

Trust Board Meeting in Public: Wednesday 9 September 2015

TB2015.115

Title	The OUH Trust Patient and Public Involvement Strategy, 2016-2019 Draft for Consultation
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Status	For approval
History	<p>This paper was approved at Quality Committee on 12 August 2015.</p> <p>The Approach to Developing A Patient and Public Involvement Strategy, 2016-2019 was approved by Trust Board on 14 April 2015.</p> <p>The Patient Experience Strategy, 2014-2016 was approved by Trust Board on 22 January 2014.</p>

Board Lead(s)	Ms Catherine Stoddart			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

<p>1. This paper sets out the Oxford University Hospitals NHS Trust (OUHT) Patient and Public Involvement Strategy 2016-2019 Draft for Consultation, prior to public consultation for 6 weeks in September and October 2015.</p>
<p>2. This paper outlines the approach taken in developing the Strategy, the Strategy itself, its intended outcomes, its impact, and proposes a timescale for the achievement of key milestones.</p>
<p>3. The Patient and Public Involvement Strategy champions a clearly defined 'involvement offer' for the Trust's patient and public. It promotes 'joined up' thinking and action across the Trust's services to support staff to develop and deliver the offer. It actively seeks to work with a range of partners in the wider community to jointly develop and deliver a better involvement offer to people who are 'seldom heard'.</p>
<p>4. The Patient and Public Involvement Strategy will replace the previous Public Engagement Strategy, 2008-2011.</p>
<p>5. The Patient and Public Involvement Strategy will work in parallel with the OUHT Patient Experience Strategy 2014-2016, which the Trust Board approved in January 2014.</p>
<p>6. The Patient and Public Involvement Strategy will work in parallel with the OUHT Seldom Heard Strategy 2015 currently being developed.</p>
<p>7. Additional funding to support the development of this Strategy is being identified via Health Education Thames Valley (HETV) who funded the Patient Leaders and Seldom Heard Projects.</p>
<p>8. Recommendation</p> <p>The Trust Board is asked to approve the <i>OUH NHS Trust, Patient and Public Involvement Strategy, 2016-2019 Draft and Action Plan for Consultation</i>.</p>

Patient and Public Involvement Strategy, 2016-2019 Draft for Consultation

1. Purpose

- 1.1. The purpose of this paper is to set out the Trust's Draft Patient and Public Involvement Strategy, 2016-2019, including the vision and key objectives, prior to a six week public consultation during October and November 2015. The draft Strategy is at Appendix 1 and the accompanying Action Plan is at Appendix 2. The Action Plan will be populated with dates following consultation feedback and discussions with relevant staff.

2. Background

- 2.1. The *Approach to Developing a Patient and Public Involvement Strategy, 2016-2019* was approved by Trust Board on 14 April 2015. This strategy replaces the Trust's *Public Engagement Strategy (2008-2011)* to take full account of significant clinical and organisational development, within the Trust and externally within the wider health economy. It also sets a clear 'direction of travel' over the next three years.
- 2.2. This work was funded from the award from Health Education Thames Valley (HETV).
- 2.3. The vision for the Strategy was generated from the Patient Participation workshop on 17 November 2014, led by the Chief Nurse and attended by the Trust's Public Partnership Group (PPG) chairs and co-chairs and a non-executive director. The keynote speaker was Trudie Lobban, founder and trustee of the Arrhythmia Alliance.

3. Methodology

- 3.1. The draft Strategy was developed through stakeholder engagement with the Trust's Public Partnership Groups (PPGs), voluntary, community and statutory partner organisations, Foundation Trust (FT) membership and staff.
- 3.2. This included a Seldom Heard Groups event in June 2015 which was attended by 20 groups and individuals. A further 40 community leaders, local experts and partner organisations were contacted in person and asked to share their views to identify and share good practice and to commit to contributing to the delivery of the strategy.
- 3.3. Key staff across the Trust in clinical research, organisational development, volunteer management, fundraising, communication, safeguarding for children and adults, patient engagement, patient experience, PALS, geratology, renal & transplant and trauma services were asked to share current practice, skills and knowledge. They evidenced best practice examples of involvement and helped to identify gaps and development opportunities and these are captured in the high-level priorities and action plan.
- 3.4. This method of engagement means that the high-level priorities in this Strategy have been co-produced by, and have the support of a range of key internal and external stakeholders.

