

Patient & Public Involvement Strategy Progress report

Trust Board	Item: 13
Date: 1st December 2016	Enclosure: I
Purpose of the Report: To provide the Trust Board with a progress report on implementation of the Trust's Patient & Public Involvement Strategy 2016-2018, approved by the Board in January 2016.	
For: Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Nil identified
Legal / Regulatory / Reputation Implications:	Care Quality Commission (CQC) regulatory requirements
Link to Relevant CQC Domain: Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Link to Relevant Corporate Objective:	Strategic Objective 1 – To ensure that all care is rated amongst the top 20% nationally for patient safety, clinical outcomes and patient experience Strategic Objective 2: To work creatively with our partners (NHS, Commercial and Community/Voluntary) to consolidate and develop sustainable high quality care as part of a thriving health economy for the future.
Document Previously Considered By:	Patient Experience Committee 17 th November 2016
Recommendations: The Trust Board is asked to note the report.	

Patient and Public Involvement Strategy 2016-2018

Progress report

1. Introduction

- 1.1 The aim of the Patient and Public Involvement (PPI) Strategy is to ensure Kingston Hospital NHS Foundation Trust meets the statutory duty to involve people in the planning, delivery and improvement of NHS services, and to do so equitably and consistently with sincerity. The Trust developed an initial PPI strategy for 2013-15 as integral to the change process enabling the Trust to become a Foundation Trust. Since then the strategy was refreshed for 2016-2018 with specific focus on equitable inclusion of marginalised groups and improving accessibility to the multiple ways the public can be involved with the Trust.
- 1.2 The strategy presents seven pledges or commitments; six of which have been developed from the 2013-2015 strategy and therefore represents a long term commitment by the Trust to widen the scope of engagement so that the patient's voice is central to change and improvement activity.
- 1.3 To date there has been a significant degree of activity meeting these pledges enabling PPI to become business as usual across the organisation. There is still more to be achieved as the demographic of the locality evolves and so this paper set out progress to date and that required in 2017 to meet the strategy in full.

2 The Pledges:

2.1 The following pledges summarise the areas of focus:

- 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.
- Pledge 2: When we redesign our services we will do this working in partnership with patients and the public.
- Pledge 3: We will develop capability and capacity to support staff, patients and members of the public to work together.
- Pledge 4: We will be responsive, open and honest about what we can and cannot do.
- 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.
- Pledge 6: We will share 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.

3 Progress to date

- 3.1 The scope of PPI activity is increasingly representative of the local demographic with a large number of voluntary organisations working collaboratively within the service lines: The Thomas Pocklington Trust (REU) National Deaf Association (ENT), Kingston Carers' Network (Care of the Elderly), Kingston Dementia Action Alliance (Dementia Strategy and umbrella network), Age UK Richmond (Care of the Elderly), Victim Support (Wolverton Centre), Momentum (Paediatrics).
- 3.2 There are also a number of new and established 'user groups' which combine expertise from inside and outside the hospital including: Cancer Board and Service User Group, Dementia Strategy Working Group, Patient Information Reader Panel, Paediatric Child and Parent Panel, Maternity Service User Panel, Vision Aid (REU), Macmillan (Sir William Rous Unit). Furthermore staff attend external groups including those led by Healthwatch and the Learning Disability hospital interest group (HIG).
- 3.3 Delivery of the Derwent Ward dementia friendly ward project can be seen as a best practice example within the Trust for collaborative co-design for improvement - from initial concept through the co-created dementia strategy; through to the joint detailed planning and decision making by the dementia environment and strategy groups with carer, voluntary sector and staff participation.
- 3.4 Engagement and collaborative working with local organisations is however generally opportunistic. Further work is required to ensure interactive (face to face) engagement is representative of the increasing Black Asian & Minority Ethnic (BAME) community and in particular the Korean community.
- 3.5 The annual patient led assessment of the care environment (PLACE) is representative of, and inclusive of, those with learning and physical disability. The recent findings of which led to improved signage for those with a visual impairment and informed the dementia environmental improvement programme; a visual impairment 'walkabout' is planned.
- 3.6 The Trust's collaborative relationship with Healthwatch continues to provide valuable insights that inform improvements; with enter and view visits enquiring into the patient/carer experience at discharge and outpatients taking place throughout November 2016.
- 3.7 As a result of the strategy, there is some integration within the service line structures by volunteers who support PPI activity; supporting patients to express their views using the friends and facility test, and drawing on their insight as volunteers to represent the patient in service improvement projects. The model is not consistently implemented across all services therefore a review is underway to determine the best approach to enable inclusive quality improvement.
- 3.8 New and established influential groups, including the Patient Experience Committee, Children's and Young Person's Board, Cancer Board and Nutrition Steering Group have created seats at the table for experienced patient advocates to inform their work.
- 3.9 The public can hear of and comment on the Trust actively through the Annual General Meeting, the public Trust Board, associated published papers, the Hospital Oversight and Scrutiny Committee, via The Council of Governors, the Members newsletter and increasingly, communications through social media (Twitter) and the website. Displays around the hospital inform patients and visitors of the Trust's strategic priorities and response to patient feedback.

