SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST

Patient and Public Involvement Strategy

Report to: Trust Board: 27th September 2011
Report from: Julia Barton
Associate Director of Nursing & Patient Experience
Sponsoring Executive: Judy Gillow
Director of Nursing
Sponsoring Divisional Director: N/A
Aim of Report/ Principle Topic: To provide trust board members with the final version of the trust wide Patient and Public Involvement Strategy (PPI) for ratification.

Review History to date:
1st presentation at TEC 6th April 2011
Patient Experience Steering Group have reviewed on at each meeting since March 2011
2nd presentation at TEC 7th September 2011, where the strategy was approved.

Assurance Framework Strategic Objective Ref: Trusted on Quality
Recommendation(s):
Trust Board members are asked to:
1. Ratify the final version of the PPI Strategy
2. Note strategy launch plan (p.17 of the strategy)

1. Strategic context:
This new strategy for the trust sets out the organisation’s approach and plans for patient and public involvement (PPI). The strategy not only enables statutory and regulatory duties for PPI to be met but ensures that we develop genuine partnerships with patients and the public in order that they are at the centre of service delivery and improvement.

2. Staff, Patient and Public Involvement:
Wide patient and public consultation on the strategy has taken place including:
- Southampton Links Group
- Patient Experience Group of the Member’s Council
- Critical Care Patient Panel
- Member’s of the Trust’s Patient Experience Steering Group
- Non Executive Director lead for Patient Experience

3. Specific Detail:
The strategy was first reviewed at TEC in April 2011, and comments received from TEC members since that time were been incorporated into the final version. This was approved at TEC on 7th September 2011, where it was also noted that a draft stakeholder strategy was under development by the Director of Strategy.

4. Financial Information:
Following discussions at April 2011 TEC, it was agreed that implementation of this strategy does not require additional funding for specific roles, but that specific responsibilities for PPI are made clear for staff in roles where patient experience is already a key element of their role. The financial consequences of not implementing the strategy relate to the trust’s CQC regulatory requirements as well as its legal duty in terms of registration to provide services.

5. Risk Register Ref: N/A
6. Legal Implications: Meets requirements of section 242 (1b) of the NHS Act (November 2008)
7. Trust Wide Impact & Assessments:
This matter has been assessed for potential impact on personal data and privacy: Yes
This matter has been assessed in relation to Equality & Diversity: Yes
8. Carbon Management: N/A
Patient and Public Involvement Strategy  v.6  Final

2011 - 2014
Summary
This document describes how Southampton University Hospitals NHS Trust (SUHT) engages and involves the public, patients and its members in the planning, provision and evaluation of all aspects of its services. The strategy describes the things we already do and sets out our plans to achieve high quality patient and public involvement over the next 3 years. The strategy includes our PPI pledges, model, five overarching goals for PPI and our implementation plans for the first year of this strategy.

Introduction
We provide treatment and care to over 10,000 patients per month in a huge variety of local and specialist services. Our patients and the public are essential partners in helping us to achieve our goals of providing consistently excellent healthcare. We value and act on all feedback about the quality of our services and have a wide variety of ways that people can tell us about their experiences and feelings.

We believe it is essential to engage people, understand their experiences and listen to their concerns because this improves the quality of our care, makes us more accountable and helps us provide care and treatment according to what our patients really want, not just what healthcare staff think is best.

Our Vision for Patient and Public Involvement

Our vision for excellent patient and public involvement is:

To engage and involve people from all backgrounds who are direct users of or have an interest in our services, in order to continuously improve the quality of care and treatment.

