Patient and Public Involvement Strategy
April 2012 – March 2013

This document is available in different languages and formats. For more information contact 0115 9249924 ext 63562

Dokument ten dostępny jest w innych językach i formatach. Celem uzyskania bliższych informacji prosimy o kontakt telefoniczny pod numerem telefonu 0115 9249924 wew. 63562

هذه الوثيقة متوفرة بلغات و واشكال متعددة، لمزيد من المعلومات اتصل برقم الهاتف تمدد 0115 9249924 63562

يه دستاويز دوسري زبانون اور مختلف اشكال مين بھی دستیاب ہی. مزید معلومات کیئ اس نمبر پر رابطہ کریں، ایکسپیشن 2 0115 9249924 63562

स्वतंत्र पदक्षेप लें यदि आपने जाना चाहते हैं कि क्या नया मामला सी घटना आया है या स्थितियों में किफायती नया रिपोर्ट नहीं है, फिर अपनी स्मार्टफोन के मद्देनज़र डाउनलोड करें और संपूर्ण संदेश दें 0115 9249924 ext 63562
Background

This document sets out the ambition, commitment and plans of Nottingham University Hospitals NHS Trust (NUH) for patient and public involvement (PPI) in 2012/13.

This strategy is informed by our vision to be the best acute teaching trust in England by 2016 and our Integrated Business Plan which is the blueprint for NUH for the next five years. It draws upon NUH’s embedded approach to values and behaviours, equality and diversity, communications, quality, foundation trust (FT) membership and related strategies. It will inform and link to other key NUH strategies and policies, including those for management of complaints, volunteers and patient advice liaison services (PALS).

We are currently developing a comprehensive NUH strategy concerning patient experience as a whole, of which this PPI strategy will eventually become an integral part.

The strategy enables NUH to meet its statutory duties for PPI under (section 242 (1B) of the NHS Act (other related legal and regulatory standards are set out in appendix 1) and ensures we engage and involve the public, patients and members in the planning, provision and evaluation of all aspects of our services. It describes the PPI activity we already undertake and sets out our plans to achieve high quality patient and public involvement over the next year. It also reflects the requirements of the NHS Operating Framework for 2012/13, with particular regard to domain 4 (Ensuring that people have a positive experience of care) and the use of various feedback techniques to monitor and improve patient experience.

Staff, patients and members of the public have been involved in the development of this strategy in a variety of ways including:

- External partners and groups such as the Local Involvement Networks (LINks)
- The NUH Patient Partnership Group
- FT members through feedback obtained from the Quality Listening Events
- Directorate PPI leads
- The NUH Directors’ Group
- NUH staff through the PPI staff survey

Introduction

Our commitment to our patients is to provide caring, safe, thoughtful and effective care. We have made a promise to patients that ‘We are here for you’. Through our Values and Behaviours project we have promised patients that they will feel cared for, feel safe, feel confident in their treatment and feel that our services are getting better.

In making this a reality every day, for every one of our patients, it is essential that patient and public opinion is heard, feedback is acted on and lessons are learned. We recognise that the voices of our patients public and members are key drivers for improving the quality of the services we provide and the resultant patient experience.

“Equity and Excellence: Liberating the NHS “(DoH 2010) sets out a vision for involving patients and public in the NHS which puts people who use services at the heart of care by strengthening the voice of both individuals and public.

This strategy and associated work plans will help us deliver this in all aspects of our planning, providing and improving our healthcare services. The strategy is a public document and should also be seen as relevant to key NUH partners in service commissioning and provision, including local authorities, independent contractors, NHS trusts, voluntary sector and private sector providers.
How We Define Patient and Public Involvement

At NUH we have adopted the following definition of PPI: 
*PPI is the process of engaging with the needs and expectations of patients and putting the public and members at the heart of 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.*

PPI defines the way in which patients, carers and the public have a voice in decisions about how healthcare services and research are planned, designed, delivered and evaluated. PPI must operate on three 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, public and members to be involved and consulted on planning, monitoring, evaluating and developing services, proposals to change services and decisions about the way services operate.
- Involving and engaging patients, carers and the public in planning, development, delivery and evaluation of relevant research and research related activities to the benefit of patients.

