Ashford and St. Peter's Hospitals NHS
NHS Trust

PATIENT AND PUBLIC PARTNERSHIP STRATEGY 2006 - 2009

Amendments			
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Foreword

"Putting people at the heart of everything we do" is the focus of the Trust's values. The Trust's Patient and Public Partnership Strategy is underpinned by those stated values:

- striving for excellence;
- being open and honest;
- providing patient focused care;
- treating everyone with humanity and respect; and
- ensuring a safe, clean and caring environment.

We recognise the importance of involving users of our services in planning and decision making. This applies to the experience of individuals needing or receiving treatment and care, as well as to the expectations of the wider public.

Being responsive and sensitive to the needs and wishes of patients, their families and carers is one of the fundamental principles of good health care. Patients and the wider public are becoming increasingly involved in the decisions that affect them, their families and their communities, and the desirability and benefits of working in partnership are clear.

Listening and learning are the key – listening to and learning from our patients – their carers – those who visit our hospitals – the wider public – and our own staff. We want to show that by working in partnership we can improve our services, improve the experience of individual patients, and at the same time enhance the satisfaction of staff.

Joyce Winson Smith
Director of Nursing/Deputy Chief Executive
May 2006

Contents

1.0 INTRODUCTION AND BACKGROUND

This Strategy has been developed to give continued direction to the Trust's development of patient and public partnership and is the focus of the Trust's core values and the aim to put people at the heart of what we do and how we do it.

The Strategy builds on the achievements of the Patient & Public Partnership Strategy 2003 – 2006 and continues to take into account a number of internal and external influences – all aimed at ensuring quality services for the patients whom we serve.

A summary of the key internal and external influences can be seen at Appendix 1.

2.0 AIMS AND OBJECTIVES OF THE STRATEGY

2.1 VALUES AND PRINCIPLES

The strategic aims and objectives will reflect the values of the Trust. These are:

- striving for excellence;
- being open and honest;
- providing patient focused care;
- treating everyone with humanity and respect; and
- ensuring a safe, clean and caring environment.

The core values will be supported by six principles that will underpin the Trust's approach to developing and embedding patient and public partnership. These are:

- openness – fostering an open and honest dialogue with patients, carers and the public;
- accountability – acting with integrity and proper responsibility towards patients, carers and the public;
- accessibility – providing sufficient and appropriate opportunities for patients, carers and the public to describe their experiences and make their views known;
- responsiveness – listening and learning from the experiences of patients and carers and listening to the view of the wider public, including those experiences and views in decision making processes;
- equity – being accessible and responsive to individuals and groups across the complete range of diversity; and
- effectiveness – demonstrating that partnership with patients, carers and the public is effective in shaping services and improvements.

The Strategy's implementation will be evaluated against these key principles.

2.2 AIMS

The overarching aims of this strategy are:

- to ensure that patients are the focus of everything we do;
- to embed patient and public partnership;
- to learn from patient and public experience; and
- to support the development of a quality service.

2.3 OBJECTIVES

Strategic objectives are:

- to provide a framework for embedding patient and public partnership;
- to understand patients' expectations and experience of Trust services;
- to close the gap between expectations and experience through measurable improvements;
- to ensure patients are appropriately consulted and informed and are positive partners in decision making with regard to treatment and care;
- to value and incorporate the expert knowledge of patients; and
- to demonstrate the Trust as a learning organisation, including sharing and promoting good practice and lessons learnt.

3.0 DEFINITIONS

For the purposes of this document the following definitions are used:

Patients: People who are currently using or waiting for health services

Carers: People who support and care, on a short or long term basis, others who are ill, frail or have a disability. They are not under contract to provide care and are usually partners, relatives or close friends. Children and young people can also be carers.

Partnership: Describes the relationship between a patient or carer and member of staff which is manifested in:

- shared decision making in individual patient care; and
- shared respect and understanding of needs, expectations and the unique experience of patients.

Public: The general population, some of whom will be past or present patients and carers.

4.0 OPERATIONAL ACCOUNTABILITY AND REPORTING

The Director of Nursing has executive responsibility for ensuring the strategy's implementation and, in so doing, will be accountable to the Trust Board.