We want:

- Patients and the public to be equal partners in the design and delivery of the high quality patient centred services that we offer
- To continuously improve services, ensuring they reflect patient and public opinion
- To empower people to tell us about their experiences and improve their own health
By setting out our strategy to patients and the public to engage and involve, we want to portray some important commitments:

**To patients, this approach says:**

- We need and value your views on how we are doing
- We are continuously reviewing what we do and looking for ways to improve
- We take your comments and feedback seriously, we look at these and act upon them
- We are determined to be open and honest and show you what action we have taken when things do not go right

**To the public and our members, this approach says:**

- We want to be equal partners with you in delivering high quality healthcare services to the people of Southampton, Hampshire and beyond.
- We take quality improvement seriously
- We are committed to reporting on the quality of our services as part of our accountability to individuals and the community
- We will show you how engagement and feedback has improved care and treatment

**To our staff, this approach says:**

- We believe that with the correct support, satisfaction with your work is key to providing positive patient experiences
- We will involve and support you in planning and delivering patient focussed services
- We provide you with the tools you need to ensure effective local patient and public engagement

**Benefits of consultation and feedback**

We believe effective consultation and feedback can help us to provide accessible and responsive services based on people’s identified needs and wants. It can help us improve communication between patients, relatives, carers and staff and lets patients shape and inform our service planning and improvement activities. Effective engagement will also help us build trust and confidence in our local and national NHS services.
How we define patient and public involvement
As a trust, we have adopted the Department of Health’s (2009) definition of Patient and Public Involvement (engagement) as follows:

“Patient and public engagement is the active participation of patients, carers, community representatives, community groups and the public in how services are planned, delivered and evaluated. It is broader and deeper than traditional consultation. It involved the ongoing process of developing and sustaining constructive relationships, building strong, active partnerships and holding a meaningful dialogue with stakeholders. Effective engagement leads to improvements in health services and is part of everyone’s role in the NHS.”

(DOH 2009)

Patients: are people of all ages and backgrounds, who are current users and who have direct experience of any of the trust’s services

Relatives: are family members and others who are significant to patients

Carers: are people who provide lay or professional care to a patient but who are not directly employed by the trust

Members: are patients past and present, staff and members of the public who have committed to becoming a member of the trust and who wish to have an active say in the running of its services. An elected and representative member’s council is in shadow form at the time of writing this strategy.

Public: are people who take an interest in the trust and its services but who do not necessarily have direct or recent experience of its services

A word about children and young people

“Children and Young People’s Right to Participation” is laid out in the UN Convention on the Rights of the Child (1989). As a trust we have a duty to respect, protect and fulfil the rights of children. The UNCRC is based on the premise that children and young people have the same inherent worth as adults, should be afforded respect and are entitled to preservation of their dignity, whilst recognizing the particular difficulties that children and young people face in influencing decision making. The UNCRC establishes participation as a right for all children and young people and is not limited by age, social status, disability or other characteristic of the child or young person and that participation is voluntary and applies to all matters concerning the child or young person.
A number of healthcare policies such as standard 7 of the National Service Framework for Children, Young People and Maternity Services (DH 2003) are explicit in emphasising the need for NHS Trusts to involve patients and members of the public in developing services. This argument gained further support from The Royal College of Paediatrics and Child Health (RCPCH) and in April 2010 when they published a new guide entitled, “Not Just a Phase.” This was designed to help develop a culture of participation by young people in health services. This is important because children are service users across the age continuum of the health service infrastructure and are likely to be cared for in many care environments.

Other documents which are connected to this strategy

- 2020 Vision
- Trust Integrated Business Plan
- Annual Quality Accounts
- Foundation Trust Membership Strategy
- Patient Experience Strategy (2011 - 14)
- Patient Safety Strategy (2011)
- Single Equality Scheme
- Concerns and complaints policy and procedures (2010)
- Spiritual Care Policy

The trust is required to meet a number of other important legal and regulatory standards in relation to patient and public involvement. These are set out in detail in appendix 3 of this document.
Delivering the Vision

In order to deliver our vision for excellent patient and public involvement (PPI), we have set out the four key elements to this strategy:

- Our PPI pledges
- Our PPI model
- 5 overarching goals for PPI
- Our plans for the first year of this strategy.