- 3.10 Patient and carer feedback methodology meets regulation with many areas exceeding FFT response rate targets. There is a need to further increase responses in the A&E and outpatient settings and a review of an alternative system to deliver this is currently taking place. Response rates through national surveys are in keeping with service activity. Feedback through FFT, Local surveys, National surveys, NHS choices, complaints and compliments are analysed and presented through the Patient Experience Committee and cascaded through service lines.
- 3.11 The Chaplaincy team have recently researched the faith practices of the local population to ensure the chapel offers services and support representative of the populations needs. By hosting engagement events for staff and the public, the service seeks to develop a range of cultural, spiritual and wellbeing events through the year.

4 Planned activity for 2017;

Work continues to deliver the strategy in full. Work planned to date includes;

- 4.1 Building on a developing relationship with the Korean community; scoping opportunities to understand the experience and perceptions of patients and the public from this community.
- 4.2 A Volunteering Service Manager; Community Services & Outreach has been recruited and started and will focus on increasing the Trust's locality engagement.
- 4.3 The Children & Young Peoples group are developing a social media plan to encourage feedback and interactive engagement by boys; paediatrics have worked closely with Young Healthwatch to learn from their insights however the young people involved were all female.
- 4.4 To host an engagement event in January 2017 designed to enable the learning disability community to have a stronger voice. This will be supported by Your Healthcare and experts in supportive communication.
- 4.5 There will be a focus on improving Mental Health services in 2017 in particular for patients presenting at A&E with a mental health crisis therefore there is a need to include experienced patients and carers as improvement programmes develop. The Trust has submitted a bid in November 2016 to Health Education England for funding to support role out of Mental Health First Aid training to staff, and increased education in mental health across the Trust. This has been done jointly with South West London & St Georges Mental Health NHS Trust.
- 4.6 A bid has been put into NESTA 'Second Half Fund' for £100,000 to extend the full range of outpatient-focused volunteering roles to all KHFT satellite sites. This will also increase FFT take-up and support to these services to review and act upon patient feedback.
- 4.7 As the accessible information standard is embedded more will be learned across the organisation of specialist information and communication needs and therefore provide insight to improve access for those with complex access needs.
- 4.8 With the Sustainability and Transformation Plans (STP), there will be a requirement to ensure the Trust's PPI approaches are used for engagement of the public. This will be in line with the approach across the STP footprint.

- 4.9 The volunteer community observe the day to day running of services across Kingston Hospital. Their feedback will be proactively enabled by a new Volunteer Mentor role offered as a development opportunity to experienced volunteers scheduled to begin before the end of the financial year. The Volunteer Mentor function will support volunteers on placement and as part of a mentorship scheme, seek volunteers' general feedback on hospital services or specific patient experience themes.
- 4.10 Alternative systems and methodology to capture real time FFT data and improve response rates in ED and OPD is being scoped and likely to be in implementation phase in early 2017.

5 Conclusion and Recommendations

- 5.1 The PPI Strategy has succeeded in establishing robust mechanisms to include and collaborate with services users from the granular department level to the strategic oversight functions of the organisation. Relationships between the Trust and the local community continue to develop with a need to respond at pace to the evolving shifts in the local demographic, including that of the staff.
- 5.2 The key areas of focus during early 2017 are to increase FFT response rates in the emergency and outpatients departments, run a bespoke engagement event for those with learning disabilities, to increase the scope of voluntary sector engagement and develop closer working with the Korean community.
- 5.3 In addition a clear focus needs to be on delivering pledge 7 over the next period, by updating information within the Trust, for example by updating the Trust's website on options on how to get involved.
- 5.4 The Trust Board is asked to **note** the progress report.