We define 'patients and the public' as:

- patients
- other service users
- carers
- Families
- Patient Advocates
- FT members
- individual members of the public
- groups
- communities

FT members are staff and members of the public who have committed to becoming a member of the trust and who may wish to have an active say in the running of its services. We are currently applying to become a foundation trust and we anticipate that, during 2012, we will be in a position to facilitate elections and appointments of FT governors.

Our Vision, Aim and Objectives for Patient Public Involvement

Our vision is to listen to and involve patients, public and members so we can understand how we can best serve their needs as individuals and fulfil our commitment to be 'here for you'. Specifically, we will achieve this by:

- Listening to patients’ views: we can learn about their needs and experiences and identify specific areas for improvement
- Involving patients, public and members in service design and research: we can ensure that our services and research are designed and adapted to respond better to the needs of individual patients and patient groups
- Ensuring PPI is the responsibility and role for all staff: we can ensure effective local PPI is carried out.
- Providing services and undertaking research in partnership with patients, public and members: we keep patients’ needs at the forefront of every decision we make, and allow alternative proposals to be developed
- Measuring how we are doing: we can see how our improvement plans and activities are progressing.
Our aim is to ensure that NUH will continue to involve and engage with patients, public and members from all backgrounds in a meaningful way to help deliver develop and improve our services.

We will strengthen our existing systems to ensure that:

- Patient and public opinion is listened to
- Patient and public feedback informs our activities.
- Patient and public involvement is part of a two way process.

Our PPI Objectives are founded in national best practice and are as follows:

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

How Are We Doing Now?

Progress against the above objectives has been assessed through achievement of 2010/11 Clinical and Corporate Directorate workplans. Whilst good progress has been made in most areas, there is a need for increased effort in the following areas during 2012/13;

- To promote active participation between NUH and other statutory agencies and voluntary organisations.
- To support staff to develop their awareness and understanding so they can contribute to PPI.
- To ensure effective monitoring and evaluation of PPI.
- To foster an environment where meaningful PPI and engagement is embedded in relevant research activity in a way that adds value and has impact to the benefit of patients.
In accordance with our legal duty under Section 242(1B) of the NHS Act, we make arrangements to involve users, whether directly or through representatives (via consultation, provision of information or other ways):

- In planning the provision of services
- In the development and consideration of proposals for change in the way services are provided
- In any decisions to be made affecting the operation of services

The Care Quality Commission (CQC) has set out the essential standards for quality and Safety for all health and social care providers, and specifically, Outcome 1, Regulation 17: Respecting and Involving People Who Use Services.

This regulatory standard requires health and social care providers to ensure that people who use their services:

- understand the care, treatment and support choices available to them
- can express their views, and are involved in making decisions
- have their privacy, dignity and independence respected

At NUH this outcome is assessed through:

- The Essence of Care Privacy and Dignity Benchmark
- Relevant indicators in the nursing metrics
- Feedback and analysis from the ‘4Cs’ (complaints, concerns, comments and compliments)
- CQC essential standard peer reviews (internal monitoring process)
- CQC inspection (external inspection)

Our most recent self assessment, endorsed by the CQC (September 2011), is that we are compliant with this outcome but some improvements should be made to maintain compliance.

We also have a legal duty under the Equality Act (2010) to eliminate inequality and discrimination on the grounds of race and ethnic group, age, gender, disability, faith and sexual orientation.

In relation to PPI we need to review the equality data we keep on members and further develop systems to use the demographic data we collect from our patients, public and members to identify service improvements and further PPI requirements.

