

Patient and Public Involvement Strategy 2016 - 2018



‘Kingston Hospital will be an organisation that delivers care with people rather than to them’

Kingston Hospital NHS Foundation Trust
Patient and Public Involvement Strategy
2016 - 2018

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DEFINITIONS

Patients	People who currently use any of the Trust's services
Relatives	Family members and others who are significant to patients
Carers	People who provide support or care to patients but who are not employed by the Trust
Foundation Trust Members	Patients, staff and members of the public who have committed to becoming a member of the Trust and who want to be involved in the running of its services
Foundation Trust Governors	Individuals who are elected by the members to represent the membership constituencies
Marginalised groups	Groups of people within communities that face additional barriers to accessing and influencing public services and community life which leads to health inequalities.
Seldom Heard Groups	Groups of people that are overlooked because they have needs, e.g. disability or no fixed address that make them more complex to engage using traditional methods. Without targeted engagement, these groups will continue to lack power and influence over their local health economy.
Public	People who take an interest in the Trust and its services but who may not necessarily have direct or recent experience of its services.
Patient & Public Involvement	<p>The term Patient & Public Involvement (PPI) is used throughout this document and includes the following within this umbrella definition</p> <ul style="list-style-type: none"> • patients • other service users • carers • families • patient advocates • Foundation Trust members • individual members of the public • groups • communities

1. Introduction

- 1.1 Kingston Hospital became an NHS Foundation Trust on 1 May 2013. Becoming a Foundation Trust means we are more accountable to our local population and we must ensure we listen to the needs of patients and the local community. Listening alone however, is not enough to enact change, and for the Trust to progress further we must embrace all the opportunities Patient and Public Involvement (PPI) has to offer. This is in line with the Department of Health's (2009) definition of Patient and Public Involvement:

“Patient and public [involvement] 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.”

- 1.2 Since the first iteration of the PPI Strategy 2013-15, the Government and Department of Health policy has shifted from its role as a moral and ethical responsibility, to a legal requirement. No longer simply ‘the right thing to do’ the NHS has a statutory duty to involve people in the planning, delivery and improvement of NHS services.

You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

The NHS also commits to encourage and welcome feedback on your health and care experiences and use this to improve services (pledge).

27th July 2015, NHS Constitution pp9, 10

- 1.3 Over the past two years of implementation, the Trust has established mechanisms and gathered positive evidence that PPI can and does support the best possible outcomes and experience for our patients; their families and carers, and our staff; and help us to run our services more effectively and efficiently.
- 1.4 The Trust is therefore re-committing to working with patients, their families and carers, the public and relevant stakeholders in order to ensure that we continue to be a hospital that PPI continues to be a proactive relationship between the Trust and our local communities and a hall mark of Trust culture and performance.
- 1.5 The original strategy was jointly produced by the Trust and members of the public, stakeholder groups, the Patient Assembly, the Council of Governors and staff both internal and external to the Trust. Its refresh for 2016 – 2018 engaged a wide and pluralistic audience representing the NHS, voluntary sector, patients, carers, Trust Membership, Governors and independent advocates. This is representative of how far the PPI Strategy has succeeded in establishing relationships between the

Trust in its local community. We would like to thank all that have been involved in contributing to the original strategy and its refresh.

1.6 The process of jointly working on this strategy has highlighted the benefits of PPI and the development of this strategy is just one part of the journey of joint working. This document renews the Trust's vision for PPI, the structures that will be in place to deliver this vision and the activities that will stretch the Trust's capabilities to plan, deliver and improve services '*with not for*' the people we serve.

2. National policy drivers

The strategy takes into account national and local policy documents relating to PPI. These include the following:

- **NHS Constitution (2009)** – this brings together the principles, values, rights and responsibilities that underpin the NHS. It forms the basis for the relationship between staff, patients and the public and stipulates that people have the right to be involved, either directly or through representatives, in healthcare services.
- **NHS Act 2006** – Section 242 (1B) states that NHS Foundation Trusts are required to make arrangements to involve and consult patients and the public in planning the provision of services, the development and consideration of proposals for change in service provision, and any decisions to be made affecting the operation of services
- **Equalities Act 2010** – aims to eliminate inequality and discrimination against protected groups
- **Equity and Excellence: Liberating the NHS**. Department of Health (2010) – through this health reform programme, a plan was put into place to evolve LINKs groups into Healthwatch groups. The purpose of these groups is to act as local champions for patients and communities, and to report concerns about the quality of health and social care to Healthwatch England and recommend that the CQC takes action.
- **NHS Constitution (2015)** Updated Government to reflect current policy, recommendations from Sir Robert Francis QC following his inquiry into the failings at Mid-Staffordshire and legislation and to make the Constitution a more practical document.
- **Monitor and Foundation Trust Regulations for Membership and PPI** – the Trust complies with the NHS Act 2006 and has Foundation Trust status. We currently have 7083 public members (an expansion by 17% since 2013) that represent patients, local people, staff and carers. 33 of these are on the Council of Governors and represent Kingston, Richmond, Elmbridge, Merton, Sutton, Wandsworth, the rest of Surrey and London.

