

Involving People Strategy 2008 – 2011

TABLE OF CONTENTS

Section		Page
1	Our purpose	1
2	Background and context	1 - 2
3	Our priorities for 2008–2010	3
4	Levels of user involvement	4
5	Structure for implementation of the strategy	5
6	Responsibility	5 - 6
9	Monitoring, evaluating reporting and review process	6
Appendices		
Appendix 1	Membership Development Strategy	7 - 16
Appendix 2	Involving People structure chart	17
Appendix 3	Involving People Steering Group Terms of Reference	18 -20
Appendix 4	Reimbursement of expenses	21

1. OUR PURPOSE

- 1.1 This paper describes our strategy to engage with and involve local people in the work of the Royal Devon and Exeter NHS Foundation Trust (RD&E), in an active and meaningful way.
- 1.2 Our Involving People Strategy underpins involvement at all levels, helping us to take account of and respond to national developments through a wide range of approaches to stakeholder involvement.
- 1.3 The strategy is aimed at people who plan and deliver our services, and people who use or might use our services. The term user includes patients, carers and their representatives, governors, members and the wider public.
- 1.4 This strategy is based on the following principles:
- We aim to make the RD&E an organisation that involves local people and takes account of their views and opinions in ways which enhance the services provided at the RD&E and assists us in developing our forward plans
 - We seek involvement that is inclusive and respects all sections of the local community regardless of disability, age, gender, sexuality, ethnic background or faith, thus reflecting the communities the RD&E serves.
 - We consider this strategy to be evolutionary: the Involving People Steering Group has the key role in continuing to develop and maintain it, define new priorities over time, set target dates for completion and evaluate its success.
 - We are committed to achieving our objectives but recognise that the process of involving people requires long term commitment, resources and investment.
- 1.5 It is our intention that the Involving People Strategy promotes better understanding of how local people can influence the development of service and forward plans for the RD&E. The Involving People Strategy will link closely with, and be informed by, the Membership Development Strategy (Appendix 1).

2. BACKGROUND AND CONTEXT

- 2.1 The Royal Devon and Exeter NHS Foundation Trust has a commitment to consulting with patients, carers, governors, members and the public and involve them in decisions about the future because this is the right thing to do.
- 2.2 As an NHS foundation trust (NHSFT) our commitment to this is strong; the RD&E is accountable to the local community through our Council of Governors, the majority of whom are elected by our members. The principle of public accountability and community involvement is a vital expression of our status as a membership organisation. Being an NHSFT also offers us opportunities to further define our partnership with the local health and social care community and the people we serve.

- 2.3 A focus on patient and public involvement is fundamental to
- The NHS Plan (2000)
 - A Stronger Local Voice, July 2006, Department of Health
 - Section 242 of the National Health Service Act 2006
 - The Local Government and Public Involvement in Health Act 2007
 - Healthcare Commission 'standards for better health', principally core standard C17
 - Compliance with Monitor's Code of Governance Section G Relations with stakeholders
 - High Quality Care for All NHS Next Stage Review: Final Report June 2008
- 2.4 In line with Section 242 of the consolidated NHS Act 2006 (which has incorporated Section 11 of the Health and Social Care Act 2001), we give a commitment that we will make arrangements to involve patients and the public in:
- the planning of the provision of services
 - the development and consideration of proposals for changes in the way services are provided
 - decisions made affecting the operation of services
- 2.5 In relation to Monitor's Code of Governance (Section G, relations with stakeholders), we are committed to upholding the principles that relate to 'dialogue with members, patients and the local community':
- Main principle – The board of directors should appropriately consult and involve members, patients, clients and the local community. Notwithstanding the complementary role of the governors in the consultation, the board of directors as a whole has responsibility for ensuring that satisfactory dialogue with its stakeholders takes place.
 - Supporting principle – The board of directors should keep in touch with the opinion of members, patients, clients and the local community in whatever ways are most practical and efficient. There should be a members meeting at least annually.
- 2.6 In order to comply with our Terms of Authorisation, and our Constitution (Section 6) 'the Trust shall at all times have in place and pursue a membership strategy which shall be approved by the Council of Governors, and shall be reviewed by them from time to time, and at least every three years'. It is this membership strategy, linked to the role of the governors, which provides the mechanisms to engage with members as part of the Trust's overarching approach to patient and public involvement as described in this document.
- 2.7 We are committed to working with the proposed Local Involvement Network (LINK) and to this end have registered our interest with the implementation team at Devon County Council. LINKs have, as some of their main objectives, a role in:
- Providing and supporting the involvement of local people in the commissioning, promotion and scrutiny of local 'care services', which includes health services as part of the NHS and social services provided by local authorities
 - Enabling people to monitor the commissioning and provision of those services