In addition a wide range of PPI activity takes place across the organisation, using a variety of techniques. Illustrative examples are shown at appendix 2. Overall, between January 2010 and January 2012 (excluding survey feedback gained from hand held devices and national patient surveys) we undertook 492 documented events involving 5,200 people.

**Looking Ahead**

Our plans to meet the key PPI challenges for NUH in 2012 and beyond are set in the context of the following strategic drivers:

- Equity and Excellence – Liberating the NHS
• Delivery of the Operating Framework for the NHS In England, 2012/13
• The achievement of foundation trust status

• The requirements of the Health Bill (when operative in law) for example the planned creation of Health and Wellbeing Boards and HealthWatch, and the demise of the LINks

How We Will Deliver the PPI Strategy

In order to deliver our vision for excellent PPI we have set out the following four key elements to deliver our strategy

• Our PPI cycle
• Our PPI organisational structure
• Our PPI staff’s roles and responsibilities
• Our PPI Programmes of work for 2012/13 (appendix 3)

Our PPI Cycle

At NUH we use PPI across the life-cycle of service delivery and improvement, from listening to patients’ views, involving them in designing improvements, acting as partners in oversight of service delivery, and measuring how we are doing to identify new areas for improvement.

A. Patient needs and views

This includes approaches that staff and services use to gain insight into the needs, views and experiences of the people we provide a service to. This helps us to understand where we need to focus our improvement efforts and identify what works well to give positive feedback to our teams.

• Patient stories to inspire and motivate change
• Focus groups to explore an issue in detail
• One-to-one interviews to gain insight from a broader cross-section of the population.

B. Participation and co-design

This includes approaches that can help us involve patients and the public in designing service improvements and making strategic decisions:

• In your shoes: setting priorities with patients and building staff ownership for delivering them
• Experience-based design: staff and patients working together to design service improvements
• Informal consultation meetings: getting public feedback to proposals, and listening to alternative approaches.

C. Partnership in running services

This includes approaches that give our communities and service users a say in how our services are run and help us to stay patient-focused in our day-to-day management and decision-making:

• User and community groups: regular meetings of people who are interested in specific services to provide insight into experiences and feedback on developments.
• Patient champions: involving patients as observers at regular management meetings to ensure decision-making is patient-centered.
• Carer groups: support networks for carers to understand their needs and experiences, and gain feedback on proposals.

D. Planning and monitoring

Approaches to check how we are doing in delivering our promises to ensure patients feel cared for, feel safe and feel confident in their treatment, and in delivering improvement plans:

• Surveys: can help determine priorities and track if services are improving over time.
• Observations during care and treatment: are helpful in providing immediate feedback to clinicians on the care they are providing and supporting behavior change.
• Recording and action planning: after each PPI activity teams develop an action plan.