Our PPI Pledges

<table>
<thead>
<tr>
<th>Pledge 1</th>
<th>We will make patient and public involvement a priority in all of our services, providing information that is clear, jargon free and accessible to all</th>
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<tbody>
<tr>
<td>Pledge 2</td>
<td>We will involve people in a way that is open, honest and meaningful, being clear about what decisions they can and cannot influence</td>
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<td>Pledge 3</td>
<td>We will consult on and involve people in the planning and redesign of services and provide feedback on the outcomes of consultations</td>
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<tr>
<td>Pledge 4</td>
<td>We will use a wide variety of ways to actively seek patient and public feedback on our services, listen to what people are saying and act on this</td>
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<tr>
<td>Pledge 5</td>
<td>We will tell people what we have done to improve services in relation to feedback and public opinion</td>
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Our Patient and Public Involvement Model

**Our Values for PPI:**
- Honest and transparent
- Inclusive
- Responsive
- Proactive

**Our PPI Pledges:**
- Service Priority
- Open and Transparent
- Consultation
- Patient Feedback
- Keeping people informed

**Goal 1: Public Perceptions and Engagement**
- LINKS/HealthWatch
- OSCs
- Consultations
- Voluntary Groups
- Special interest groups
- Carers
- Events and Open Days

**Goal 2: Organisational Culture**
- Leadership and management
- Integrated PPE and Business Planning

**Goal 3: Patient Engagement**
- Local ownership
- Patient Panels
- Volunteers

**Goal 4: Foundation Trust Membership**
- Staff and Public Members
- Member’s Council

**Goal 5: Patient Voices**
- Feedback Mechanisms
- Analysis
- Reporting back
## Our Patient and Public Involvement Goals

### Goal 1 – Public Perceptions and Engagement

**We are committed to:**
Actively seeking the views of our partners, the public, statutory and voluntary services and special interest groups in order to influence and enhance patient experience in terms of:

- Quality of services
- Access to services
- Responsiveness

**We currently achieve this by:**

- Local community engagement and activities via LINKS/HealthWatch
- Attendance at Council Overview and Scrutiny committee meetings
- Undertaking robust consultations with the public on service changes
- Attendance at special interest groups e.g. U3A
- Engagement with some voluntary and 3rd sector groups
- Holding specialty based “meet the experts” open evenings
- Holding an annual open day, inviting the local community to hear more about our services
- Consulting on, producing and circulating an annual report and annual quality account

**We will develop this in 2011/12 by:**

1) Increasing the number of patient representative and special interest groups we engage with and inform – we will set up and keep live, a data base of PPI events and groups to ensure we reach as many members of the public as possible

2) Supporting the transition of the LINKs groups as they develop into local HealthWatch groups

3) Setting up a carer’s forum which includes representative members from all main sectors, and develop a trust carer’s strategy

4) Continuing to enhance printed and web based information about our services and PPI activities
## Goal 2 – Organisational Culture

### We are committed to:
- Ensuring that the trust has a culture that promotes PPI across the whole organisation and is led and managed by staff who embed PPI in their activities
- Engaging patients and people who are traditionally excluded e.g. those from black and ethnic minority groups, those with disabilities or who need others support to give them a voice

### We currently achieve this by:
- Holding Trust board open meetings in public
- Having a 20/20 vision and annual patient improvement framework which sets priorities for improving patient experiences, safety and outcomes
- The patient experience strategy and reporting on patient experience to the trust board on a quarterly basis
- The trust Equality and Diversity group and Single Equality Scheme
- Having an active improvement programme for vulnerable adults including those with dementia, mental health issues and learning disabilities
- We offer a full interpreter service for people who do not speak English as their first language, or who have a sight or other disability.
- We make available to patients a translation service of all information/documents in another language, in large print or in Braille or audio

### We will develop this in 2011/12 by:
1. Setting out clear lines of accountability and responsibility for PPI in this strategy
2. Actively inviting more public attendance at open trust board meetings
3. Ensuring that the annual review of priorities for the patient improvement framework include patient and public opinions
4. Working with LINKS/HealthWatch to engage people from hard to reach sectors of the community
5. Holding a specific event for patients with learning disabilities and their carers to feedback about their experiences
### Goal 3 – Patient Engagement

**We are committed to:**
- Ensuring that patient engagement activity is integral to divisional and care group services with good local ownership
- Ensuring that there is clear patient and public involvement and information with all of the trusts research and development activities

**We currently achieve this by:**
- Having designated roles for PPI in some care groups
- Having a number of successful patient forums in different care groups and specialties (e.g. GICU and Cancer Care)
- Using patient and LINKS representatives on key groups and committees
- Involving LINKS and Members in patient environment audits (PEAT)
- Integrating PPI in service evaluation and redesign activities including the use of Experience Based Design methodology in whole or in part.
- A joint Southampton Centre for Biomedical Research PPI Staff Group, established to engage patients and public participating in research and in collaboration with the Research Design Service. Input into the physical clinical research space and into research study design and protocols will be sought. Our overall aim is to improve participants’ experience of research. Further details on R and D PPI activities can be found in appendix 2.