3. Local context

a. What's working well for Patient & Public Involvement?

Since the publication of the PPI Strategy in July 2013, much has been achieved to deliver an impressive and inclusive programme of PPI that has increased the Trust's capacity to design and improve services '*with not for*' the people we serve. These achievements have increased the evidence of PPI in principle and practice throughout Trust culture, governance and decision making. The refreshed PPI Strategy for

2016 - 2018 will sustain these changes and build upon them to further embed and extend PPI into new directions as discussed in Section 4.

Outputs	Evidence of improvement
Implemented the Friends & Family Test across all Trust services at point of discharge	In 2014, the Trust collected over 40,000 individual survey responses creating a rich evidence base of patient experience.
Robust Governance of Patient Experience	Governance at the Patient Experience Committee (PEC) is a robust way to monitor patient experience trends by service and as a whole. As a representative body, PEC can expedite issues that are evident as urgent for review and keep momentum behind existing mechanisms for feedback and improvement. Within Service Lines patient experience metrics form part of balanced scorecards and the governance review process
Promoted patient experience feedback and what's changed as a result using creative visual media.	You Said, We Did' campaign across the Trust Displays of FFT findings and action plans at Ward level. Creative display of children's feedback using a washing line idea in Paediatrics PPI informal feedback blackboard piloted in Maternity.
Real time feedback	FFT is promoted by both staff and volunteers equipped to explain its value and support data entry as required. Each service is empowered to view real-time feedback in order to spot themes and take swift action for improvement. The public as patients are increasingly using social media including the Trust Twitter feeds and Facebook page to give immediate feedback, often during an episode of care as well as post-discharge. A swift response is reciprocated through a holding response and sign-posting as needed.
Lots opportunities to get involved in face-to-face feedback and PPI.	A sense amongst Trust members and volunteers that there are good communications about a wide range of ways to get involved in aspects of the Trust that interest them and that PPI events are well promoted.
Services model best practice to embed FFT and identify a Patient Experience Improvement Lead in an advocacy and implementation/co-ordination role to deliver change for improvement.	Paediatrics has been cited as a model of best practice. They combine robust systems to give young people the opportunity to complete FFT at discharge and the Patient Experience Improvement lead for the service is a proactive advocate to ensure changes are implemented, e.g. Free WiFi. There is lots of learning and pockets of expertise within the Trust.
Established high performing relationship with formal PPI structures e.g. Health Watch	Regular Health Watch Forums are considered to be mutually effective; Enter & View powers are used
Increased visibility and advocacy relationships with key bodies that enable marginalised groups to get involved in citizenship, PPI	Engagement with Young Health Watch ambassadors to re-design Paediatric Patient Menu and ongoing involvement of young people through the Paediatric User Group.

<p>and community engagement; or represent them when they remain hard to hear.</p>	<p>Trust has supported Services to set up effective reference groups that provide invaluable insight into Service Re-design, e.g. Maternity User Panel, Cancer Service User Group</p> <p>Robust relationship with Kingston Learning Disability Parliament has established a model of advocacy, walk abouts and joint improvement planning that is translatable to other long term conditions or protected characteristics, e.g. refugee populations or mental health.</p>
<p>Volunteering Strategy has cemented the role of volunteers in localised service re-design and quality improvement programmes through the Service Line infrastructure.</p>	<p>The Patient Assembly disbanded in January 2014 and evolved into the Quality Improvement Volunteers' Forum. This growing network of 16 volunteers is aligned with the Trust Service Lines. As the role continues to embed, Service Lines are starting to evidence a clear Patient Experience Improvement Programme and increased capacity to deliver PPI as supported by a Quality Improvement Volunteer.</p>
<p>It has also enabled volunteers to shape and improve services based on their experiences.</p>	<p>The Volunteering Strategy has strengthened the role of the local Volunteer Supervisor as an advocate for volunteers' feedback and suggestions for improvement. Volunteers have a direct point of contact within the service they support to feed back any concerns and highlight improvement themes. Regular group supervision enables a formal dialogue between volunteers and staff supervisors. This two-way dialogue has enabled individual patient stories and ongoing volunteer feedback to lead to tangible improvements, such as the Nutritional Ward Round.</p>

4.0 Drivers for refreshing the PPI Strategy

PPI within Kingston Hospital is not new and there are many examples where this is delivering improvements to services provided by the Trust. As a Trust that is proud of its community engagement and therefore the imperative to ensure that PPI is responsive to need, there have been a number of drivers to develop the PPI Strategy further:

4.1 Evidence of impact: Building on examples where PPI is working well within the Trust and making a difference to the experience of patients to share best practice and upscale its role in quality improvement and patient experience consistently across the Trust.