- Obtaining local views about the need for services and information about local experiences of services delivered
- Making reports and recommendations
- Making their views known to those who are responsible for commissioning, providing, managing or scrutinising care services

2.8 We will be legally obliged to co-operate and respond to the LINK (including providing information and dealing with any reports and recommendations made), which will have the right to enter our premises and refer matters to the overview and scrutiny committee.

2.9 In taking account of all of these commitments the Trust is also working in accordance with the Companies Act 2006 which brings a new focus for the board of directors on its wider community responsibilities. The Companies Act requires that the hospital should ensure it:

- Operates within the community
- Interacts with customers and suppliers
- Fosters and is aware of its impact on the environment and community
- Ensures the staff are motivated and rewarded.

3. OUR PRIORITIES

3.1 The following priorities will be the principal focus for involving people:

- To increase the understanding within the RD&E of the value of involving local people in the work of the Trust, and the commitment to do so.

Informed and committed staff

- To increase the opportunities available to local people to become involved, provide the information they need and take account of their views

An open and accountable organisation

- To increase the number of active involved local people who are representative of our patients and our local community

Greater involvement

- To strive for our involvement activities to take account of, and reflect, diversity in our community

Diverse involvement

- To engage the local community through community visits to a wide range of groups and stakeholders

Inclusive involvement

- To ensure local people receive the information they need to become involved in the work of the RD&E and understand the Trusts relationship with the local community

Informed involvement

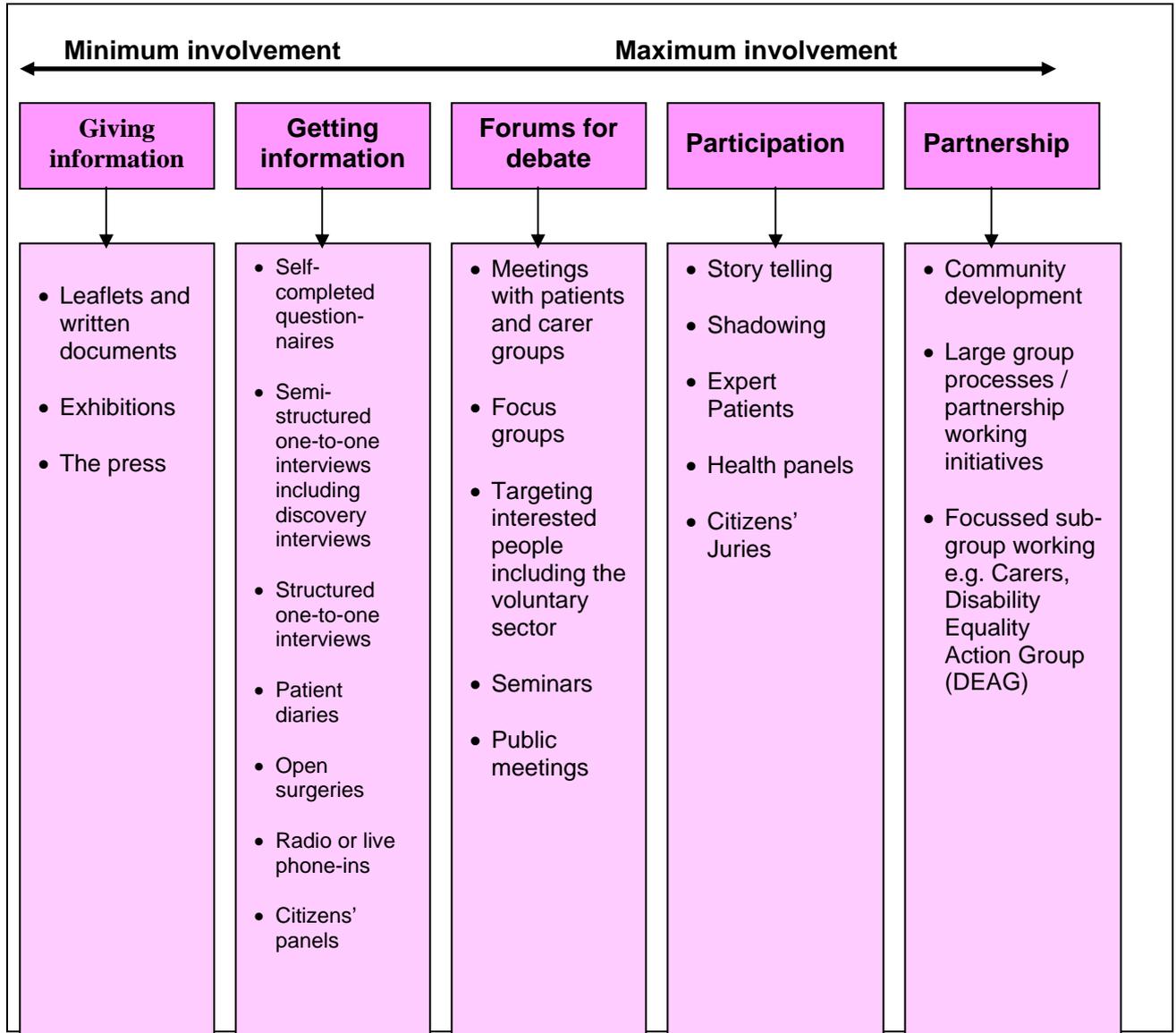
- To ensure that the RD&E is accountable for its performance to the community it serves