4. The Scope

- 4.1. The Strategy covers the involvement of patients and their families and carers who use the Trust's services. This includes those involved in clinical services,

research and education. It includes the public as stakeholders who may not be receiving care but have an interest in how care is provided. It includes the 8500 members of the public who are currently signed up as Foundation Trust members.

5. Clarifying the role of other strategies

5.1. The following strategies within the Trust deliver elements of patient involvement. This Strategy works in tandem with them dovetailing with the Patient Experience Strategy, 2014-2016. This Strategy focuses on the processes and buy-in needed to get good involvement, and ultimately the co-design of Trust services.

- The Patient Experience Strategy, 2014-2016,
- The OUH Trust Carers' Policy, April 2013,
- The Membership Strategy, April 2014,
- Refreshed Quality Strategy, January 2015,
- The Nursing and Midwifery Strategy, Jan 2015,
- Patient and public involvement in research strategy 2014-2017, Oxford Biomedical Research Centre & Unit.

and those currently being developed:

- Seldom Heard Strategy. This strategy, has aimed to increase the Trust's engagement with patients and members of the public who are seldom heard. It has been extremely valuable to develop this strand of work separately however stakeholder working relationships are now sufficiently developed to facilitate the incorporation of the seldom heard work into the main Patient and Public Involvement Strategy.
- Equality & Diversity Strategy (to be completed by end of 2015 after the Equality Delivery System (EDS2) panels).

6. National and local context

6.1. The Trust's core values: excellence, compassion, respect, learning, delivery and improvement are driving significant activity across the Trust, improving the way that patient involvement and patient experience is being developed and captured to deliver better health care across the Trust.

6.2. Safeguarding and patient involvement are directly linked. The events in Winterbourne View Hospital and Mid Staffordshire Hospital NHS Trust provide stark evidence of the devastating impact, when patients and their families are not listened to. The result is that the development and implementation of best practice particularly around safeguarding in health and social care is right at the top of the agenda (1).

6.3. Patients have told the Trust that they want to be more involved in decisions for planning their healthcare, not just for their own personal benefit, but also to ensure that others in the same position benefit (2). This mirrors the development of a strong 'patient voice' and leadership nationally (3).

- 6.4. There are currently 8500 Foundation Trust public members and newly appointed Governors are expecting to take an active role in decision making for the Trust's services.
 - 6.5. Staff in the Trust are committed to ensuring that patients and public are involved in the development and implementation of their own health care and services and are actively seeking views and experiences from their patients: through listening events, participating in and learning from patient stories, acting on Friends and Family test feedback, supporting Public Partnership Groups, peer reviews and coproduction of a privacy and dignity policy.
 - 6.6. The increasing emphasis on the self-management of health care and the public health prevention agendas means that patients are being encouraged to take more control and responsibility for their own health care and accompanying decisions (4).
 - 6.7. National best practice within health and social care recognises the vital part that patient voices, patient leadership and patient centred care can provide in making safe, cost-effective, outcomes-based commissioning and health care provision. Healthwatch organisations locally and nationally are now in place to ensure patient involvement across the NHS and challenge commissioners and providers (5).
 - 6.8. There are statutory requirements for jointly commissioning health and social care services (6).
7. **The Trust's Vision and six high-level objectives for public consultation**
- 7.1. The Trust's vision is that:
All the Trust's patients and the public are offered the opportunity to be involved in the development, design and delivery of the Trust's services and are supported to do so.
 - 7.2. The overall aim of this Strategy is to promote and secure the involvement of the Trust's patients, families and public in its work delivering excellent health care. It includes, but is not limited to, involving patients and families in decisions affecting their care whilst in hospital. It includes offering a wider range of involvement opportunities across the Trust's services for the public as its stakeholders.
 - 7.3. This Strategy is aligned to the Trust's Quality Priorities: Patient Safety, Patient Experience, Clinical Effectiveness and Outcomes as set out in the current Quality Strategy, and is based on the Trust's six core values: excellence, compassion, respect, learning, delivery, and improvement.
 - 7.4. The Strategy's six strategic objectives were developed with the Trust's stakeholders, and are benchmarked against national best practice. They fulfil statutory requirements with regard to carers, seldom-heard people and vulnerable groups.
8. **Six Objectives**
- i. A good involvement offer is made to patients and the public leading to increased involvement from a wider range of communities and individuals.
 - ii. The involvement offer is fully accessible.