**NUH and Patient and Public Involvement Structure**
## Our PPI Roles and Responsibilities

<table>
<thead>
<tr>
<th>Level</th>
<th>Key Responsibilities</th>
</tr>
</thead>
</table>
| Trust Board (including through committee)  | • Ensures that NUH’s strategic vision and objectives enable fulfilment of statutory PPI requirements according to section 242 of the NHS Act  
• Approves the PPI strategy, monitors implementation and oversees its review                                                                                   |
| Quality Assurance Committee (a committee of the Trust Board) | • Provides the Board with assurance about the effectiveness of PPI arrangements  
• Reviews outcomes from national surveys and NUH “real-time “ surveys, approves actions and monitors improvements  
• Monitors, reviews and reports NUH performance against CQC Outcome 1, Regulation 17 (PPI)  
• Receives regular reports on each directorate’s effectiveness in engaging patients across the range of its services and communities                   |
| Directors’ Group                           | • Ensures PPI aspect is considered for all NUH projects and work.  
• Ensures appropriate frameworks are in place for staff to carry out their PPI duties  
• Keeps apprised of clinical and corporate directorate PPI activity  
• Keeps apprised of results from national surveys and NUH “real-time “ surveys                                                                                     |
| Quality Operational Group (a committee of the Directors’ Group) | • Reviews information on patient experience, including regular reports on directorate performance in surveys (and all other relevant modalities) of patient, carer and relative experience. Identify actions and timescales to improve on patient experience where required  
• Contributes to the trust’s strategies for patient experience and patient and public involvement and receives regular reports on each directorate’s effectiveness in engaging patients across the range of its services and communities                                      |
| PPI Steering Group (a committee of the Directors’ Group) | • Develops and implements NUH PPI strategy  
• Monitors and evaluates the PPI strategy and work plan                                                                                                           |
| Patient Partnership Group (a committee of the PPISG) | • Gains and communicates patient and public feedback throughout the organisation and undertakes work programmes as agreed with the PPI Steering Group.  
• Monitors and evaluates PPI activity.                                                                                                                                  |
| Clinical and Corporate Directorates         | • Leads the implementation of the PPI strategy at directorate level.  
• Reports to PPI Steering Group, and directorate management team.  
• Ensures mechanisms for patients and public to give feedback within the directorate                                                                                     |
| Individual members of staff                | • Adhere to NUH requirements for values and behaviours  
• Engage with patients and the public by encouraging involvement in care, providing information and responding to concerns.  
• Seek patient’s views about services, respond to patient feedback promptly and actively involve patients to find solutions to meet expectations where possible.                                |
Implementation and Monitoring

This strategy will be disseminated and monitored in the following ways:

- Disseminated via Trust Briefing, PPI directorate leads, NUH patient groups and partnership and membership communication channels
- Publication on trust intranet and website
- Approval and publication of directorate PPI plans 2012/13 by PPI Steering Group
- Monitoring the implementation of directorate work plans at monthly PPI Steering Group meetings, whose minutes will be submitted to the Directors' Group.
Appendix 1

Legal and Best Practice Requirements for PPI

Legislation

As a trust we have legal responsibilities under Section 242(1B) of the NHS Act, which came into force in November 2008. Trusts must make arrangements to involve users, whether directly or through representatives (via consultation, provision of information or other ways) in:

- Planning the provision of services.
- The development and consideration of proposals for change in the way services are provided.
- Any decisions to be made affecting the operation of services.

We also have a legal duty under the Equality Act (2010) to eliminate inequality and discrimination on the groups of race and ethnic group age, gender, disability, faith and sexual orientation. We are committed to complying with these duties in order to provide individually tailored and person centred care.

The trust must also comply with the NHS Act (2006) to establish a foundation trust membership and a board of governors. The latter will commence in shadow form pending authorisation of NUH as a foundation trust.

NHS Constitution

NUH adheres to the ideals of the NHS Constitution, which sets out the principles, rights and values of the NHS in England. The NHS constitution includes pledges linked to PPI

- Information provision to support
- Choice
- Ensuring involvement in service planning and redesign
- Responsibilities of patients include provision of feedback

Healthcare providers must set out their values and commitments to the public who have a right to be involved in discussions and decisions about their healthcare as well as the right to be involved in the planning of and any proposed changes to services.

Care Quality Commission (CQC)

The CQC has set out standards for all health and social care providers and specifically, outcome 1, Regulation 17: Respecting and Involving People Who Use Services. The regulatory standard requires the trust to ensure that people who use our services (or their representatives):

- Understand the care, treatment and support choices available to them
- Can express their views, and are involved in making decisions
- Have their privacy, dignity and independence respected.

At NUH this outcome is assessed through:

- The essence of care privacy and dignity benchmark
- Relevant indicators in the nursing metrics
- 4Cs feedback and analysis
- CQC essential standard peer reviews (internal monitoring process)
- CQC inspection (external inspection)
Joint Health Scrutiny Committee

Health Scrutiny Committees may review and scrutinise any matter relating to the planning, provision and operation of health services in the local authority area. In Nottingham and Nottinghamshire a Joint City and County Health Scrutiny Committee has been created.