Questioning involvement

Levels of User Involvement

4.1 The ways in which people can become involved in the work of the Trust are outlined in a Public Involvement Continuum, Table One below. This demonstrates that the level of involvement should be matched to the circumstances and context in which it is to take place. For example, working at a minimum level by giving information about a health development might be the most appropriate level of involvement at a particular time and in specific circumstances. Certainly without being well informed, patients and the public can never be properly involved.

Table One: Public Involvement Continuum



Based on a diagram produced by Bedfordshire Health Authority and from the DH document "Strengthening Accountability, Involving Patients and the Public, Practice Guidance (Section 10)

5. STRUCTURE FOR IMPLEMENTATION OF THE STRATEGY

- 5.1 The range of groups that make up the structure for implementing the strategy is outlined in Appendix 3, Terms of Reference.

6. RESPONSIBILITY

- 6.1 An Involving People Steering Group will be formed to have oversight of all involvement work for the Trust and will be made up of representatives from within the Trust with specific responsibilities for involvement as part of their role, user representatives, and representatives of the Council of Governors.
- 6.2 Membership is outlined in the Terms of Reference (Appendix 3). It is the responsibility of all group members to work within these Terms of Reference.
- 6.3 The Director of Nursing & Patient Care has overall responsibility for developing, delivering and reviewing the strategy on behalf of the board of directors, and for reporting on progress to the Trust's governance committee (which is a sub committee of the board of directors). The Head of Patient Governance, Patient Liaison Services Manager and Divisional Manager, Corporate Affairs, will share responsibility with the Director of Nursing and Patient Care for supporting its delivery across the Trust.
- 6.4 The Divisional Manager, Corporate Affairs, working with the Patient Liaison Services and Governance Support Unit, is responsible for maintaining a database of all user volunteers, linked to the foundation trust membership database. A comprehensive list of user representatives and user groups will also be maintained, including organisations that facilitate access to their members. This will allow staff to consult with users as and when required. Each Trust employee has an individual responsibility to ensure that user involvement is encouraged.
- 6.5 The Learning and Development Service is responsible for ensuring that staff and users can develop the skills and knowledge to deliver the strategy. This responsibility includes developing and implementing a programme of education and training for staff, and working with the Director of Nursing & Patient Care in assessing the impact of this programme. Clinical directors, divisional and corporate managers and their teams are responsible for ensuring staff and users have the time and resources to access these opportunities. User trainers will also be involved in the training of trust staff and other health service professionals to raise awareness of issues relevant to users and carers.
- 6.6 The Governance Support Unit and Patient Liaison Service is responsible for recording user involvement and outcomes. With the Department of Research Ethics, the unit has produced a policy for monitoring user involvement so the trust can be aware of the extent of and quality of user involvement. Following the baseline assessment exercise to determine the range of user involvement initiatives in the trust, the Governance Support Unit will continue to maintain a database of PPI activity.
- 6.7 The Governance Support Unit will produce a twice-yearly report on user involvement initiatives and outcomes to the Governance Committee, based on information provided by divisional and corporate managers.

