

**Harrogate and District NHS Foundation Trust
Patient and Public Participation Strategy
2018/21**



**Working with our patients and people who use our services,
wherever they are, to achieve continuous improvement**

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Introduction

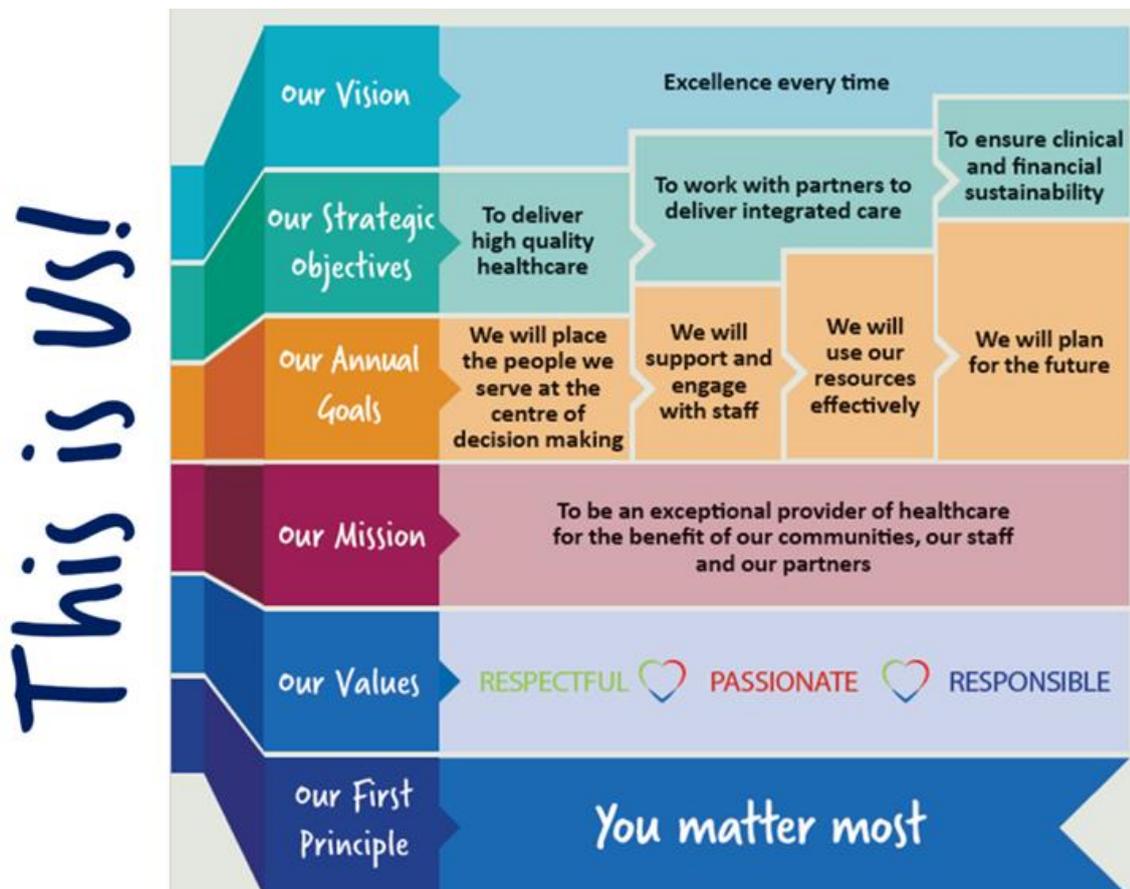
Harrogate and District NHS Foundation Trust (HDFT) Strategic Narrative sets out our plans to sustain high quality care over the next five years and beyond. It describes the local and national context in which we work and our strategic priorities over the next one to five years.

This Patient and Public Participation Strategy is one of a suite of strategies developed to underpin our Strategic Narrative which collectively will enable the Trust to fulfil its Vision and Mission statements.

Harrogate and District NHS Foundation Trust's 'You Matter Most' is our first principle to deliver care which is safe, effective, caring, responsible and personal. Our mission is to be an exceptional provider of health care for the benefit of our communities, our staff and our partners.

With this Patient and Public Participation Strategy our ambition is to put the people who use our services, wherever they are, at the heart of decision making. This may be at a personal level involving individuals and their families in decisions about their treatment and care or it may mean involving people who have used a service to develop a new treatment pathway or it could be engaging service users in planning large scale service changes for the benefit of local communities.