- iii. Patients, the public and staff are actively supported to be involved.
- iv. To increase the involvement of seldom heard people and groups, and provide additional support to facilitate involvement, where there are barriers.
- v. The Trust seeks out and works with stakeholders, to fund, plan and deliver increased representation and involvement.
- vi. The Trust embeds involvement in its daily governance, policy and practice.

9. Outcomes of the Patient and Public Involvement Strategy

9.1. The outcomes of this Strategy will be:

- Patients and carers feel fully involved with their care plans.
- Patients and the public are involved in decisions taken about planning and improving the Trust's services.
- Public, patients and staff feel fully informed about services, opportunities for support and training.
- Easy access to information, advice and guidance for staff, public and patients both seeking and offering opportunities for involvement. This is likely to include an increased website presence.
- Clinical and non-clinical involvement opportunities are easily available to patients and the public to facilitate involvement.
- Adequate funding and resources are available for participants.
- Involvement is embedded within all key governance structures, and across the Trust's five divisions and appropriate corporate projects.
- Healthcare professionals across the Trust are involved in developing and implementing all processes.
- Training and guidance is available for people participating in involvement work.
- The processes for involvement are transparent and open to scrutiny.
- There is regular evaluation of the mechanisms for involvement.

10. Patient and Public Involvement Strategy, 2016-2019 and Action Plan Consultation

10.1. The Trust will consult with the public for six weeks during September and November 2015 on the Strategy, inviting views on the vision for public and patient involvement, the six high level objectives framing that vision and the three year action plan.

10.2. A wide range of individuals and groups will be encouraged to participate in the consultation – patients, carers, family members, stakeholder groups, partner organisations, staff and the public.

10.5 Publication of the draft Strategy will be publicised to staff via the intranet, and to Foundation Trust members and members of Public Partnership Groups via email and letter. Hard copies and support to participate in the consultation will be made available on request. It will be distributed directly to key stakeholders, such as the County Council, Oxfordshire Clinical Commissioning Group, Carers

Oxfordshire and 60+ organisations representing Seldom Heard Groups, research partners such as NIHR Oxford Biomedical Research Centre who will be asked to publicise it via their membership mailings.

10.3 Following the results of the public consultation, a more detailed action plan will be developed with performance indicators and measures for formal implementation from 31 January 2016.

10.4 The final Strategy document and easy read version will be available on the Trust's public website. Views will be collected via an online survey, paper, email and telephone.

11. Action Plan for Delivery of the Strategy

11.1. The proposed action plan with timescale for the delivery of the strategy is below.

Key milestones/Tasks	Provisional dates	Lead officers
Draft Strategy & Action Plan to Quality Committee for endorsement and agreement to proceed to consultation	12 August 2015	Head of Patient Experience
Draft Strategy & Action Plan to Trust Board for endorsement and agreement to proceed to consultation	9 September 2015	Head of Patient Experience
Revisions to draft as result of Quality Committee and Trust Board	15 September 2015	Public Engagement Manager
Strategy out to consultation and comment from stakeholders, to include engagement with the Council of Governors. Subject to policy / statutory requirements	For six weeks ending 30 November	Public Engagement Manager
Key milestones/Tasks	Provisional dates	Lead officers
Strategy and action plan amended	By 31 December 2015	Public Engagement Manager
Revised Strategy with Action Plan to Trust Board group for formal sign off	13 January 2016	Head of Patient Experience
Strategy published made available via website and distributed to stakeholders	31 January 2016	Public Engagement Manager

12. Governance and monitoring

12.1. A reporting schedule will be put in place which aligns with the annual Quality Account, Annual Patient Experience Report and the Trust's Annual Report.

12.2. Trust Board responsibility and leadership for this Strategy is provided through the Chief Nurse. All Trust Board and Executive Board members will support delivery of the strategy across all the activities of the Trust.

12.3. This Strategy will be delivered and monitored by the Head of Patient Experience.

13. Risks

13.1. The implementation and delivery of the Strategy necessitates significant additional resource from the Patient Experience Team. There is risk of slippage if the team are unable to dedicate the time due to other pressures and of not being able to effectively engage with or support staff. Mitigation includes clear commitment from senior managers and support for their teams to ensure they are able to take part in the development of this Strategy, supported by clear leadership and direction from the Trust Board.