- 6.8 The Divisional Manager, Corporate Affairs and the Patient Liaison Services Manager are responsible for reporting on user involvement initiatives and outcomes, so that users are aware of the benefits of their contribution, and for developing a range of approaches to ensure that users understand the ways in which their involvement have had an impact. The FT membership newsletter will contain regular updates, as one of several approaches.
- 6.9 Lead nurses, and divisional and corporate managers are responsible for reporting on user involvement within the framework of the Quarterly Review process. The report will take the form of a summary of current user involvement initiatives, action plans and outcomes. The Governance Support Unit will support managers in compiling reports.
- 6.10 The Directorate of Human Resources is responsible for supporting the process of incorporating staff input into user involvement into the Trust's knowledge and skills framework (KSF) and appraisal process. This should inform the development of the educational programme required to support staff in implementing the strategy. Divisional Managers are responsible for implementing staff appraisal that includes a focus on user involvement.
- 6.11 The Patient Liaison Services Manager and the Divisional Manager, Corporate Affairs, are responsible for developing and implementing an internal communications strategy to ensure that all staff understand the importance of user involvement, and their responsibility in actively encouraging, participating in, and reporting all such activity.
- 6.12 The Trust has a policy for reimbursement of expenses, originally developed by the PPI steering group (Appendix 4). The Involving People Steering Group is responsible for reviewing this policy.
- 6.13 All staff have a responsibility to engage with and involve patients in their treatment and care decisions.

7. MONITORING, EVALUATING, REPORTING AND REVIEW PROCESS

- 7.1 Involving people initiatives will be regularly monitored and reviewed by the Involving People Steering Group, in line with the group's Terms of Reference.
- 7.2 The Involving People Steering Group will receive regular reports from the various subgroups to facilitate this process.
- 7.3 Links between the Council of Governors and the Involving People Steering Group will be maintained by having two Governors and the Head of Corporate Affairs and Communications as permanent members of the Involving People Steering Group.
- 7.4 Regular reports on involving people will be provided for the Council of Governors, and for the Board of Directors via the Governance Committee in order to fulfil statutory requirements.
- 7.5 The Involving People Strategy will be reviewed every three years.

Membership Development Strategy

2008 – 2011

TABLE OF CONTENTS

Section		Page
1	Our purpose	3
2	Our history as a foundation trust	3
3	Our priorities for 2008–2010	4
4	Defining membership	4
5	Links to our Involving People Strategy	5
6	Defining our membership community	5
7	Our current membership	6
8	Overview of work for 2008/09	7
9	Monitoring, evaluating reporting and review process	10

1. OUR PURPOSE

- 1.1 This paper describes our strategy to maintain and develop the membership of the Royal Devon and Exeter NHS Foundation Trust.
- 1.2 The strategy is based on the following principles:
- We aim to make the RD&E a successful membership organisation
 - We seek a membership that is as representative as possible in terms of disability, age, gender, sexuality, ethnic background and faith, thus reflecting the community the RD&E serves.
 - We consider this strategy to be evolutionary: the Council of Governors has the key role in continuing to develop and maintain it, define new priorities over time, set target dates for completion and evaluate its success.
 - We are committed to achieving our objectives but recognise that the process of building an effective membership requires long term commitment, resources and investment.
 - It is our intention that the Membership Development Strategy reflects the overarching aim of our Involving People Strategy (Appendix 1), which is to promote better understanding of how local people can influence the development of service and forward plans for the RD&E, by in turn promoting better understanding of how membership links local people to the hospital.

2. OUR HISTORY AS A FOUNDATION TRUST

- 2.1 The RD&E became one of the first ten foundation trusts in April 2004. Since then we have seen expansion of our service activity and are nearing completion of a significant programme of capital development. Although there is now much greater emphasis on regulation, finance and business activity we remain true to our primary purpose – providing healthcare of the highest standard possible to the people of Exeter, Mid Devon, East Devon and the surrounding areas.
- 2.2 As part of our Involving People Strategy we want to build a culture of involvement and collaboration with patients, carers, governors, members and the public. We will also continue to work with our partners in health, social care and education to secure the best possible health service for our local population.
- 2.3 In the past five years our Council of Governors has provided a vital link between members and the RD&E Board of Directors, thus helping to shape our future development with the needs of local people as our first priority. We see this role and relationship continuing to develop and strengthen.
- 2.4 Governors and members have a unique role within our overall approach to involving people and membership development priorities for the next three years reflect our shared commitment to involving members to enhance services for patients.