The Director of Nursing will be responsible, in association with Directors and other colleagues for:

- ensuring an integrated systematic approach for implementing the strategy across the Trust;
- ensuring the mechanisms for internal and external communication;
- monitoring implementation of the strategy and variances from plan;
- overseeing remedial action when variances are identified;
- identifying training and organisational development needs to support implementation of the strategy;
- working with partners across the health and social economy to promote a whole system approach to implementation of the strategy;
- responding to the patient experience and leading quality improvements; and
- reporting to the Trust Board on the Patient Experience.

Responsibility will be devolved to Corporate and Clinical Directorates to:

- use internal and externally commissioned survey results, Complaints and Patient Advice and Liaison Service feedback to identify and deliver quality improvements that will be monitored through performance monitoring and by the Complaints monitoring Group and Patients First Steering Group;
- ensure that patients and the public are appropriately involved and informed; and
- ensure effective consultation when planning service developments and changes.

5.0 ENGAGING PATIENTS, CARERS AND THE PUBLIC

5.1 THE ANNUAL HEALTHCHECK

The Healthcare Commission is responsible for carrying out an annual independent assessment of the Trust's performance (The Annual Healthcheck) within a framework of national standards and targets set by government.

The overall aim of the assessment is to promote improvements in health care and to help patients make informed decisions about their care.

The involvement of patients and the public in the strategic planning and review of services will bring a valuable and essential perspective to the Trust in working to 'get the basics right' and 'make and sustain progress' in service delivery.

5.2 QUALITY OF INDIVIDUAL EXPERIENCE

People who use Trust services are often the best judges of the strengths and weaknesses of those services. The Trust is committed to harnessing the valuable information associated with the experience of individual patient and carers.

5.3 RANGE OF INVOLVEMENT AND PARTNERSHIP

The Trust plans to continue the involvement of patients and the public through:

- consultation;
- obtaining views and feedback;
- responding to and learning from comments, suggestions, concerns, complaints and incidents; and
- patient representation on committees.

5.4 MECHANISMS FOR INVOLVEMENT AND PARTNERSHIP

5.4.1 Ashford & St Peter's Hospitals Patient and Public Involvement Forum

Reflecting the national strategy, the Trust has a Patient and Public Involvement Forum (PPIF). This independent statutory body is made up of patients and public from the local community and has wide powers to inspect all aspects of the Trust's work.

The Trust is committed to working collaboratively with the PPIF and in recognition of the valuable perspective that the PPIF brings to evaluation of Trust services, invite the Chair of the PPIF to attend the Trust Board as a non voting member.

The PPIF:

- represents the views of the local community to the Trust about the quality and configuration of health services;
- monitors service delivery from the patients' perspective, drawing on information provided by the Trust;
- inspects chosen aspects of the Trust's services; and
- provides an annual report of its work.

5.4.2 Patient Panel

The Trust has established a Patient Panel to facilitate patient involvement throughout the Trust.

Working within agreed Terms of Reference and chaired by a member of their group, the Patient Panel provides a focus within the Trust for involvement and debate.

The Panel is made up of representatives who have experience of the Trust as a patient or a carer. Members of the panel have a formal role description and are selected against agreed criteria.

While serving as members of the Patient Panel, members of the panel are invited to participate in various groups within the Trust. Examples include:

- the Clinical Governance Committee;
- the Patient Environment Action Team; and
- the Complaints Monitoring Group.

It is expected that all patients and carers representing the patient perspective at a Trust Committee will be a member of the Patient Panel. The Trust is committed to continuing the development and involvement of the Patient Panel, including wide representations on Trust Committees.

5.4.3 The Patient Advice and Liaison Service

The Trust has appointed a Patient Advice and Liaison Service Manager to lead the continued development of the Trust's Patient Advice and Liaison Service (PALS). Responding to patient and carer's questions and concerns, this service aims to:

- provide an identifiable person within the Trust to whom patients, their carers and families can turn if they have a problem or need information;
- provide information to patients, carers and their families about services within the Trust and relevant services, voluntary organisations and support groups within the community;
- resolve problems and concerns quickly before they escalate;
- inform patients, carers and their families about the complaints procedure;
- facilitate patients' and carers' access to advocacy services;
- monitor the nature of patients' problems and concerns and identify possible gaps in services and staff training; and
- provide anonymised reports for the Trust Board, Patient Panel, PPIF and other relevant Committees.