4.2 Established Council of Governors: The Council of Governors is now established and high performing. Governors are actively seeking further ways in which to engage with patients and the public.

4.3 The Service Line model has provided a vehicle to embed PPI throughout their planning, performance and improvement programmes. The Quality Improvement Volunteers' Forum is a relatively new mechanism that needs further embedding to become 'the norm' within service line management and decision making.

4.4 Extending beyond statutory requirements with local PPI: Healthwatch representatives have fed back that whilst the formal relationship is working effectively, the relationship could become increasingly collaborative and sustained as improvement plans are designed, fulfilled and celebrated for their impact. At the same time, Primary Care providers routinely seek and receive feedback about Hospital experiences and coordination between the acute and primary sector alongside social care and private care providers. GP Patient Groups and similar forums are keen to collaborate for improvement.

4.5 How people navigate PPI: The Trust's communications about PPI and the different levels of participation are not as clear as they could be. Patients, staff and the wider community have fed back feeling unclear about its role and how to maximise a large route-map of ways to get involved. Significantly, some people who are already involved lack trust that their time is valued and meaningful. There is clear work to do that communicates the sincerity of PPI, its role within Trust culture and decision-making.

4.6 Increasing consistency and joining up the Trust's plans for engagement: Whilst some services have benefited from PPI; this does not permeate across all services in a consistent and joined up way

4.7 Increasing the reach of PPI: PPI is not always representative of all the communities we serve. It is recognised that there is a significant willingness of the local community to be involved with the hospital and improving the experience of patients that use it. Ensuring that it is easy for patients, the public, and staff to navigate the mechanisms for PPI at Kingston Hospital has been a significant reason for refreshing this PPI strategy.

4.8 Real-time Capabilities: Feedback could be more timely; there is great scope to build on the real-time capabilities of the FFT and showcase how rich our data is for improvement. Since 2013, there has been a revolution in the use of social media for delivering feedback and people holding NHS and other public sector bodies to account online, e.g. Patient Opinion. The Trust has an opportunity and imperative to keep the PPI Strategy current and innovative (without losing sight of traditional methods) and provide a planned provision for harnessing the potential of social media to increase the reach, scale, accessibility and immediacy of PPI. This must be as an additional mode of communication to ensure groups that do not have the capabilities, access or desire to communicate online are not excluded.

4.9 Empowering individuals and the collective: Recognition that all staff, Governors, Members, volunteers and 'active citizens' hold vast amounts of insight and data for improvement in almost every transaction they have with the Trust. PPI has the potential to empower all Trust stakeholders to understand their rights and entitlements to make the little changes that are within their gift to make, e.g. re-filling an empty cup holder so that many can drink, the response of a receptionist or ward clerk to a particular challenge, or just the 'feel' of a ward when a visitor walks on to it. There is a real opportunity to recognise the softer, immediate and every-day sources of feedback and increase everyone's abilities to recognise and act on them that collectively, powers the continuous cycle of listening, learning and acting for improvement.

4.10 Breaking down barriers: Working in partnership can create a a common language that breaks down a feeling of "us and them", which in turn will lead to improvement in communication between

hospital staff and patients. It can also help reduce anxiety of accessing Hospital services *“improves people’s sense that they can actually get the services to respond to them.”*(Survey respondent)

5 Creating the PPI Strategy 2013-2015

5.1 In creating the first PPI Strategy, the Trust consulted a range of patients, members of the public, stakeholder groups and staff. We held two workshops to bring together these different groups to develop a common vision for PPI at Kingston Hospital and consider opportunities to support involvement throughout the organisation. The strategy was aligned with the Trust’s Quality Strategy and the Quality Scrutiny and Improvement Group gave their feedback. The final strategy was agreed by the Trust Board in July 2013.

6 How the Strategy has been refreshed 2015-2018

6.1 The Trust consulted widely during October and early November 2015 to refresh the strategic vision, purpose and action plan for Patient & Public Involvement. The listening exercise emphasised the diversity of its stakeholders and a range of methods at different levels of participation¹. The following table depicts the methodology and how it reflects the levels of participation.