**We will develop this in 2011/12 by:**
1) Appointing local PPI Leads in every care group
2) Providing a twice yearly forum for PPI Leads in each care group to meet, develop and share good practice
3) Requiring all care groups to have active “**Patient Panels**” in operation who meet a minimum of quarterly
4) Keep an active database of all panel Chairs and members
5) Ensure panel chairs are given up to date trust information to share at each meeting
6) Setting core terms of reference for Patient Panels
7) Raising staff awareness of PPI by offering team workshops
8) Developing a PPI toolkit for leads and teams to use
9) Support care groups in developing service specific patient surveys
<table>
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<th>Goal 4 – Foundation Trust Membership</th>
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<td><strong>We are committed to:</strong></td>
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<td>We believe that being a foundation trust enables us to fully realise our vision for patient and public engagement. Being a member organisation:</td>
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<tr>
<td>• Enhances the provision of our service</td>
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<td>• Makes us more accountable to patients and the public for quality and standards</td>
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<td>• Gives us enhanced freedoms to invest our resources in areas which really matter to patients and the public</td>
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<td><strong>We currently achieve this by:</strong></td>
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<td>• Completion of wide public consultation on our intentions to achieve NHS foundation trust status</td>
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<td>• A strong, representative membership which currently stands at over 20,000 made up of local people, patients, carers and staff</td>
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<td>• A foundation trust constitution and membership strategy</td>
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<tr>
<td>• An engaged membership - almost 6,000 voted in the Members’ Council elections and 181 nominated themselves for the 17 available positions</td>
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<td>• A full Members’ Council which has worked in shadow form since March 2009</td>
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<td>• A sub group of the members council which concentrates solely on improving patient experience</td>
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<td>• A programme of engagement events throughout the year from the annual open day to specialist evenings on specific areas of the hospital</td>
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<td>• Exclusive access to the membership area of the Trust website and the hospital magazine, Connect</td>
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<td>• Over 2,000 members responded to a recent survey to assess what areas of the hospital they are interested in and what level of involvement they would like</td>
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<tr>
<td><strong>We will develop this in 2011/12 by:</strong></td>
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<td>1) Continue to run a programme of engagement events including the annual open day and specialist evenings at the hospital with the opportunity to feed back on how the Trust is run</td>
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<td>2) Hold events in the regions we represent as well as on the hospital site</td>
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<td>3) Survey results have shown members are particularly interested in finding out more about the hospital environment and patient experience so we will keep them informed in these key areas via email and post</td>
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<td>4) Develop the members area of the website to include blogs from the Members' Council representatives</td>
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<td>5) Get members involved in consultations and campaigns we have at the Trust</td>
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<td>6) Continue to provide members with the hospital magazine, Connect and the newsletter, SUHT Journal.</td>
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At the time of writing this strategy we are undergoing the Foundation Trust application process.
## Goal 5 – Patient Voices

### We are committed to:

Listening, analysing acting on and feeding back about our services from all patients, using a variety of methods.