Whatever the level of participation, listening to and acting on what people using our services want will help achieve our vision of delivering 'Excellence Every Time'.



Definition

Our ambition is to deliver excellence every time for the people who use our services. At HDFT we believe patient and public participation is about continuous improvement of our services and define participation as 'the active participation of people, patients, service users, carers and our members in the development of health services'.

We define 'patients and public' as: patients, service users, carers, families, volunteers, FT members and staff. FT members are staff and members of the public who have committed to becoming a member of the Trust and who may wish to have an active say in the planning and development of services.



The quality of care we provide is defined in terms of safety, effectiveness or outcomes and people's experience. At HDFT we believe the active participation of people in their care and the development of services will help to achieve better experiences of care and improve safety and outcomes and will lead to excellence every time. Our overall objectives for participation is to meet our pledges to the people who use our services

Our Pledges



We will increase the involvement of the communities we are part of, including those who are unable to represent themselves, the vulnerable, marginalised or seldom heard.



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 improve the patient experience by listening to and acting on what patients tell us; sharing what patients have told us to drive change. We will use information from many sources.



We will share what we have done in response to feedback.



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



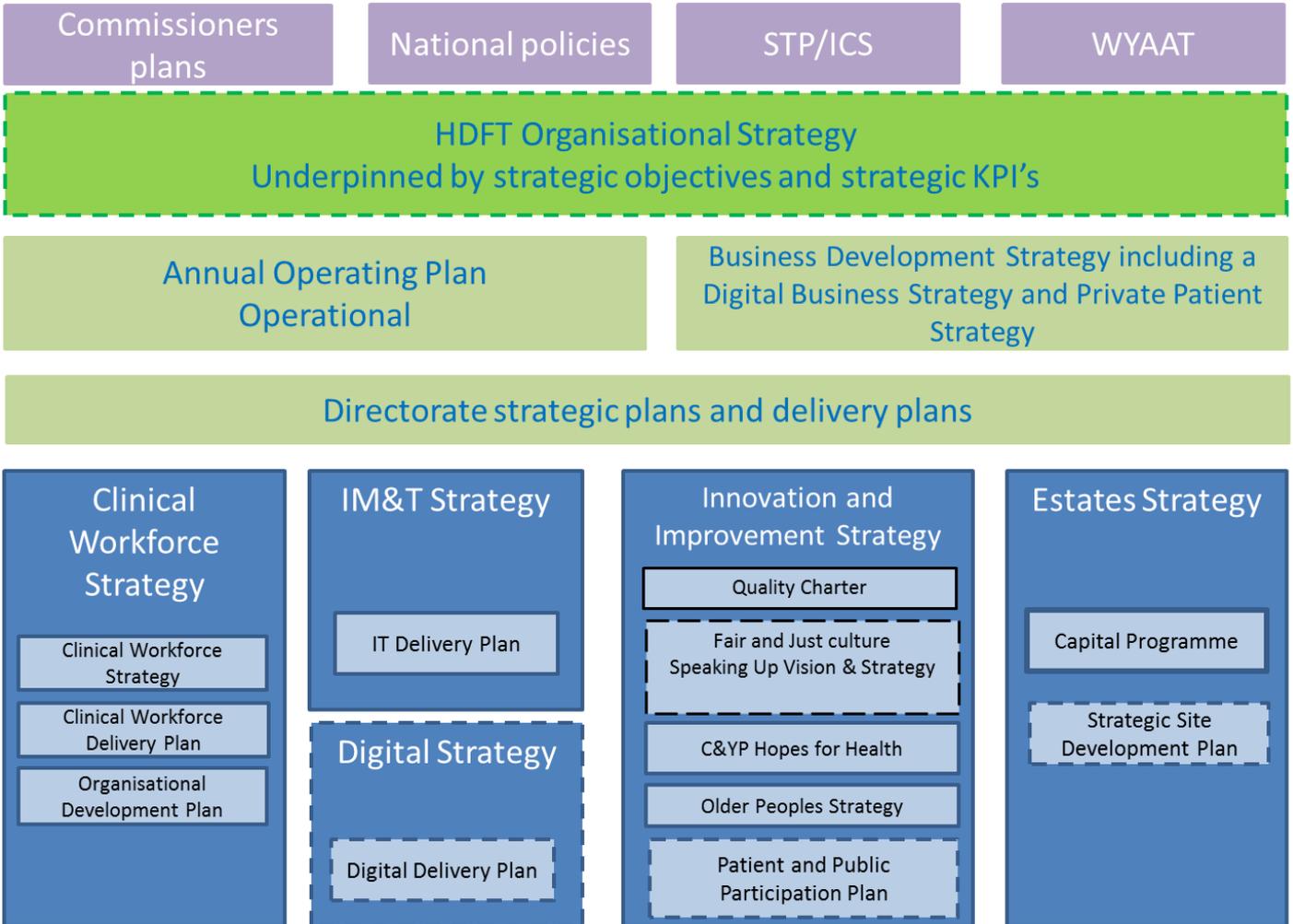
We will involve patients and carers in decisions about their care at all stages of their patient journey, and support them to manage as much of their care and treatment as they wish and are able to