Mechanism	Why	Level of Participation
Multi stakeholder workshop	Role model a PPI forum that co-designs the vision, mechanisms and culture of PPI that will increase the reach, influence and reciprocity of PPI for the Trust.	Delegated authority.
Voluntary Sector Workshop	Define the mechanisms that provide the opportunity to meet and share expertise between the hospital and the third sector.	Consultation
Outreach (Voluntary Sector)	Build partnerships and learn from third sector bodies with expertise and far-reach into marginalised communities and seldom heard voices	Consultation (targeted)
Online survey	Harness internal and external communication channels to gain a breadth of feedback	Consultation
Local expert partner opinion (Local Authority)	Conducted in depth telephone interviews with key local stakeholders, e.g. Co Chair of Kingston Health & Wellbeing Board, Hospital Governor representing the same.	Consultation
Social Media	Used the Trust Facebook and multiple Twitter accounts to disseminate the online survey and ask for direct views	Information Consultation
Outreach (Primary Care)	Consulted directly with patients and practice managers in six GP surgeries	Information provision Partnership Consultation

¹ Arnstein, Sherry R. "A Ladder of Citizen Participation," JAIP, Vol. 35, No. 4, July 1969, pp. 216-224

7. Our Vision for Patient & Public Involvement

7.1 The consultation and engagement process confirmed that the Trust has set an ambitious vision that facilitates the statutory obligation² to involve alongside the moral and ethical imperative to involve people in decisions that affect their lives.

7.2 Our vision for Patient and Public Involvement (PPI) will remain the same as it was when first established in 2013:

‘Kingston Hospital will be an organisation that delivers care with people rather than to them’.

8 Functions of PPI

8.1 We have reviewed the different functions of PPI within Kingston Hospital which have previously been defined. Identification of these functions has been useful in clarifying and developing the structures which support the ongoing implementation of this PPI strategy. The functions of PPI are deemed fit for function, with additional emphasis within these identified through the strategy refresh. These areas are shown in italics in the box below:

PPI Function	Definition
Strategy	Working with the Trust to develop strategy and to set the strategic aims of the organisation <i>This should include identifying priorities and programmes that can benefit from the insight of patients or targeted sections of our local community</i>
Scrutiny	Scrutinising and challenging the performance of the Trust <i>Scrutinising the accessibility of Trust Services through the lens of equality and diversity to ensure that no person or group is knowingly excluded, discriminated against or marginalised within our local community.</i>
Service Redesign	Working in partnership to redesign Trust services to ensure that the Patient and Public voice drives the delivery of care. <i>This should support the integration of care between hospital, home and community Hearing about patients’ experiences post-discharge either directly or through groups that represent people that cannot speak for themselves can help ‘join up the dots’ to increase coordination, collaboration and person centred care between the hospital, home and community.</i>

² [Equity & Excellence: Liberating the NHS](#) Department of Health, 2010
[NHS Constitution](#) Constitution
27th July 2015

Service Delivery	Trust members and volunteers getting involved with the delivery of services, particularly focused on enhancing the patient experience. <i>This includes supporting activities that enables active listening to patients and the public and supports translation into action for improvement</i>
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9. Refreshed Pledges for Patient & Public Involvement 2016-2018

9.1 The strategic objectives for the original 2013-15 strategy were captured in a set of six Pledges that have formed the basis for its action plan and performance monitoring. Many of the original principles and activities are sound and will be continued through the PPI action plan and its governance to sustain the achievements of the existing PPI programme. These have been updated to reflect minor changes in the governance structures, resource and leads for this work.

9.2 There were also some key areas of focus that were identified from the engagement process of refreshing this strategy. These have been reflected in both the pledges and how these will be achieved. The changes to the pledges area as follows:

9.2.1 Pledge 1 has been updated to reflect a greater degree of focus on marginalised or seldom heard groups; an area where feedback highlighted the Trust has more to do on.

9.2.2 An additional pledge – pledge 7 has been created in recognition that whilst there has been good progress in PPI within the Trust, we need to do more to make it easier for patients and the public to navigate the plethora of mechanisms to feedback and/or get involved.

9.3 The revised PPI Pledges for 2016-2018 are shown in the table below.

Kingston Hospital NHS Foundation Trust PPI Pledges 2016-2018	
1	We will be reflective of the views of the communities we are part of, including those who unable to represent themselves, <i>marginalised or seldom heard</i>
2	When we redesign our services we will do this working in partnership with patients and the public
3	We will develop capability and capacity to support staff, patients and members of the public to work together
4	We will be responsive, open and honest about what we can and cannot do
5	We will actively seek patient and public feedback on our services in a variety of ways, listen to and review what people are saying and take action
6	We will share what we have done in response to feedback
7	We will make it easier for patients and the public to navigate the multiple ways to feedback and how to get involved

9.4 In order to turn these pledges into meaningful change further detail on how we will achieve each of the pledges is provided in the boxes below. New areas of action as a result of this strategy refresh are shown in italics.