3. OUR PRIORITIES FOR 2008–2010

3.1 Linked to the Involving People Strategy, the following objectives will be the principal focus for membership development:

- To increase the number of members who are representative of our patients and local community.

a larger membership

- To encourage members to make use of opportunities to become involved and engaged with the Trust, in a way that recognises the value of their ideas and opinions

an active membership

- To strive for the composition of membership to reflect the diversity of the local community.

a diverse membership

- To engage the local community through community visits to a wide range of groups and stakeholders.

an inclusive membership

- To ensure members receive appropriate communications to improve their understanding of the RD&E and its relationship to the local community.

an informed membership

- To ensure that the RD&E is accountable for its performance to its members, as part of its commitment to the local community, and as a primary function of being a foundation trust.

a questioning membership

4. DEFINING MEMBERSHIP

4.1 At its simplest, the role of members is to become engaged in the activities of the Trust. This engagement means receiving regular information about the RD&E, with invitations to contribute to surveys, questionnaires, meetings and events.

4.2 Some members who wish to become more involved can increase their participation in the business of the Trust by giving active support of some kind, for example by participating in subject specific focus groups, joining committees or user panels, or standing for election as governor in order to represent others and become more directly involved in decision-making.

4.3 Our strategy seeks to ensure that members are enabled to participate at any and all levels, depending on their personal choice.

5. LINKS TO OUR INVOLVING PEOPLE STRATEGY

- 5.1 RD&E governors and members will play a significant role in our Involving People Strategy, which underpins involvement and engagement at all levels in the Trust. Governors and members are in a unique position to influence the Trust and the care we provide in a positive and constructive way.
- 5.2 The Membership Development Strategy outlines our commitment to growing and developing membership so that local people can contribute to the public accountability and community involvement agenda as members. This is a vital expression of our status as a membership organisation.

6. DEFINING OUR MEMBERSHIP COMMUNITY

6.1 Public membership

Our public constituencies are defined in terms of those communities within the local authority administrative boundaries of Exeter City Council, East, Mid, North and West Devon District Councils, Torridge District Council and Teignbridge District Council. Further afield, the communities that make up the rest of the county of Devon, and the counties of Dorset, Somerset and Cornwall are also included.

These communities are split into three public constituency areas:

- Exeter and South Devon
- Mid, North West Devon and Cornwall
- East Devon, Dorset and Somerset

- 6.2 Public membership is available to everyone aged twelve and over within the areas outlined, by the 'opt-in' method. There is no limit to the number of people who can become members, as long as they fit the eligibility criteria.
- 6.3 Within our core community of North and East Devon there are some particular features which shape our local response to meeting national outcomes. These include:
- a dispersed population
 - market town settlements
 - mixed rural/urban communities
 - social and economic deprivation in some areas.
 - a service infrastructure that includes a high number of community hospitals and higher than average numbers of GPs.
- 6.4 Although the population is located around the main towns, the area covers some 1,700 sq miles and is principally rural in character. This presents some tough challenges for transport opportunities and for the provision of community and domiciliary-based health and social services.
- 6.5 There are almost 490,000 people residents in North and East Devon, which is an increase of 31,800 since 1991. The over 75 year old population forms 10.3% of the population with 3% being over 85 years of age. This compares with 7.5% and 2% in England and Wales.

6.6 In the older age groups the population over 75 years of North and East Devon is projected to increase by 2,475 (4.9%) compared to 3.7% in England and Wales as a whole. The over 85s age group will increase by 5.3% from 14,583 to 15,353

6.7 Population projections for 2006 suggest that the population of North and East Devon will grow by 3% to 504,245 people. This compares to 2% in England and Wales. The population is predominantly white British, with a lower than average percentage of those from a BME background, when compared with the national average.

6.8 The employment activity level is 80% and long term unemployed figure is around 15%. In total, 38% of employers in North and East Devon have experienced difficulties in recruitment. This is the highest rate in the Peninsula. The area has traditionally relied heavily on low paid seasonal workers e.g. in care provision, agriculture and tourism.

6.9 **Staff membership**

The RD&E employs over 6,000 staff, with the workforce largely reflecting the composition of the local community. Membership is open to anyone with a permanent contract or who is employed by the Trust for at least twelve months.