5.4.4 Complaints Process

The Trust has a procedure to investigate and respond to complaints received from patients, users and carers about its services. In so doing, the Trust will:

- provide information to patients, carers and their families on how to complain;
- develop awareness within the Trust about the nature of complaints received;
- provide training to staff on how to manage concerns and complaints;
- develop a culture of responding to patients' concerns in a proactive way with the aim of reducing the number of formal complaints received;
- monitor qualitative changes in service as a direct response to patients' concerns and complaints;
- engage and deal positively with patients, carers and families who seek to complain about Trust services;
- provide open, honest and balanced responses to complaints received and seek to address all concerns at a local level;
- provide appropriate explanations and apologies for identified failings in care;
- advise complainants of other agencies who may be able to help and support – for example The Independent Complaints Advisory Service; and
- seek a stabilisation and reduction in year on year complaints.

5.4.5 Surveys, Questionnaires and Patient Diaries

Actively seeking patients' views is important in both reviewing and developing services. The Trust will:

- encourage patients and carers to comment on the service they have received;
- develop a process for maintaining a central direction and overview of surveys undertaken throughout the Trust, their outcomes and, where appropriate, action plans produced. This information will be reported to the Patients First Steering Group and the Trust Board;
- be guided by the recommendations of the Patient Panel in determining priorities for local surveys;
- participate in the annual National Patient Surveys ensuring that the survey results are widely disseminated, discussed and actioned throughout the Trust; and
- provide information to Primary Care Trusts for the Patient Prospectus including an annual account of the views received from patients and action taken as a result.

5.4.6 Public Meetings and Focus Groups

The Trust will engage with patients and the public to debate any service changes through public meetings and facilitated focus groups. Further, the Trust will promote the use of facilitated focus groups to elicit the patients' perceptions of the patient pathway for specific conditions.

The Trust will follow statutory processes in respect of formal consultation.

6.0 ENGAGING PARTNERS IN HEALTH AND SOCIAL CARE

The Trust will work with health and social care partners to continuously improve the quality of its services. The Trust will participate in the production of an Annual Prospectus setting out its standards, performance and views of its patients.

The Trust will work to reduce institutional barriers between services and to work with health and social care partners to shape services around patients' and carers' needs. This will be supported by a review of patient pathways and, where appropriate, redesign of services.

7.0 ENGAGING VOLUNTARY AND COMMUNITY ORGANISATIONS

The work and experience of national and local voluntary and community organisations brings important insights into the patient and public experience. The Trust will seek to actively engage with local voluntary and community organisations, to reflect and respond to their views of Trust services and to work in partnership with them in informing and supporting patients and their carers.

The Trust welcomes and values the support, work and skills that Trust volunteers bring to the service. The Trust recognises the added value that volunteers provide when supporting patients and their carers and the important perspective that volunteers have of Trust services. The Trust will encourage volunteers to contribute to quality improvement initiatives designed to enhance the experience of patients.

The Trust values and encourages diversity across individuals and organisations who can contribute to enhancing the experience of patients and carers.

8.0 PATIENTS AS PARTNERS

The Trust will actively seek to engage patients and public in the development and delivery of Trust services through the sharing of information. This involves both giving information to patients and developing opportunities, beyond those already discussed, for patients to share their views of services with the Trust.

8.1 INFORMATION AND COMMUNICATION

- all departments will be encouraged to develop appropriate information leaflets detailing aspects of their service. These will produced to a standard format and will be reviewed annually. Information will be held locally within the Trust, centrally by the Patient Advice and Liaison Service Manager and will be available on 'Trust Net' and the Trust's Web site;
- the Trust will invite a Readership Panel to support the annual review of patient information. Patients will be invited to participate in this work;
- the use of the Trust's Web site in providing information on Trust services will be reviewed annually;
- the Trust's Annual Report will be widely circulated; and
- methods of communication will be developed to maximise opportunities to share information on Trust services. This will include the publication of a Patient Bulletin, development of local displays, 'open events' and media coverage.