Pledge 1: We will be reflective of the views of the communities we are part of, including those who are unable to represent themselves, marginalised or seldom heard

We will achieve this pledge by:

- reviewing the make-up of our membership, identifying gaps from our local community and by closing these gaps
- increasing the number and range of voluntary, charitable and community groups the Trust works with and we will ensure our patients, staff and visitors have access to their expertise
- staff going out of the Trust into the local community to listen to a diverse range of groups and individuals
- introducing ways to capture, reflect and report the experience of those unable to represent themselves
- building opportunities for staff to interact with members of the local community outside of the patient-staff relationship, this will include an annual open day at the hospital for members of the public
- making the facilities we have as accessible as possible to people with disabilities or who may require special adjustments so they can take part in events at the hospital as meaningfully as possible
- working with local schools and universities to get more young people involved and ensure the views of children and young people are reflected
- *continue to work with the Kingston Learning Disability Parliament and use this engagement model to replicate partnership working with other groups*
- *developing specific partnerships with mental health providers in statutory, voluntary, independent and community sectors to increase the accessibility and sensitivity of the Trust amongst this community, ensure that mental health issues are fully understood, and engage people affected by mental health and their advocates in decisions that affect the design and delivery of Trust services.*
- *we will extend PPI activities to all the Trusts satellite sites*
- *undertake proactive assessments of how the Trust interacts and facilitates access for those who are unable to represent themselves, are marginalised or seldom heard*
- *identify specific annual areas of focus for groups of marginalised and seldom heard voices*
- *structured advocacy and partnerships with voluntary and community sector groups and organisations to increase the voice of marginalised groups and seldom heard voices*
- *work explicitly in partnership with Healthwatch to reach marginalised or seldom heard groups*

Pledge 2: When we redesign our services we will do this working in partnership with patients and the public

We will achieve this pledge by:

- implementing the revised PPI structures, providing clarity of purpose in line with the four functions of PPI ensuring those responsible for strategy and service redesign are supported to undertake their roles
- populating all clinical service lines with an identified Quality Improvement Volunteer representative(s) to work in partnership with local teams
- *ensuring that Service Line business planning, quality improvement and service design models are updated to promote and embed PPI*
- ensuring that key groups within the PPI structure are kept informed of Trust priorities which are likely to result in service redesign
- build PPI capacity & capability (pledge 3) to ensure that service redesign can take place whenever it is required
- *expand the range of voluntary sector provides who operate services through a volunteering partnership with the Trust. As part of the Memorandums of Understanding, provide a clear way to exchange learning to reflect the PPI potential between the Trust and the partner organisations*
- *map the local strategic landscape and link with existing PPI activities e.g. GP Practice Forums, Clinical Commissioning Group Engagement Teams, the Active & Supportive Communities Strategy (NHS England and CCGs), Kingston Coordinated Care. Identify opportunities to share PPI activities, new relationships and reduce the risk of duplication and/or consultation fatigue.*

Pledge 3: We will develop capability and capacity to support staff, patients and members of the public to work together

We will achieve this pledge by:

- holding specific engagement events with staff, patients and the public
- publishing a calendar of events that are open to our patients and public on our website
- providing opportunities for staff, patients and the public to be educated together
- *identifying key champions within each service lines to ensure effective relationships with dedicated Quality Improvement volunteers*
- *maximising the insight of a community of 1000+ volunteers to provide feedback and catalysts for improvement in the services they support.*
- *supporting the Trust Volunteering Strategy and its delivery to ensuring we support a greater diversity in volunteering as a significant part of the way the Trust engages with its local populations.*
- *increasing membership of the Quality Improvement Volunteers' Forum in line with service line and hospital wide service redesign requirements*

Pledge 4: We will be responsive, open and honest about what we can and cannot do

We will achieve this pledge by:

- continuing to invest in the Trust's social media presence such as Twitter, Facebook e.t.c and actively engaging with digital health opinion websites e.g. Patient Opinion to ensure timely feedback to issues raised through digital media as a valid and valuable mechanism for PPI
- publishing feedback within the Trusts annual Quality Account and Annual Report on how we are doing and by including feedback on how well this strategy is being implemented
- ensure every clinical service has an identified Quality Improvement Volunteer Forum member(s) so that responsiveness, openness and honesty permeate through relationships built at a local level
- *feedback at the Trusts Annual General meeting on PPI activities*

Pledge 5: We will actively seek patient and public feedback on our services in a variety of ways, listen to and review what people are saying and take action

We will achieve this pledge by:

- take part in annual national surveys of patient experience and work with patients & the public to prioritise actions
- actively reviewing feedback received via PALS and Complaints
- receiving feedback via Patient Opinion, NHS Choices and other websites designed to empower people to give digital feedback about their experiences of Trust services
- holding focus groups, workshops *and in depth interviews* to gather more in-depth feedback from our patients and the public
- utilising the system for gathering Friends and Family Test in real time so that we can act on the feedback that we receive from our patients faster
- utilising systems for gaining feedback on individual clinicians in specialist roles such as Consultants and specialist nurses and act on feedback
- build on established mechanisms for our volunteers to provide us feedback on their experiences
- staff, Governors and other Trust Champions going out of the Trust into the local community to listen to a diverse range of groups and individuals
- finding ways to capture, reflect and report the experience of those unable to represent themselves
- making it easy for patients and the public to provide feedback through a range of both traditional and modern media
- *devise new and regular mechanisms to actively listen to and engage with the voluntary and community sector*
- *working with established Trust-based patient support groups, e.g. Tinnitus Support Group and local patient empowerment groups such as Kingston Mind to engage with the Trust through its PPI programme*