Scope

The Patient and Public Participation Strategy applies throughout HDFT to all hospital and community teams and across all business functions including Harrogate Integrated Facilities. It sets out our ambition of strengthening participation and how we intend to achieve it. This strategy is a significant enabler of HDFT's Strategic Narrative and overall objectives.

HDFT Organisation strategy and underpinning plans

To be updated to reflect the 10 year plan for NHS



Participation at HDFT

We believe participation is dynamic and adaptive. Participation covers a spectrum of activities, which might also be called engagement or involvement, with the intention to capture continuous and 'live' feedback as well as structured engagement activities. At HDFT participation means making it a priority for active inclusion of all those who use our services in the shaping of our services and describes the many small steps which collectively create the conditions for innovation, learning and improvement. Our approach to patient and public involvement will be constantly evolving. We aim to continuously learn from many forms of participation as illustrated in diagram below. The Ladder of Engagement is an evidence based tool developed by NHS England designed to be used flexibly to ensure appropriate and proportional participation.

Ladder of Engagement and Participation

The ladder of engagement outlines a variety of forms of engagement and participation. It is to be used as a best practice tool by NHS England staff in a flexible way to ensure appropriate and proportional participation



Empowering	Placing decision – making in the hands of the community and individuals. For example personal health budgets or a community development approach
Collaborating	Working in partnership with communities and patients in each aspect of the decision, including the development of alternative and identification of the preferred solution.
Involving	Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For Example partnership boards, reference groups and service user participation in policy groups
Consulting	Obtaining community and individual feedback on analysis, alternatives and or decisions For Example surveys, Door knocking, Citizen panels and focus groups
Informing	Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example websites, newsletters and press releases.

Patient and Public Participation defines the way in which patients, carers and the public have a voice in decisions about themselves and how healthcare services and are planned, designed, delivered and evaluated. Patient and Public Participation at HDFT will operate on three levels:

- Involving individual patients and their carers in decisions about treatment and care and empowering them to make informed decisions about their health.
- Enabling patients, public and members to be involved and consulted on planning, monitoring, evaluating and developing services, proposals to change services and decisions about the way services operate.
- Involving and engaging patients, carers and the public in planning, development, delivery and evaluation of large scale service changes.



How are we doing now?

Harrogate and District NHS Foundation Trust cares for the population in Harrogate and the local area as well across North Yorkshire and Leeds. We provide Children's Services in the north east in County Durham, Darlington, Middlesbrough, Stockton-on-Tees, Gateshead and Sunderland.

The acute hospital provides services from three principal sites covering Harrogate, Ripon and surrounding geographical areas. The sites are: Harrogate District Hospital in Harrogate; Ripon Community Hospital in Ripon and Lascelles Rehabilitation Unit in Harrogate.

The Trust also provides outpatient services at Harrogate District, at Ripon Community Hospital and in a range of community-based facilities.

The Trust employs about 4500 members of staff to care for a wide range of people providing essential hospital treatment as well as community health services across 181 sites.



Patient Feedback

The Trust has a Patient Experience Team which handles both formal and informal complaints and compliments. Patient Experience staff will provide resolution to concerns as they arise, on the spot advice and support patients and their relatives to navigate NHS services or signpost them to appropriate voluntary or public sector services. Early identification of concerns enables the Trust to respond to those enquiries in a timely and efficient manner which in turn reduces patients and relatives anxieties.