8.2 CHOICE

Patients' choice will be strengthened.

- every patient will be able to book every appointment and elective admission with choice;
- the level of involvement of patients in decision-making and care will be increased;
- the consent process will include discussions of alternative options in care and information on risks and benefits; and
- personal care will include addressing a patient by their chosen name and offering a choice of food.

8.3 THE FUNDAMENTALS OF CARE

The Trust will continue to improve the experience of patients in relation to the fundamentals of care by:

- focusing on, and managing specific aspects of patient care improvement initiatives;
- continuing to develop methods of measuring patient care outcomes and patients' experiences;
- engaging staff in assessing, measuring and improving their practice and care against the best practice benchmarks;
- continuing to involve patients and carers in guiding, and taking forward, the agenda for patient care improvement initiatives;
- continuing to develop education initiatives to support staff in attaining and maintaining best practice.

8.4 CONSENT, DECISION MAKING AND INVOLVEMENT IN CARE

Patients have a fundamental legal and ethical right to determine what happens to their own bodies. Valid consent to treatment is therefore central in all forms of healthcare, from providing personal care to undertaking major surgery. Seeking consent is also a matter of common courtesy between health professionals and patients.

The Trust policy on Consent sets out the standards and procedures for consent within the Trust. Within this document the importance of appropriate information and patient involvement is discussed. Implementation of the policy will ensure good practice within the consent process and, as such, facilitates patient partnership.

Patients who do not speak or understand English, or who have sight, hearing, understanding or expressive needs, will have access to a qualified competent interpreter in order to support best care and gain valid consent. The Trust uses the National Interpreting Service for language translation and there is access to qualified professionals and equipment to support communication with patients with sensory problems.

8.5 BEING OPEN WITH OUR PATIENTS

Staff work hard to deliver the highest standards of healthcare to all patients at Ashford and St Peter's Hospitals NHS Trust.

We provide safe and effective care to many thousands of people every year but sometimes, despite our best efforts, things can and do go wrong.

If a patient is harmed while in our care, we believe that they, their family or those who care for them, should receive:

- an apology;
- an open and honest explanation;
- an account of what action we are taking;
- a named person as a point of contact; and
- the results of any investigation.

8.6 CARDIO PULMONARY RESUSCITATION AND ADVANCE DIRECTIVES

Medical and nursing staff have an ethical obligation to show respect for human life, protect the health of their patients and to make their patients' best interests their first concern. This obligation may involve difficult decisions when life has a natural end.

The Trust Resuscitation Policy makes explicit the Trust's commitment to the continuing care of patients in the event of a decision not to attempt resuscitation of a patient. Further, it states a commitment to give thorough consideration and respect to an Advance Statement or Living Will.

Trust policies support the active participation of patients and their families in decisions associated with care and treatment.

8.7 ACCESS TO RECORDS AND COPIES OF CORRESPONDENCE

In line with national initiatives the Trust will develop mechanisms to provide patients with copies of clinicians' correspondence about them.

The Trust will continue to support patients who wish to access their medical records.

The Trust will provide information to advise patients and the public on:

- aspects of confidentiality and what the patient can expect; and
- a patient's right to request access to their medical records.

8.8 EXPERT PATIENTS

The Trust recognises the considerable knowledge that those with a chronic disease may have about their condition.

The Trust will work to capture the expert knowledge of patients when reviewing service delivery and patient information. The Trust will also promote the involvement of the 'Expert Patient' in the education and support of those with a chronic condition and of the staff who provide care.

8.9 CARE APPROPRIATE TO SPECIFIC OR SPECIAL NEEDS

In the planning and delivery of services the Trust will seek to identify and meet the special needs of individual patients or specific patient groups. This recognises the fundamental principle of equality of access and care regardless of age, gender, etc.

Specific strategies will be developed, in line with National Service Frameworks and other national best practice guidelines, to meet the needs of children, older people, people with sight, hearing, understanding or expressive needs or physical impairment and people with mental health needs.

Further, the Trust will support patients when required by:

- providing information on advocates;
- obtaining interpreters, and professionals to facilitate communication where patients have sight, hearing, understanding or expressive needs; and
- offering a translation service and information in different formats (for example, Braille) for information.