Pledge 6: We will share what we have done in response to feedback

We will achieve this pledge by:

- publishing feedback within the Trusts annual Quality Account and Annual Report on how we are doing in implementing our vision for PPI and achieving each of the pledges.
- responding to all feedback via PALS, complaints, known websites and social media conversations and NHS Choices in a timely way
- all wards & departments locally displaying what they have done in response to feedback
- regularly celebrating and publishing successes of staff working with patients and the public
- publishing our Friends and Family Test scores on the Trust website and in each of our clinical areas
- keeping our website up to date with what we are doing in response to feedback
- *provide regular feedback through the Membership newsletter on changes made in response to feedback*
- *at the Trusts Annual General meeting we will feedback on what we have done in response to feedback*

Pledge 7: We will make it easier for patients and the public to navigate the multiple ways to feedback and how to get involved

We will achieve this pledge by:

- *reviewing and updating communications (print and online) on providing feedback and how to be involved*
- *provide a single point of contact for patients and the public to explore options for involvement with the Trust*
- *provide a single point of contact for formal PPI mechanisms, including voluntary sector groups, CCG community engagement teams, Health Watch leads, and primary care patient liaison groups to engage with the Trust.*
- *provide the Trusts membership with a specific communication on PPI mechanisms*
- *promote the Trusts PPI Strategy and mechanisms for involvement at the Trusts open day and at Council of Governor engagement events*

10 Kingston Hospital PPI Structures

Appendix A, sets out the map and routes of influence for PPI at Kingston Hospital. This structure was developed to provide clarity to the complex landscape of PPI within the Trust and the relationship with external insight into our local health economy. In providing a structure to patients, the public and staff it is anticipated that all PPI functions can be achieved throughout all parts of the Trust. Appendix B

provides a copy of the Trusts Governance structures for context and Appendix C outlines the functions of the key committees as related to this strategy.

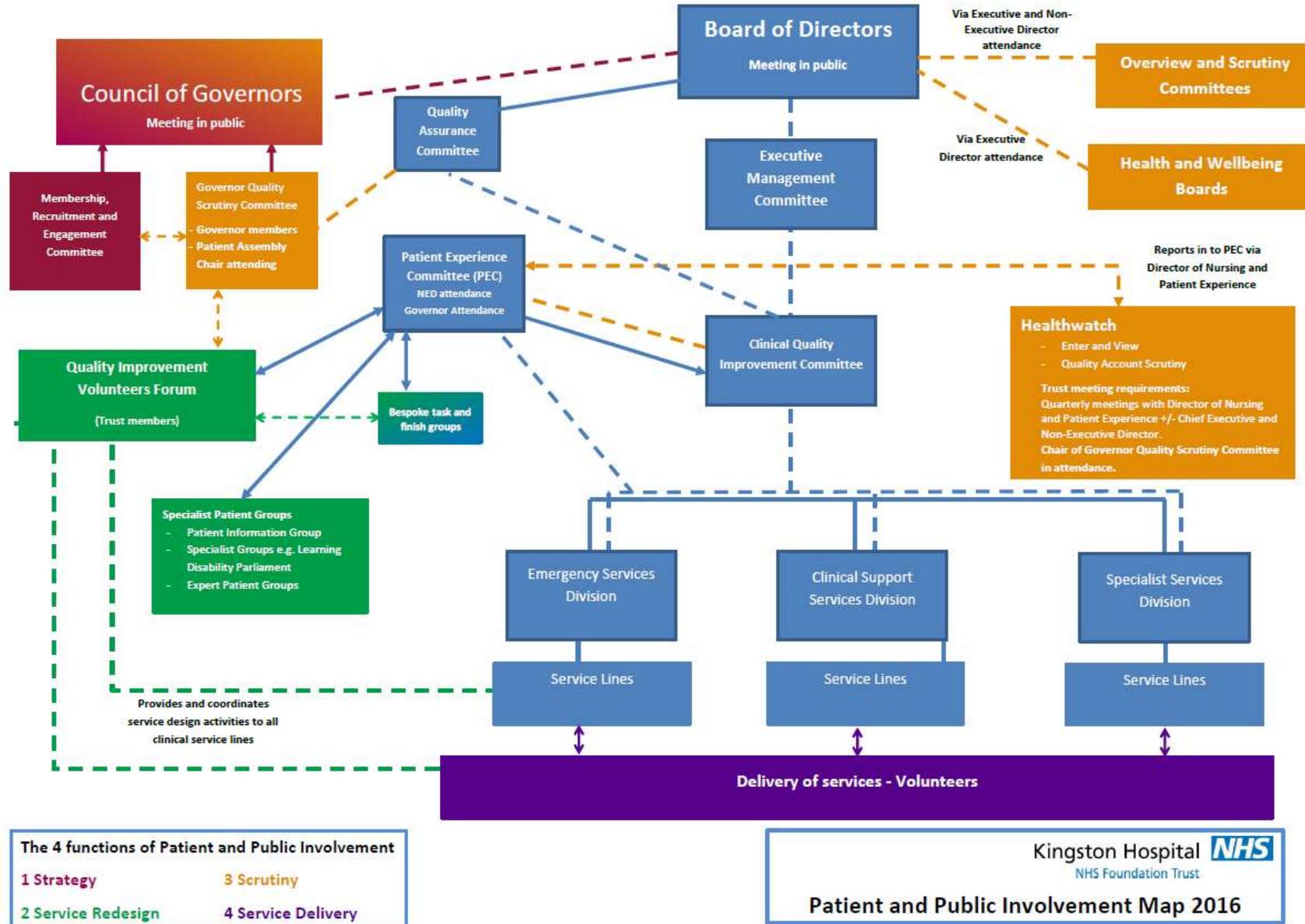
11 Dissemination and Monitoring Progress