### We currently achieve this by:

- A responsive patient support services team (incorporating enquiries, PALs, concerns and complaints)
- A wide range of patient surveys and questionnaires
- Real time inpatient feedback
- Comment cards and suggestion boxes
- Email feedback facility
- Internet feedback facility
- Healthcare opinion sites such as NHS Choices
- Listening clinics
- Focus groups
- Mystery shopping
- Telephone surveys
- Involving patients/complainants in staff training programmes

### We will develop this in 2011/12 by:

1) Undertaking a cost benefit analysis of our current real-time patient survey provision

2) Develop local action plans for improvement based on the results of national surveys

3) Develop new ways to gather feedback from patients belonging to hard to reach or vulnerable groups

4) Develop a template for clinical services to inform patients and the public about what actions have been taken on the basis of their feedback

5) Develop strategies to gather more consistent patient opinions for OPD and day case areas
Our PPI Delivery Model

In order to deliver this strategy effectively, it is important that individuals, teams and the whole organisation know their specific responsibilities for initiating and maintaining the highest level of engagement and consultation with patients and the public. We express this as follows:

**Individuals** - Know and understand their personal responsibilities for providing person centred care and treatment and act on patient feedback about their personal contribution to services

**Teams** - Have effective systems and processes in place to ensure patient and public feedback about services is gathered and acted upon, and those actions are fed back to the people who initially provided the feedback

**Organisation** - ensure the principles embodied in this strategy are made available to patients, members, and the public and to all staff. Ensure teams leaders and managers know their responsibilities and the organisation’s expectations and embed PPE activity into performance evaluation tools and appraisal. Leaders and managers challenge any individuals, teams or services who do not adhere to the principles of the PPE strategy and provide support for improvement.

The trust’s strategy for PPI is being delivered via the following internal committees groups:

- Member’s Council
- Patient Experience Group (Sub Group of Member’s Council)
- Patient Experience Steering Group (PESG)
- PPE Group (new group to be set up as sub group of PESG to monitor the delivery of this strategy
- Equality and Diversity Committee
- Care Group Patient Panels
- Care Group and Divisional Governance Committees
- Carer’s Forum

The roles and responsibilities for PPI across the trust are detailed as follows:
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<th>Role / Team</th>
<th>Responsibilities</th>
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| **Trust Board** | • Will ensure the trust’s strategic vision and objectives enables fulfilment of statutory PPI requirements according to section 242 of the NHS Act (2008)  
  • Receives reports on PPI activity detailed in the quarterly patient experience governance report  
  • Approves plans for public consultations and receives reports on their outcomes  
  • Ensures trust activities and plans reflect the outcomes of public consultations |
| **Senior Managers / Leaders and Divisional Management Teams** | • Ensures appropriate frameworks are in place for staff to carry out their PPI duties  
  • Keep appraised of divisional and care group progress with PPI activities by regular Divisional Governance committee reports  
  • Escalates any concerns about PPI activities and consultations via quarterly Divisional Performance reviews or directly to the COO if urgent.  
  • Ensures consideration of PPI requirements in all service and business planning activities |
| **Director of Communications** | • Develops and implements the Trust’s membership strategy working closely with the Members’ Council  
  • Ensures that the Trust consults effectively with patients and the public when significant service changes are planned.  
  • Works with appropriate Overview and Scrutiny Committees to ensure elected members are informed of the Trust’s main developments and any changes planned.  
  • Leads the Trust’s stakeholder engagement and communications strategy.  
  • Keeps a database of external PPI activities, updated quarterly |
| **Associate Director of Nursing and Patient Experience** | • Develops and implements the trust PPI strategy  
  • Oversees the implementation and performance of the PPI strategy via the trust Patient Experience Strategy Group  
  • Sets annual strategic plans for receiving patient feedback via a variety of methods  
  • Reports PPI activities quarterly via the Trust Board Patient Experience Report  
  • Regularly attends or sends appropriate representation to LINKS/HealthWatch committees meetings and local public engagement activities |
| **Head of Patient Partnerships and Information** | • Acts as the CQC lead for Outcome Standard 1 (PPI)  
  • Keeps a database of internal (patient focussed) PPI activities and updates quarterly  
  • Oversees the management and successful execution of national and local patient feedback surveys and methods  
  • Collates and monitors the delivery of action plans resulting from patient feedback  
  • Support care groups in feeding back to the public the actions taken on their basis of surveys and feedback  
  • Hold a range of patient and public feedback events  
  • Set the core terms of reference for patient panels |
| **Care Group Management Teams** | • Appoint a designated PPI Lead for each care group and support them to undertake their duties  
• Release the PPI Lead to undertake any necessary training for their role and also to attend twice yearly PPI Leads forums  
• Receive reports on care group PPI and patient feedback activities at care group governance committees  
• Ensure PPI is explicitly considered in all service and business planning activities |
| **Clinical and Non Clinical team leaders** | • Ensure that the ward/department/team has robust methods in place to collate and learn from patient feedback  
• Ensure patient feedback about the department is fed back to staff delivering front line services  
• Ensure action plans are put in place to deliver improvements in services as identified by patient or public feedback  
• Monitor the delivery of action plans  
• Report actions delivered to care group governance/PPI Leads |
| **Care Group PPI Leads** | • Set up and appoint a chair(s) for care group “Patient Panels” in accordance with the core terms of reference  
• Ensure care group patient panel(s) meet a minimum of quarterly  
• Keep a database of Patient Panel members and attendance at panel meetings  
• Attend relevant training and PPI Leads for a meetings a minimum of twice yearly  
• Report care group PPI activities to care group governance committees  
• Keep evidence of PPI activities in the care group and provide evidence for the CQC outcome standard 1 when requested  
• Escalate any concerns about PPI or patient feedback to care group management team members  
• Ensure PPI activities reflect the diversity of ALL patients/groups |
| **All staff having contact with patients and the public** | • Adhere to the trust requirements for excellent customer service  
• Be open and honest in all interactions with patients and the public  
• Involve patients and their relatives and carers where appropriate in all decisions about their care  
• Respond quickly and effectively to patient feedback, trying to resolve all concerns before these escalate to a formal complaint  
• Make every effort to provide patients and their relatives/carers with sufficient and timely information about the hospital and its facilities as well as their condition, investigations and treatment. Ensure the full range of choices open to patients are made available  
• Actively seek feedback about patients/public perceptions of their own performance  
• Contribute to team/care group PPI activities when requested |
Implementation and Monitoring
In order to ensure wide circulation to staff and members of the public the following actions are planned for September/October 2011:

- Disseminate strategy via Core Brief
- Circulation/Presentation to key PPI and staff groups
- Publication on trust staffnet and public website
- Production of hard copies of the strategy for dissemination to key organisations and groups
- A5 leaflet summarising strategy to be made available in clinical areas

An audit will be carried out in April 2012 and annually thereafter to determine strategy implementation progress.

Summary and Conclusion
This strategy has portrayed the trust’s firm commitment to listening to and engaging patients, relatives, carers and the public in a meaningful way to improve services. We will now be working to implement the actions outlined in the five goals and will produce an annual action plan for PPE which we will make available via our public website. This strategy will be reviewed annually and will undergo a full planned review in 2014.
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 the 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 is 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.
Appendix 2: PPI and Research and Development Activities

Southampton Centre for Biomedical Research PPI Staff Group activities:

A joint Southampton Centre for Biomedical Research PPI Staff Group has been established to engage patients and public participating in research in collaboration with Research Design Service. Input into the physical clinical research space and into research study design and protocols will be sought. Our overall aim is to improve participants’ experience of research.

- WTCRF PPI focus on working in partnership with lay members to improve the SCBR clinical environment and patient’s (research participants) experience. This is achieved using the ‘experience feedback cycle’ (DH 2009). A recent example of this was enabling the SCBR research participants and their carers to choose the artwork for the participant lounge and waiting areas.
- BRU PPI focus on involving patient representatives in the strategic management of the SCBR and research / protocol design. This is to be developed further over the coming year.
- Networked nationally with PPI leads in other CRF’s and BRU’s to establish current practice in other area’s.
- Developed close links with RDS.
- Actively engage with INVOLVE staff.
- Devised PPI strategy with input from INVOLVE, RDS, Expert Patients and PPI leads from other organisations.
- Attended INVOLVE PPI conference.
- Attend quarterly PPI regional network meeting / workshops (SCBR are hosting the 3rd event, RDS hosting 1st and 2nd meetings).
- Hosted annual nationwide UKCRF Open Day, this has been attended by 80 members of the public in 2009, and in 2010 in collaboration with UoS LifeLab when 150 children visited the unit to undertake hands-on health and research related activities.
- Plans for the UKCRF 2011 Open Day will focus on International Clinical Trials Day on 20th May, and provide a range of research related activities for 160 children in collaboration with UoS LifeLab
- Take part in SUHT Open Days when members of the public visit the unit, learn about research and experience health and research related activities.
- Participate in the University of Southampton Science Week
- Quarterly meetings with Breathe Easy Groups around Southampton, BRU staff speak about Asthma, COPD, the Respiratory BRU and research in general
- We are in the process of recruiting a Patient Recruitment Officer to enable us to markedly increase the public and patient involvement in BRU research. Once this person is in post, they will be responsible for recruitment and PPI activities.
- Actively seek out opportunities to engage and involve patients, research participants, expert patients, and members of the public. Using their experience and preferences to shape and inform the service provision and delivery.
Appendix 3: Legal and Regulation Requirements