LINks and HealthWatch

There are currently two LINks for Nottinghamshire Health and Social Care Community covering the City and County. The LINKs are able 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 Health Scrutiny Committee and receive a response.
- LINks, directed by their governance structure, and the decision making process it has put in place, has the power to focus on issues which are of concern to the local community.

Through the Government's health reform programme (Liberating the NHS, DoH 2010), local communities will have a greater say in decisions about services. To realise this, local authorities have a key role to play, in relation to the empowerment of local people, as we evolve from LINks to local HealthWatch between now and April 2013. Their new responsibility is to facilitate the development of an effective local HealthWatch which provides fresh opportunities for people to have their say about the quality and development of their local health and adult social care services. In the drive towards more localised public services, it will create new opportunities to influence the commissioning of services and provide additional voices to scrutinise them.

Health and Wellbeing Boards (HWBBs)

HWBBs are a key element of the current Health and Social Care Bill, and are the means by which local authorities will deliver their new duties to improve the strategic coordination across local NHS, social care and children’s services and public health. Clinical Commissioning Groups (CCGs) will be required to consult with HWBBs when drawing up their annual plan and assess the needs of the population through the Joint Strategic Needs Assessment (JSNA). HWBBs will operate in shadow form from April 2012 and will be statutorily operational from April 2013.

The Operating Framework for the NHS IN England 2012/13

The Operating Framework states that the need for good systematic engagement with staff, patients and the public is essential so that service delivery and change is taken forward with the active involvement of local people. Our staff and patients provide essential insights into the quality of services. Organisations should listen closely and act on any information from staff about service improvement. Organisations should also listen closely to patient feedback and complaints, using this information to improve services.
Appendix 1

Good Practice Principles for PPI – NHS Centre for Involvement (2007)

1. Be clear about what Involvement means
   - People in all parts of the organisation need to have a shared understanding of what is meant by involvement and its purpose. Be clear about the difference between working for and working with patients and the public.
   - Be clear about the different possible purposes of collective involvement.
   - Make sure there are adequate resources including money, time and people – skilled staff, engaged and informed patients and the public.

2. Focus on improvement
   - Involvement is a means of improving services, not a problem to be solved.
   - Organisations need not only to engage with patients and the public but also to demonstrate change as a result of that engagement.
   - Embed a systematic approach to involvement that links corporate decision-making to the community.
   - Ensure commitment and leadership from the Board, the chair, the Chief Executive, directors and clinical leaders.
   - Support staff and equip them with the necessary skills.

3. Be clear about why you are involving patients and the public
   - Be clear about the objectives of work, its rationale, relevance and connection to organisational priorities.
   - Be honest about what can change, what is not negotiable- and the reasons why.
   - Find out and use what us already known about people’s views and experiences.

4. Identify and understand your stakeholders
   - Define who needs to be involved, who needs to be informed and who is likely to be affected by the issue under consideration.
   - Make sure all stakeholders are appropriately involved and ensure that your involvement activity is relevant to your stakeholders’ interests.
   - Consider who is likely to be affected by the implications of the matter in hand.

5. Involving people
   - Promote opportunities for people to be involved. Find out how people prefer to be involved. Make sure your methods suit the purpose of the involvement exercise.
   - Make special efforts to reach out to people whose voices are seldom heard.
   - Share the information and knowledge you have so people can understand the issues.

HM Government Code of Practice for Consultations - The Seven Consultation Criteria

Criterion 1 - When to consult
Formal consultation should take place at a stage when there is scope to influence the policy outcome.

Criterion 2 – Duration of consultation exercises
Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

Criterion 3 – Clarity of scope and impact
Consultation documents should be clear about consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.
Appendix 1

Criterion 4 – Accessibility of consultation exercises
Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

Criterion 5 – The burden of consultation
Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees’ ‘buy-in’ to the process is to be obtained.

Criterion 6 – Responsiveness of consultation exercises
Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

Criterion 7 – Capacity to consult
Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

These criteria should be reproduced in consultation documents.