9.0 COMMUNICATION STRATEGIES

The Trust will continue to develop strategies for communication with the wider public, in collaboration with its commissioners and with other local health and social care organisations. The Trust will also seek to develop systems to ensure that communication with individual patients and carers is consistently timely and effective.

Communication strategies will be introduced to cover:

- availability and nature of services provided;
- facilities and access;
- investigations, treatments and care;
- Trust and speciality performance; and
- the extent and impact of patient and public partnership and involvement.

10.0 DEVELOPING STAFF

The development and support of staff is seen as an essential element in building effective partnerships with patients and the public.

The Trust will take steps:

- to support and strengthen a culture where patients and their carers are seen as equal partners in the planning of their care, and are respected and valued as individuals;
- to educate staff in the opportunities and benefits of working in fuller partnership with patients and the public;
- to provide staff with the knowledge and skills to listen and communicate effectively including how to facilitate communication with patients who have sight, hearing, understanding or expressive needs and to participate in patient involvement activities such as surveys or focus groups;
- to provide all staff who have direct contact with patients with customer care training and clinical staff with education to enable them to facilitate communication with patients who have sight, hearing, understanding or expressive needs;
- to provide staff with feedback from patients;
- to support and facilitate staff in local improvement planning;
- to disseminate lessons learned and examples of good practice; and
- to celebrate successes.

11.0 TARGET SETTING AND ACTION PLANNING

Priorities and actions will be agreed annually to meet the aims and objectives of this Strategy, focusing on:

- involving health and social care partners and the wider public in health and health service planning and decision making;
- increasing patients' involvement as equal partners in their care;
- improving communication mechanisms and providing high quality information;
- involving patients and their carers in improving service quality and responding to feedback; and
- developing the Trust as a learning organisation responsive to the needs of patients.

12.0 RESOURCES

Resource implications will be identified within action plans. Much can be achieved without additional resource but equally, progress in some areas will depend on designated resources. Recommendations will be made as part of the annual budget setting process. Ultimately, the Trust Board, in conjunction with commissioning partners, will determine priorities.

Key areas for investment are:

- training for staff;
- support for patient and public participants; and
- communication and information materials.

13.0 MONITORING AND EVALUATION

The Strategy will be subject to annual evaluation and review. It is designed as a three-year strategy but will be updated in accordance with national and local developments.

Implementation will be monitored by the Patients First Steering Group and progress reported to the Trust Board as part of the quarterly Clinical Governance Report.

Joyce Winson Smith
Director of Nursing/Deputy Chief Executive

Jill Down
Head of Customer Affairs
June 2006

APPENDIX 1

EXTERNAL INFLUENCES AND FRAMEWORKS

- The NHS Plan with its commitment to take decision making closer to the patient.
- The Kennedy Report - Learning from Bristol; the report of the public enquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1993.
- The Health and Social Care Act 2001. - Which places a duty on NHS institutions to make active arrangements to involve and consult patients and the public in:

  a) planning services.
  b) developing and considering proposals for changes in the way services are provided.
  c) decisions about how those services operate

- The National Health Service Reform and Health Care Professions Act 2002 - Which details the establishment of Patient and Public Involvement Forums
- The Healthcare Commission – with statutory responsibility for carrying out an annual independent assessment of Trust performance against a framework of national standards and targets set by government.
- The Clinical Negligence Scheme for Trusts (CNST)
- The National Patient Safety Agency (NPSA) – a special Health Authority created to co-ordinate the efforts of the country to report and learn from mistakes and problems that affect patient safety.
- National Service Frameworks
- National Institute of Clinical Excellence (NICE) Guidelines
- Clinical Governance
- The Essence of Care. – Patient Focussed Benchmarking for Healthcare Practitioners
- Rising patient and public expectations and scrutiny

LINKS WITH INTERNAL STRATEGIES AND FRAMEWORKS

- Strategic Direction 2001 – 2006
- Caring for the Future – The Strategy for Nursing and Midwifery 2002 – 2004
- Quality and Risk Management Strategy 2004 – 2006
- Standards for Practice and Care, January 2005
- Local modernisation

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