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

Equality
In addition to the NHS Act 2006, there is significant legislation and policy aimed at eliminating 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.

LINKS and HealthWatch
The Local Government and Public Involvement in Health Act (2007) abolished PPI forums in 2008. They were replaced with local involvement networks (LINKS) that are hosted by local authorities. The LINKS groups have sought to bring together individuals, statutory and voluntary organisations to scrutinise health and social care services in their area and provide a mechanisms for engaging with the wider community.

Through the government’s health reform programme (Liberating the NHS, DoH 2010), a plan is now in place to evolve LINKs groups into local HealthWatch groups to enable them to act as local champions for patients and communities. HealthWatch groups will be given additional funding to support individuals exercising choice and will also be involved in providing complaints advocacy services. Local groups will be able to report concerns about the quality of health and social care to HealthWatch England and recommend that the CQC takes action.

Overview and Scrutiny Committees
The trust is fully engaged with the work of both Hampshire and Southampton City Council OSCs, including contribution to special reviews and provision of responses to a wide range of queries.
Regulation and the CQC Outcome Standards
Patient and public involvement was included in the Healthcare Commission’s Standards for Better Health (2004) requirements and is now integrated into the Care Quality Commission’s CQC outcome standards.

Monitor and Foundation Trust Regulations for Membership and PPE
The trust complies with the NHS Act (2006) and has established a membership and member’s council. These are operating in shadow form pending our authorisation as a foundation trust. The trust has over 20,000 members drawn from local people, patients, staff and carers. 21 of these sit on the member’s council which oversees the patient experience, staff experience, members and engagement and strategy working groups.

NHS Constitution
The trust 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 which include:

- 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 – they 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.

CHOICE
Under the DoH’s healthcare reform programme, Liberating the NHS, a recent consultation (closed Jan 11) set out the future changes likely to be implemented to support patient choice. The particular initiatives which will affect hospital care include:

- Move to increase patient choice over all care and treatment options – ALL patients will have choice of any willing provider implemented by 2013/14. Will be led by NHS commissioning Board and GP consortia.
- Patients able to choose named consultant led teams
- Extending maternity services choices – development of new provider networks
• Choices about **mental health** provider and treatment options
• Choices about **diagnostics** – patients will be able to choose where they undergo tests e.g. MRI and CT scanning
• Introduction of choice for people with **long term conditions and single assessment** and care planning discussions

Treatment Choices will be offered as a matter of course, supported by better information. Shared decision-making to ensure everyone has a say in their healthcare will become the norm. There is also likely to be greater involvement of family and carers. the proposed changes to the traditional dr-patient relationship will give patients more say. The trust is committed to making these proposals a reality and ensuring that all of our services take patient choice seriously.

**Care Quality Commission (CQC)**
The CQC have set out their outcome 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.

In January 2011, the trust received an unannounced visit form the CQC to review our regulatory compliance. The reviewers judged that the trust was fully meeting outcome standard 1. They spoke to many people during their visit who supported this judgement:

*People we spoke to told us they were happy with the standard of care they received at SGH and that the nursing staff were lovely and responded to their needs quickly. They said they were treated with dignity and respect, and they were involved in making decisions about treatment. They said they received sufficient information to make decisions and had been asked to give written or verbal consent.*

(Draft CQC Report, March 2011)
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 the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

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.