**NUH Standards for Defining Successful PPI Activity**

<table>
<thead>
<tr>
<th>Standard</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Representation</td>
<td>Participants should be broadly representative of the affected population.</td>
</tr>
<tr>
<td>Inclusiveness</td>
<td>The involvement process should provide the sufficient opportunities to overcome barriers to those who might wish to be involved.</td>
</tr>
<tr>
<td>Early Involvement</td>
<td>Participants should be involved as early as possible in the process.</td>
</tr>
<tr>
<td>Influence</td>
<td>The outputs of the involvement should have a genuine impact on policy or practice.</td>
</tr>
<tr>
<td>Transparency</td>
<td>The process should be transparent, enabling those involved to see and understand how decisions are made.</td>
</tr>
<tr>
<td>Resource Availability</td>
<td>Participants should have access to the appropriate resources to enable them to successfully fulfil their brief.</td>
</tr>
<tr>
<td>Task Definition</td>
<td>The nature and scope of involvement should be clearly defined.</td>
</tr>
<tr>
<td>Structured Decision Making</td>
<td>Involvement should include a structured process for taking account of feedback in decision making.</td>
</tr>
<tr>
<td>Cost Effectiveness</td>
<td>Involvement should be cost effective.</td>
</tr>
<tr>
<td>Feedback</td>
<td>The outcomes of PPI activity should be fed back to participants.</td>
</tr>
</tbody>
</table>
Examples of Range of PPI Activity from 2008-2011 PPI Strategy

Our Patient Partnership Group meets monthly to comment on services and advise on PPI activities, with other, directorate specific activities, also being undertaken.

We have processes to manage and learn from patients’ complaints, concerns comments and compliments.

Our Readers’ Panel advises us on patient information leaflets and other publications.

We listened to what patients told us in our National Inpatient Survey 2010 and identified trust wide priorities for improvement around noise at night, healthy food and telling patients about medications’ side effects on discharge. Targets have been set, action plans are being implemented and performance is monitored monthly by the Trust Board.

We work in partnership with other NHS organisations to ensure we listen to and involve Nottinghamshire’s diverse communities. We have learnt from this work how local communities want us to improve communication within and across healthcare.

We have continued to develop the roles and skills of directorates’ PPI leads.

We have a regular programme of “Medicine for Members” events open to our 14,000 public members.

We have introduced a new system to collect and take action real-time feedback from our patients. The system enables patients to complete surveys using handheld electronic devices and uses software that is designed to be used by all patient groups. Using various techniques including multi-language, audio assistant, large text view and touch technology the devices can be used by a wide range of people with varying abilities. The results can be viewed as soon as the surveys are completed.

We have been accredited with the Information Standard.

We have held Governor Awareness sessions for members interested in becoming a governor.

We have systems in place to regularly involve patients, public and members in staff interviews, our values and behaviours work, Think Clean Inspections, Nursing and Estates staff timeout workshops and the judging of our staff NUHonours awards.

We have attended Joint Health Scrutiny Committee meetings in 2011 to provide information on a range of our involvement and consultation plans including: our Quality Account (2011); how we use patient feedback in service improvement; and how we meet the needs of patients with visual or hearing impairments.

We work closely with LINks and have responded to 13 issues and reports they have raised with us including issues on dementia, nutrition and privacy and dignity (April 2011-December 2012)

We have received views from staff, patients and public on the PPI priorities for 2012/13 from a variety of sources, for example listening events, focus groups and surveys.

We have been accredited with the Information Standard.

We have an active Young People’s Forum.
Our PPI Programmes of Work for 2012-13

We will develop and deliver our PPI programmes of work for 2012/13 in the four themes (based on groupings of our corporate strategic domains) described in the table below.

