> </ul>
PPI Steering Group	<ul style="list-style-type: none"> <li>• Improving the Trust's systems and processes for PPI and driving forward PPI within the organisation.</li> <li>• Monitors and evaluates PPI strategy and work plan.</li> <li>• Reports to Directors Group</li> </ul>
Trust Patient Partnership Group (PPG)	<ul style="list-style-type: none"> <li>• Gaining and giving patient and public feedback throughout the Trust and for undertaking work programmes as agreed with PPI Steering Group.</li> <li>• Monitors and evaluates PPI activity.</li> </ul>
Directorate – Clinical Lead/Head of Service	<ul style="list-style-type: none"> <li>• Leads the implementation of the PPI strategy at Directorate level.</li> <li>• Reports to PPI Steering Group, and Directorate Management team.</li> <li>• Ensure mechanisms for patients and public to give feedback within the Directorate (e.g patient experience review groups (PERGs).</li> </ul>
Individual Staff	<ul style="list-style-type: none"> <li>• To engage with patients and the public by encouraging involvement in care, providing information and responding to concerns.</li> <li>• Seek patient's views about services, respond to patient feedback and actively involve patients to find solutions to meet expectations where possible.</li> </ul>

# PPI Organisational Chart

# APPENDIX 2b





1. PPI is at the centre of all that we do
2. We will listen, act and learn lessons from PPI
3. We will undertake buy observations of care, listening events, consultations questionnaires, patient stories focus groups, interviews, open days, support groups committees.
4. We will deliver PPI through Care Planning, PALS, Patient groups, PPI steering group, external Partnerships such as LINKs
5. PPI will help us achieve our objectives in Excellence in clinical outcomes, patient experience, staff satisfaction teaching, research and value for money

**Standards Defining Successful PPI Activity**

Representation	Participants should be broadly representative of the affected population.
Inclusiveness	The involvement process should provide the sufficient opportunities to overcome barriers to those who might wish to be involved.
Early Involvement	Participants should be involved as early as possible in the process.
Influence	The outputs of the involvement should have a genuine impact on policy or practice.
Transparency	The process should be transparent, enabling those involved to see and understand how decisions are made.
Resource Availability	Participants should have access to the appropriate resources to enable them to successfully fulfil their brief.
Task Definition	The nature and scope of involvement should be clearly defined.
Structured Decision Making	Involvement should include a structured process for taking account of feedback in decision making.
Cost Effectiveness	Involvement should, in some sense, be cost effective.
Feedback	The outcomes of PPI activity should be fed back to participants.

## **Draft Success Measures and Timescales**

### **Success measures for PPI strategic objectives 2008-2011**

The strategy will be implemented over three years.

#### **To promote patient and carer involvement, in partnership with health care professionals.**

Development, implementation and monitoring of standards of best practice (2009)

#### **To ensure accessibility to good quality patient and public information**

Development of named leads to coordinate corporate and directorate level (2009)

#### **To involve the public in planning, monitoring and development of accessible health services to improve the quality of care.**

Development of a PPI stakeholder directory, which will integrate Foundation Trust membership. Publication of annual report on PPI activity and its impact on service improvement and development (2008)

#### **To ensure patients and public are supported to develop their knowledge, skills and supported so that they contribute to service policy and planning.**

Development of recruitment, induction and training policies for patient and public (2009)

#### **To promote active participation between the Trust and other statutory agencies and voluntary organisations.**

Each directorate team will provide evidence about key stakeholders for their services and the nature of their relationship with them (2009 and annually)

There is evidence to demonstrate that prospective Foundation Trust Governors and members have been involved in Trust activities and events (2009 and annually)

#### **To ensure staff are supported to develop their awareness, understanding so they can contribute to PPI.**

PPI fully integrated into human resources processes including induction, training staff appraisal/knowledge and skills framework and objective setting, recruitment and selection (2010)

#### **To ensure effective monitoring and evaluation of PPI and to include equality data on gender, ethnicity and disability.**

Monitoring systems agreed and in place (2009)

System to evaluate PPI agreed and in place (2009)

**Consultation plan for PPI strategy**

Aim -To facilitate participation in the development and ownership of the strategy.

Date	Action
10/10/08	Brief the Comms Team on the planner Circulate draft to Directors Group Informal discussion with directorate clinical leads
14/10/08	Discussion at Directors Group
14/10/08	Views sort from: Clinical directors, leads and corporate departments All staff via intranet and trust briefing Patient Partnership Group External partners such as local LINKs, PCTs etc
24/10/08	Circulate updated version with comments to Directors Group
28/10/08	Discussion at Directors Group
29/10/08	Update based on Directors Group discussion and submit for Trust Board
06/11/08	Agenda on Trust Board

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- Patient Opinion: <http://www.patientopinion.org.uk>
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- The Patients' Association: <http://www.patients-association.org.uk>

## **Glossary of Terms**

ALE	-	Auditors local evaluation
BME	-	Black, minority, ethnic
FT	-	Foundation Trust
LINKs	-	Local Involvement Networks
NHS	-	National Health Service
NUH	-	Nottingham University Hospitals NHS Trust
OSC	-	Overview and Scrutiny Committee
PALS	-	Patient Advice Liaison Service
PCT	-	Primary Care Trust
PERG	-	Patient Experience Review Group
PPG	-	Patient Partnership Group
PPI	-	Patient Public Involvement