6.10 The Trust is committed to encouraging all qualifying staff to become members, and as such operates an 'opt-out' system in that all staff are automatically signed up as members when they join the RD&E, unless they choose otherwise.

The staff constituency is divided into five classes:

- Medical and dental
- Nurses and midwives
- Allied health care professionals
- Hotel and estates
- Administrative staff and managers

7. OUR CURRENT MEMBERSHIP

7.1 Membership at 31 March 2008 stands at just under 20,000, with 13,900 public members and 6065 staff members.

7.2 By public constituency area this breaks down as follows:

- Exeter and South Devon 5,413
- East Devon, Dorset and Somerset 5,081
- Mid North West Devon and Cornwall 3,406

7.3 **Membership analysis**

Age

0-16	54
17-21	57
22+	8,904

Based on analysis of 9015 members who gave their age

Ethnicity

White	8657
Mixed	26
Asian or Asian British	33
Black or Black British	13
Other	3

Based on analysis of 8732 members who gave their ethnicity

The Membership Development Strategy was first developed as part of the authorisation process, and was adopted in April 2004. A revised version was approved by the Council of Governors in July 2006.

- 7.4 The Membership Development Group, which reports to the Council of Governors, meets regularly to discuss membership, and is responsible for overseeing the work plan for membership recruitment and activity each year
- 7.5 During the past year membership has been offered within the Trust, and via mailing to a variety of voluntary sector and other local organisations, and to GP surgeries and libraries. Membership is also actively promoted when members of the FT team speak at a range of local meetings, and is widely publicised at the Trust's open day. It remains the case that the most effective method of recruitment is via direct mailing to recent patients. In the past year approximately 18,000 membership forms were mailed to this group, resulting in 803 people being registered as new members during 2007/08, with a further 100 registered as new members for 2008/09 as part of the same recruitment initiative.
- 7.6 Members receive a quarterly newsletter providing them with information about the Trust and ways to become more involved. Anecdotal evidence suggests that this level of connection with the RD&E, alongside the ability to speak to a dedicated Membership Services Manager here at the Trust, fulfils most members' requirements and expectations. Turnout in elections remains consistently high at around 46%, with a similar response to significant surveys, again indicating that members feel sufficiently well engaged. The review of the Membership Development Strategy and the work plan for future member recruitment and engagement seeks to retain this level of involvement, whilst also exploring more ways in which the very geographically dispersed population can access membership and participate in membership activities.
- 7.7 This revised Membership Development Strategy is part of the work to initiate a single overarching approach to involvement, linked to the RD&E strategic directions, whilst still retaining the distinctiveness of membership, and its ownership with the Council of Governors. Both the Council of Governors and the Board of Directors will continue to receive regular reports on membership.
- 7.8 As part of the current review of the Membership Development Strategy, governors have developed a new work plan to include membership recruitment initiatives for the year ahead.

8. OVERVIEW OF WORK FOR 2008/09

8.1 A larger membership

The RD&E has long taken the view that membership should grow slowly and steadily over time.

In order to achieve this, the RD&E will

- Use a range of methods to offer membership to local people, including targeted mailing, distribution of membership forms within the Trust and to a range of local organisations, face to face recruitment via attendance at meetings and events;
- Explore new ways of making contact with local people and organisations in order to explain the opportunities associated with membership;
- Ensure that new employees understand their automatic right to membership (via 'opt-in' when joining the Trust) and the opportunities associated with membership
- Ensure that the process for becoming a member is as straightforward and easy as possible
- Maintain and manage an accurate and informative membership database to meet regulatory requirements and for use as a tool to better understand and further develop membership.

8.2 An active membership

- Ensure that members understand the ways in which they can become involved and express their opinions, via the membership newsletter and member events
- Provide a range of opportunities for involvement, linked to the Trust's Strategic Directions and the Involving People Strategy, such as meetings, events, surveys and questionnaires
- Ensure that the ways in which members opinions are captured and recorded are consistent with Trust-wide collection of public and patient opinion, e.g. by including members in the full range of Trust surveys, and by consistent methods of data collection
- Demonstrate that members views and opinions are acted upon, consistent with the Involving People Strategy, so that they understand the positive impact and value of their continued involvement
- Encourage members to stand for election to the Royal Devon & Exeter NHSFT Council of Governors, by providing relevant information and events
- Ensure election information and process is regularly available to members, in order to encourage the active participation of all members in annual elections.
- Ensure governors have a range of opportunities to engage with members and hear their opinions, in order to better represent their views
- Ensure that the induction and development opportunities available to governors assist them in understanding their role in encouraging member participation and encouraging member involvement.