The Trust actively invites patient feedback from wherever patients are accessing our services. The Trust supports the national Friends and Family Test (FFT) initiative. The FFT question asks patients how likely they are to recommend our service to friends and family if they needed similar care or treatment. The Trust uses different methods of capturing this in different services. Summary data is shared in an open and transparent way with members of the public.

There are a number of websites and social media pages that allow individuals to leave and read submitted comments that relate to their experiences of the Trust. The Trust's Communications and Marketing Team monitors these comments, replies to them and shares them with relevant colleagues. Monthly feedback reports (created by teams/directorates) will continue to be publicised in all wards and departments.

As well as the national Friends and Family test question, patients are also given the opportunity to answer some additional questions and are encouraged to leave general feedback about their experiences if they wish to do so.

All feedback is disseminated to the appropriate wards and departments for them to consider, and where necessary, act on to make improvements. The Trust will continue to work hard to ensure we learn from what our patients are telling us.



Looking Ahead

Our plans to improve Patient and Public Participation at HDFT in 2018/21 and beyond are set in the context of the following strategic drivers:

- HDFT Strategic Narrative
- Delivery of the HDFT Operating Framework
- Delivering the NHS Long Term Plan

We believe we can build on how we currently involve people in their care and service provision by focussing in the following areas during 2018/21:

- To encourage individuals to participate in decisions about their care and treatment
- To create the conditions where meaningful Patient and Public Participation and engagement is embedded in service planning and development.
- To support staff to develop their awareness and understanding so they can contribute to Patient and Public Participation.
- To ensure effective monitoring and evaluation of Patient and Public Participation.
- To promote active participation between HDFT and other statutory agencies and voluntary organisations.



Roles and Responsibilities

We all have a role to play in strengthening patient and public participation in our work, both individually and collectively. All staff are responsible for considering the need for patient and public participation in their work and undertaking this as appropriate.

The following paragraphs set out specific responsibilities within HDFT.

The Trust Board of HDFT has a legal duty to make arrangements to involve the public in its service. The Chief Executive is accountable to the Trust Board and all the Executive Directors are responsible for patient and public participation within the work of their own portfolios.

The Chairman, other Non-Executive Directors and public governors are themselves largely lay members and have responsibility for ensuring that the views of patients and other members of the public are appropriately considered by the Trust Board.

The Executive Chief Nurse has responsibility for sponsoring the development and implementation of this strategy and also oversees the patient experience team and others which supports the organisation in its duties and ambitions to strengthen patient and public participation.

The Directors are responsible for ensuring appropriate patient and public participation within the work of their own areas. Specialist advice and support (internal or external) may be required. This includes working with local partners, such as Clinical Commissioning Groups, Local Authorities and voluntary sector organisations.

All Managers have responsibility for ensuring that the need for patient and public participation is considered and appropriate action is taken, for the work for which they are accountable. Those responsible for service development should be aware of the organisation's statutory duty to involve the public in this area of work, and take action as appropriate.

The Patient Experience Team and Communication Team and others have responsibility for ensuring that the need for patient and public participation is appropriate and meaningful. These staff members are key players in feeding back patient and public comments and "closing the loop".

All Managers have responsibility contributing to the implementation of this strategy and promoting an organisational culture in which patient and public participation is 'everyone's businesses. This includes supporting formal and peer to peer learning, and celebrating success.

All Managers have responsibility contributing to the monitoring, evaluation and reporting of implementation of this strategy and the effectiveness of action to strengthen patient and public participation

How We Will Deliver the Patient and Public Participation Strategy

In order to deliver our vision for excellent Patient and Public Participation we have set out the following four key elements to deliver our strategy

- Our Patient and Public Participation Cycle (Appendix 1)
- Our Patient and Public Participation organisational structure
- Our Patient and Public Participation staff's roles and responsibilities
- Our Patient and Public Participation Programmes of work for 2018/21

Identifying patient needs and seeking their views. This includes approaches that staff and services use to gain insight into the needs, views and experiences of the people we provide a service to. This helps us to understand where we need to focus our improvement efforts and identify what works well to give positive feedback to our teams.

Utilising Patient stories - To inspire and motivate change, Focus groups to explore an issue in detail and one-to-one interviews to gain insight from a broader cross-section of the population.

Participation and co-design, including approaches that can help us involve patients and the public in designing service improvements and making strategic decisions: In your shoes: setting priorities with patients and building staff ownership for delivering them

Experience-based design, staff and patients working together to design service improvements
Informal consultation meetings: getting public feedback to proposals, and listening to alternative approaches.