- 11.1 This strategy will be disseminated internally via Trust Team Briefings, the Patient Experience Committee, Council of Governors, the Quality Improvement Volunteers' Forum and membership communication channels. It will also be published on the Trust intranet and website. It will be disseminated to key stakeholders externally via borough specific third sector umbrella bodies and targeted communications to establish new partnership with key groups. It will be raised through agenda items on established forums where people come together to discuss health and social care.
- 11.2 A PPI work plan will be set annually and reviewed periodically in order to ensure that it remains up to date and relevant. The implementation of the actions outlined in this PPI Strategy will be monitored by the Patient Experience Committee, and will include PPI Strategy implementation as a standing item. The Quality Scrutiny Committee will also monitor whether the PPI strategy is delivering on the objectives outlined in this document.
- 11.3 In reviewing this Strategy it is apparent that to support its progress further, robust ongoing assessment of progress is required. An annual audit tool of progress with the Patient & Public Involvement strategy will be developed with the clinical audit team and will include:
- Assessing level of PPI at Service Line level
 - Review of relevant performance indicator questions within annual patient, staff, and volunteer surveys
 - Assessment of ease of navigating PPI
 - Assessment of progress against key marginalised and seldom heard groups
 - Key stakeholder assessment of progress

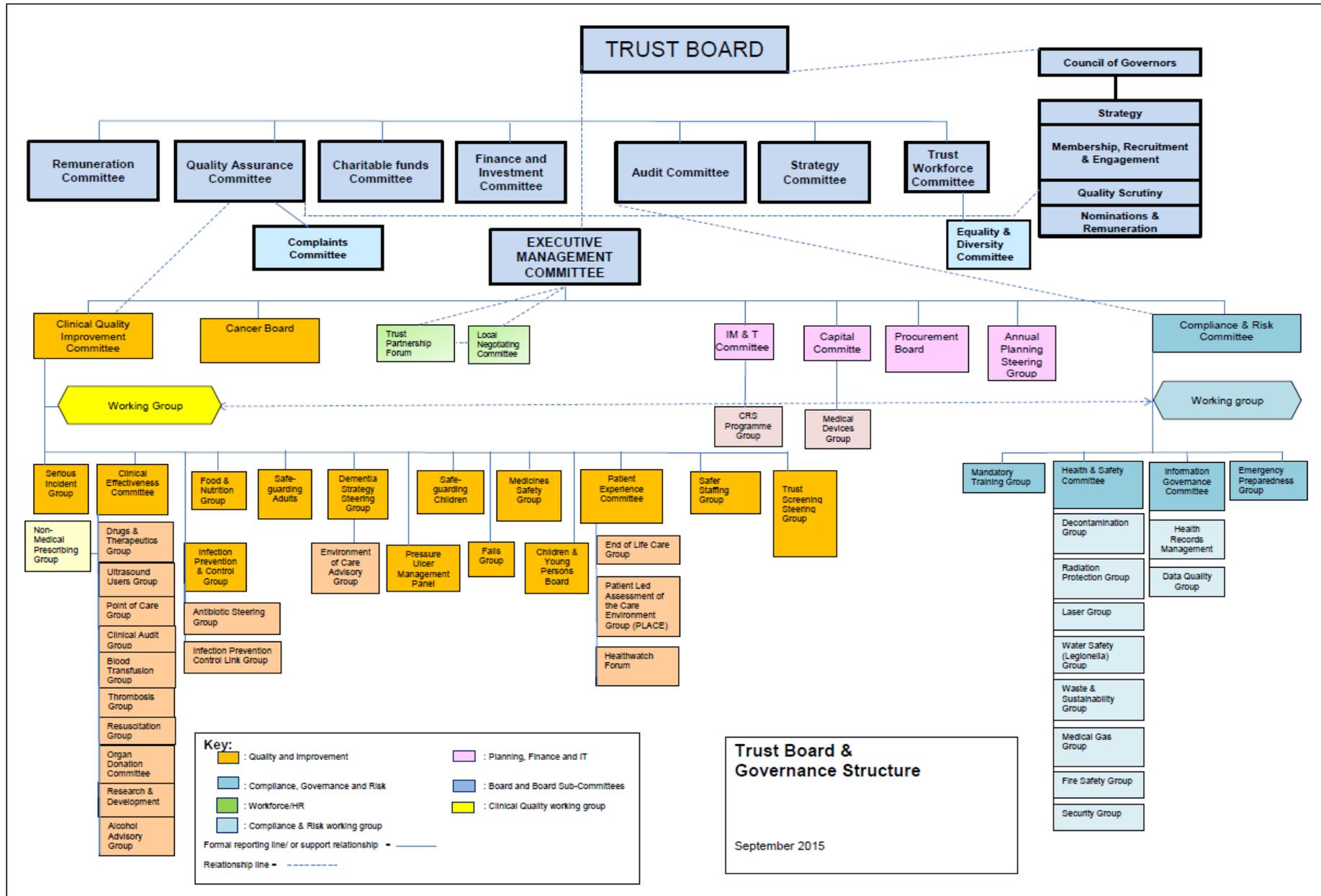
12 Conclusion

- 12.1 The Trust is committed to being **an organisation that delivers care with people rather than to them**. We believe that effective PPI is of the utmost importance to delivering the best possible patient experience and on-going success of the Trust. The refreshed strategy and its renewed focus on diversity, reach, advocacy and voluntary and community partnerships will increase the depth of feedback we receive. It also celebrates PPI as a catalyst for learning and action for improvement across the Trust that actively embeds the hospital within local communities and increases trust both ways. We are grateful for the involvement of so many people on the development and refresh of this strategy.

Appendix A – Kingston Hospital Patient and Public Involvement Map



Appendix B - Governance Committee Structure



Appendix C - Main functions of groups involved in delivery of PPI

Group	Purpose and main duties
Governor Quality Scrutiny Committee	<ul style="list-style-type: none"> • To provide a forum for members of the Council of Governors to engage the views of patients and the public in its quality agenda • Maintain oversight and scrutiny of the quality of services provided to patients and take action where required • To formally receive feedback from the Quality Improvement Volunteers' on service redesign activities • To oversee the development of the Quality Account and the monitoring of the Quality goals. • To maintain oversight and scrutiny of how patients and the public are being involved in the Trust, through the implementation of the PPI strategy