<table>
<thead>
<tr>
<th>Themes (Corporate Strategic Domains)</th>
<th>Link to PPI Strategy Objective</th>
<th>Area of focus for PPI Programmes of work 2012/13</th>
<th>Examples of Clinical and Corporate directorate actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Experience and Clinical Outcomes</td>
<td>Promote PPI in partnership. Involve patients, public and members. Support patients and public so they can contribute effectively to service policy and planning. Promote active participation between NUH and other trusts and other statutory agencies and voluntary organisations.</td>
<td>Involvement /consultation plans at clinical and corporate directorate and specialty level to facilitate delivery of annual planning objectives 2012/13.</td>
<td>Playing our part to support the transition of the local LINks groups and creation of HealthWatch groups. Membership of the local Health and Wellbeing Board. Involvement plans to support the developments planned and identified in NUH Integrated Business Plan for the next two years for example Major Trauma Centre, Children’s Hospital ,critical care ,long term conditions and site developments. Involve governors and members in development of PPI strategy 2013-2016, Quality Account 2012 and Annual planning priorities for 2013/14. Further develop volume and diversity of “real- time” feedback data. Survey members to identify their views and requirements around their involvement activity. Develop the member’s area on the website so that members can become involved and give feedback. Develop database for recording involvement of members linking it to existing DATIX PPI system.</td>
</tr>
</tbody>
</table>
### Themes (Corporate Strategic Domains)

<table>
<thead>
<tr>
<th>Link to PPI Strategy Objective</th>
<th>Area of focus for PPI Programmes of work 2012/13</th>
<th>Examples of Clinical and Corporate directorate actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Experience</td>
<td>Ensure accessibility of good quality patient and public information.</td>
<td>Further develop system to record and evaluate outcomes of involvement of members to directorate PPI Leads.</td>
</tr>
<tr>
<td></td>
<td>Programmes of work in place for clinical and corporate directorate and specialty level to improve patient experience around priorities identified from the NUH objectives, CQUIN targets, Single Equality Delivery Scheme and national surveys.</td>
<td>Hold annual meeting for members.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Launch information cards for carers.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identify trust wide priorities action and monitoring plans for improvement based on the results of national Inpatient, Outpatient, Cancer and Emergency Department 2011/12 surveys.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Use feedback from the ‘Community in Unity’ events held in 2011 to identify improvements and further PPI required engaging with local communities and diverse groups.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Include feedback from patients and carers on whether they feel that services are integrated and co-ordinated in survey questions on the real-time surveys.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Further develop and implement system to collect real-time feedback so that carers and people with a learning disability can give feedback in this way.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop systems to create, monitor, manage and report at trust, directorate, specialty and ward level new “real-time” patient experience surveys.</td>
</tr>
<tr>
<td>Themes (Corporate Strategic Domains)</td>
<td>Link to PPI Strategy Objective</td>
<td>Area of focus for PPI Programmes of work 2012/13</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>--------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Experience, Education and Training</td>
<td>Support staff to develop their awareness and understanding of PPI</td>
<td>PPI to be a part of all members of staff job roles and responsibilities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value for Money</td>
<td>Ensure effective monitoring and evaluation of PPI.</td>
<td>Develop systems to monitor, evaluate and use PPI activity.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Themes (Corporate Strategic Domains)</td>
<td>Link to PPI Strategy Objective</td>
<td>Area of focus for PPI Programmes of work 2012/13</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
</tbody>
</table>
| Research and Development            | Involve the public in planning, developing and delivering of research  
Promote meaningful patient and public involvement in NUH research  
Support staff and patients and carers in their awareness of patient and public involvement in NUH research | | Develop an infrastructure to support PPI in NUH research in line with National Institute for Health Research (NIHR) good practice guidelines  
Provide opportunities for patients and the public to contribute to the planning, development, delivery and dissemination of clinical research  
Provide two-way learning opportunities between researchers, health professionals and patients, carers and the public to increase mutual understanding and help optimise patient access to studies  
Establish effective communication approaches to support, promote and raise awareness of NUH research activity  
Develop systems to provide examples of the impact and value of patient and public involvement in NUH research |