Partnership in running services, including approaches that give our communities and service users a say in how our services are run and help us to stay patient-focused in our day-to-day management and decision-making: User and community groups: regular meetings of people who are interested in specific services to provide insight into experiences and feedback on developments.

Patient Voice Group involving patients as observers at regular management meetings to ensure decision-making is patient-centred. Carer groups: support networks for carers to understand their needs and experiences, and gain feedback on proposals.



Our expectation of Patient and Public Participation at HDFT

Working with each other	Working well together
1. Our relationships will be conducted with equality and respect.	1. We will understand what's worked in the past, and consider how to apply it to the present and the future.
2. We will listen and truly hear what is being said, proactively seeking participation from communities who experience the greatest health inequalities and poorest health outcomes.	2. We will have a shared goal and take responsibility for our work.
3. We will use all the strengths and talents that people bring to the table.	3. We will start involving people as early as possible.
4. We will respect and encourage different beliefs and opinions.	4. We will reflect the Trust values when working with others.
5. We will recognise record and reward people's contributions.	5. We will give feedback on the results of involvement.
6. We will use plain language and will openly share information.	6. We will provide support, training and the right kind of leadership so that we can work, learn and improve together.

Patient and Public Participation Organisation Structure

Activities will be led by appropriate staff members according to patient and service development need.

We will build on existing resources and good practice to:

Ensure that patients and the public have a voice throughout the organisation by developing our governance arrangements to embed participation (including decision making and business planning processes). We will offer meaningful roles on relevant working groups to those who are experts by experience or lay members.

Put in place clear and rigorous safeguards to identify and manage actual or potential conflicts of interest in respect of the Patient and Public Voice activity. This will ensure that information about the outside interests of patients and the public who work with us (for example, connections with industry) will be transparently declared.

Reach out to - and work with - a wide range of people, reflecting the diversity of our communities, to have conversations about health, wellbeing, and services. We will aim to go to people rather than expecting them to come to us. We will strengthen our partnerships (and maximise shared engagement opportunities where appropriate) with organisations which can bring different perspectives. These include (but are not limited to) Healthwatch, Health and Wellbeing Boards, Clinical Commissioning Groups, Local Authorities, Health and Care Voluntary Sector Strategic Partner organisations, and the wider voluntary and community sector, in addition to our direct engagement with patient and community groups, and advocacy organisations.

Use available information (such as complaints, patient surveys and the outcomes of any previous engagement exercise) prior to considering new engagement. Identify and try different ways of having conversations and working with patients and the public, for example using social media.

Develop a more open, transparent and responsive culture and more inclusive and participative ways of working by providing appropriate support, tools and resources (including training).

Close the loop' whenever we seek the views of patients and the public. We will do this by feeding back the results of any consultation or engagement exercise to participants and explaining how views have been considered and impacted on our work, and the rationale for decisions taken.

Celebrate success and learn from experience (positive and negative) by measuring the effectiveness of our patient and public participation activity (including outcome indicators).

We will develop new and improved measures to help us assess progress and make improvements. Part of the way we will do this is by asking for the views of different people (particularly those who are 'seldom heard', for example, people with learning disabilities) about their experiences of being involved and supported to work in partnership with us.

Monitoring

Implementation of this strategy and the associated action plan will be closely monitored. Approaches to check how we are doing in delivering our promises to ensure patients feel cared for, feel safe and feel confident in their treatment, and in delivering improvement plans eg:

- Surveys: can help determine priorities and track if services are improving over time.
- Observations during care and treatment: are helpful in providing immediate feedback to clinicians on the care they are providing and supporting behaviour change
- Recording and action planning after each Patient and Public Participation activity

With local stakeholders, HDFT will analyse their performance against this strategy on an annual basis using formal external engagement events



Equality and Health Inequalities

This strategy forms part of HDFT commitment to create a positive culture of dignity and respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice with regard to the characteristics given protection by the Equality Act 2010 as well as to promote positive practice and value the diversity of all individuals and communities.

The Annual external engagement events will focus on specific issues, taking account of each relevant protected group. HDFT will share the evidence with their local stakeholders in accessible formats, so that local stakeholders can play their part in the analysis of performance and setting of equality objectives.

Appendix 1 – The Engagement Cycle

The Engagement Cycle