13.2 Some patients and public particularly from the seldom-heard communities and those will not engage with the Trust. Mitigation includes the Trust staying committed over a long time period, committing additional resource to support bespoke solutions and adopting the flexibility it needs to engage with its numerous and complex communities.

14. Conclusion

14.1. This Patient and Public Involvement Strategy, 2016-2019 will lead and shape involvement across the Trust over the next three years. It will take account of significant changes across the Trust and externally. Trust patients themselves have a right to be and want to be increasingly involved.

14.2 The primary outcome is a good 'involvement offer' to patients and the public. There will be a wide range of clearly accessible, signposted opportunities for involvement for the public and patients with extra support for those who experience significantly more barriers to engagement. Trust staff will have clearly routed resources and support to enable them to engage with and involve patients and the public, with confidence.

14.3 The development of the Strategy focussed particularly on improving the involvement of seldom-heard people and ensuring this is sustained when the Strategy is fully implemented.

14.4. Stakeholders have been fully consulted throughout this process to date through a series of opportunities, they will now be formally consulted September 2015-October on the proposed four and six high-level objectives.

15. Recommendation

15.1. The Trust Board is asked to approve the draft Strategy for public consultation during September and October 2015.

Catherine Stoddart
Chief Nurse

Authors:

Rachel Taylor, Public Engagement Manager
Caroline Heason, Head of Patient Experience
Angeli Vaid, Project Manager

Date: 9 September 2015

References

- (1) Francis report, The Mid Staffordshire NHS Foundation Trust Public Inquiry 2013
- (2) OUH Trust Patient feedback**
 - Seldom Heard Groups Meeting, June 2015 over 50 were contacted by phone, email and face to face and 20 groups attended. All those invited met the nine protected characteristics from the Equality Act, plus additional ones.
 - Patient Participation workshop on 17 November 2014, led by the Chief Nurse and attended by the Trust's Public Partnership Group (PPIG) chairs and co-chairs and a non-executive director.
 - Quality Conversation 4th June 2015 which involved a large number of patients, public, FT members
- (3) Patient voice and leadership**
 - National Voices, People Shaping Health and Social Care (organisation) <http://www.nationalvoices.org.uk/engagementprogramme>
 - national centre for patient leadership - <http://www.centreforpatientleadership.com/>
 - Healthwatch England, Healthwatch Oxfordshire
 - I want great care- <https://www.iwantgreatcare.org/>
 - Patient opinion - <https://www.patientopinion.org.uk/>
 - National association for patient participation <http://www.napp.org.uk/>
- (4) Self-management of health care**
 - <http://www.kingsfund.org.uk/projects/gp-commissioning/ten-priorities-for-commissioners/self-management>
 - Director of Public Health for Oxfordshire Annual report Vii, June 2014
- (5) Health care commissioning and business planning**
 - NHS constitution
 - The NHS Mandate: A Mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015 (Department of Health, November)
 - Everyone counts: Planning for Patients 2013/14
 - Changing care, improving quality (June 2013) by the Academy of Medical Royal Colleges, NHS Confederation and National Voices,
 - Putting Patients First :The NHS England business plan for 2013/14 – 2015/16
 - NHS Patient Experience Framework (Department of Health, February 2012)
 - Commissioning for Quality and Innovation (CQUIN) Payment Framework - Draft Guidance 2013/2014
- (6) Statutory requirements**
 - The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006. This guidance supports two legal duties, requiring Clinical Commissioning Groups (CCGs) and commissioners in NHS England to enable: patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services they commission; - the effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people.
 - NHS Act 2006 (as amended):Duty to Involve: Chapter 2, Section 242 (applicable to NHS

- Trusts and NHS Foundation Trusts)
- The Local Government and Public Involvement in Health Act 2007 (as amended by section 184 Health and Social Care Act 2012
- Equality Act 2010
- The United Nations Convention on the Rights of the Child
- The Human Rights Act 1998
- Mental Capacity Act 2005
- Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

(7) Models of involvement**Source: Transforming participation in Health and Care, NHS England, Sep 2013**

- The 'Ladder of Engagement and Participation based on the work of Sherry Arnstein
- The 'Engagement Cycle', based on work of InHealth Associates @ the National Centre for Patient Leadership