Patient Experience Committee	<ul style="list-style-type: none"> • To obtain, monitor and review feedback to the Trust on the Patient Experience, including patient surveys, complaints, compliments and mechanisms for involvement. • To ensure that lessons are learnt and changes made that lead to improvement • To oversee the delivery of task and finish groups related to Patient Experience • To provide leadership to trust wide programs of improvement • To ensure a systematic approach to collecting patient feedback exists, and that appropriate action plans are developed and implemented • To review all external reports that relate to the Patient Experience and Public involvement, including national patient surveys, Healthwatch feedback, Quality Scrutiny Committee and the Voluntary Service and ensure they are acted on • To ensure that systems are in place to share best practice on improving the patient experience and public involvement across the Trust and learning from other Trusts is considered • To monitor the impact of training programmes on the patient experience and public involvement, making recommendations if required • To ensure the effective implementation of the Trusts PPI strategy • To monitor the Trust's quality performance indicators in relation to the patient experience and public involvement
Quality	<ul style="list-style-type: none"> • To work with the Trust in redesigning services so that these are as responsive to the needs of patients as possible • ensure all service lines have an identified Quality Improvement Volunteers' Forum member(s) to work with

Improvement Volunteers' Forum	<ul style="list-style-type: none"> • To provide representation on identified Trust Committees / consultation groups, task finish groups or appropriate forums. • To assist the Trust to seek views from traditionally hard to reach and community groups, in problem solving and helping to find solutions with the Trust, and then providing feedback to these groups. • To actively volunteer at the front-line of service delivery to gain insight into patient experience and evidence for improvement
Healthwatch Forum	<ul style="list-style-type: none"> • To provide Healthwatch local to the hospital (Kingston, Richmond, Wandsworth, Merton & Surrey) with direct access to members of the Trust Board to provide feedback. • For the Trust to feedback on relevant issues and developments and to report back on actions taken in response to feedback from Healthwatch and to promote mutual understanding of the Trust
Membership Recruitment and Engagement Committee	<ul style="list-style-type: none"> • To support the Trust in growing and developing the membership, improving diversity of membership and facilitating communication between governors, members and the local community • To review and oversee the implementation of the Membership and Engagement Strategy • To contribute to the development of the Annual Membership Report which is submitted to Monitor