8.3 A diverse and inclusive membership

- Ensure membership recruitment and involvement takes account of the Trust's Diversity Strategy
- Ensure a range of organisations representing all sections of the community receive information about membership and the work of the RD&E NHSFT

- By regular analysis of the membership database, identify under-represented groups and develop a better understanding of why some sections of the community are under-represented.
- Develop targeted methods of communication in order to encourage membership among those under-represented groups
- Whenever possible, link all such efforts to PPI initiatives, to ensure consistency of approach, and to maximise benefits
- Work in partnership with community leaders and organisations as part of the Involving People Strategy, to ensure as wide an involvement with the larger community as possible.

8.4 **An informed membership**

- Continue to produce a quarterly membership newsletter
- Regularly review its content to ensure the range of information meets members needs and provides opportunities for the Trust to update members on RD&E business
- Continue to use the quarterly mailing to provide members with other important information, e.g. Annual Report, updates on Strategic Direction or significant events or changes to services, as one of a range of methods of providing information to the local community
- Whenever appropriate, ensure members are involved in significant consultation events
- Ensure that the content of events and meetings is informative and relevant
- Regularly review information given to members, either via the newsletter or at meetings, by obtaining feedback, so that this remains relevant
- Incorporate member suggestions for future content of newsletter and meetings.

8.5 **A questioning membership**

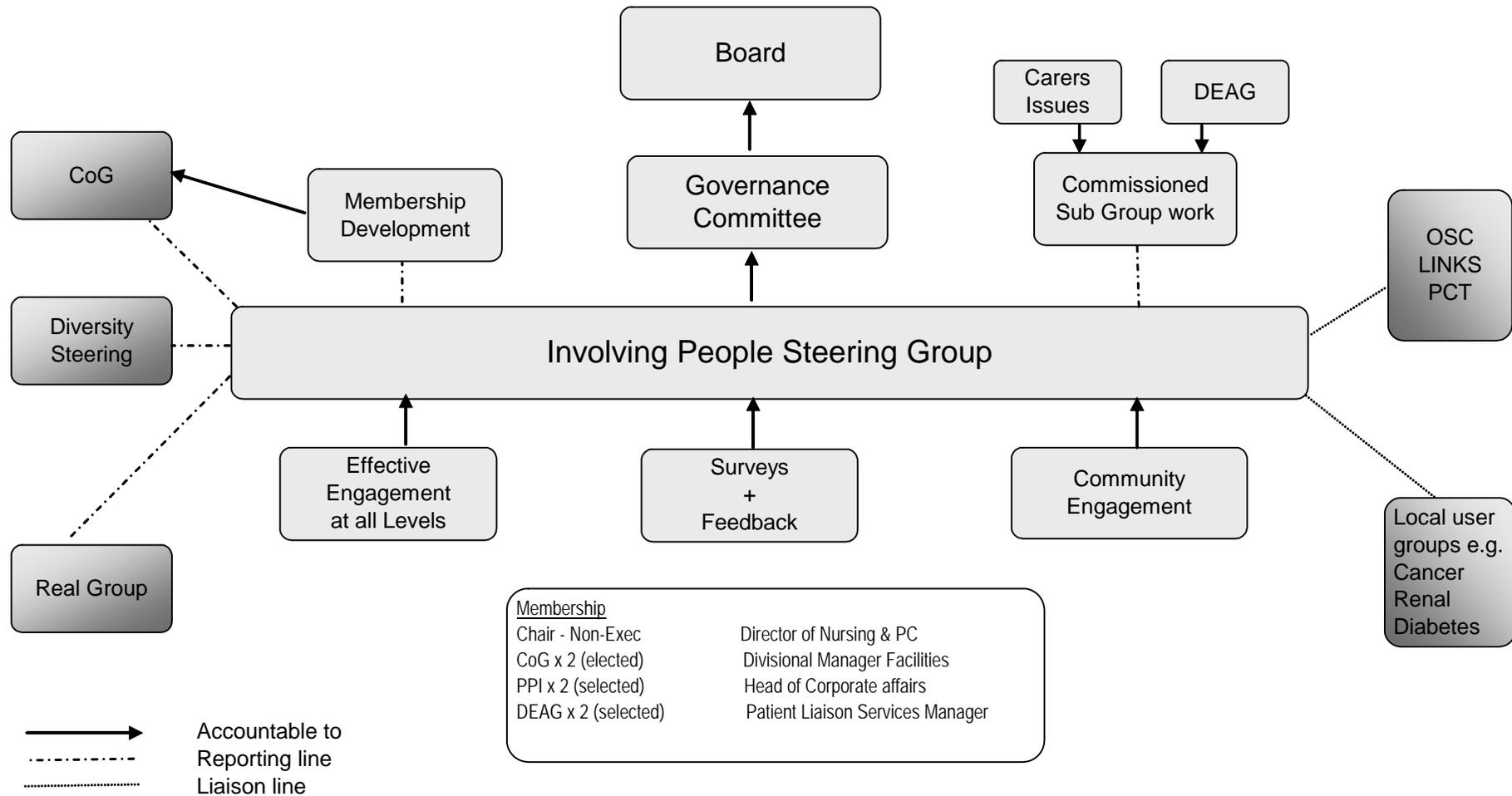
- Ensure regular reports and updates on Trust business and performance at Council of Governor meetings, the range of members meetings and in the newsletter
- Ensure a range of opportunities for members, and the governors representing them, to question and challenge
- Ensure all relevant foundation trust information is as easily accessible as possible, by providing a full range of public documents on the Trust website www.rdehospital.nhs.uk, and by ensuring a process whereby members can request hard copies
- Ensure RD&E contact details are available in newsletters, documents and all publicity information
- Ensure membership and meetings and events are well advertised, principally to members, and to other sections of the community as appropriate and in order to fulfil statutory requirements
- Ensure membership is owned and understood by the governors, and that they, via the Membership Development Group and the Council of Governors, receive regular updates on all aspects of membership
- Ensure membership is understood by the Trust, and that all aspects of membership are aligned with the Involving People Strategy, by providing regular updates to the Involving People Steering Group and the Board of Directors

- Regularly review the resources required to provide the range of membership services and activities described.

9. MONITORING, EVALUATING, REPORTING AND REVIEW PROCESS

- 9.1 Membership will be regularly monitored and reviewed by the Membership Development Group and the Council of Governors. The Membership Development Strategy remains the responsibility of the Council of Governors.
- 9.2 Membership will be integrated into the Trust-wide monitoring of 'involving people' via the Involving People Steering Group and the Board of Directors.
- 9.3 Links between the Council of Governors and the Involving People Steering Group will be maintained by having two Governors and the Head of Corporate Affairs and Communications as permanent members of the Involving People Steering Group.
- 9.4 Regular reports on membership will be provided for the Membership Development Group and the Involving People Steering Group, and for the Council of Governors and the Board of Directors in order to fulfil statutory requirements
- 9.5 The Membership Development Strategy will be reviewed every three years, and will remain consistent with the principal aims and objectives of the Involving People Strategy.

APPENDIX 2





INVOLVING PEOPLE STEERING GROUP

Terms of Reference

1. ACCOUNTABILITY

1.1 Accountable to the Board of Directors, via the Governance Committee.

2. BACKGROUND AND PURPOSE

2.1 The drive to engage with and involve patients and the public in the planning and delivering of NHS Services is fundamental to:

- The NHS Plan (2000)
- A Stronger local Voice, July 2006, Department of Health
- Section 242 of the NHS Act 2006
- The Local Government and Public Involvement in Health Act 2007
- The Department of Health ‘standards for better health’ (Core 17)
- Compliance with Monitor’s Code of Governance section G – Relations with stakeholders.

2.2 As an NHS Foundation Trust, we have a strong commitment to involving local people, with the basic principle of public accountability and community involvement being an expression of our status as a membership organisation.

2.3 The purpose of the Involving People Steering Group is to provide a forum whose focus is centred on ensuring the Trust meets its obligations under Section 242 of the Act, including the effectiveness, inclusiveness and responsiveness of user engagement in the Trust.

3. MEMBERSHIP

3.1 Membership of this group will be made up of at least 50% public representatives and include the following:

Non Executive Director (Chair)	
Patient & Public Representatives	Trust Representatives
Council of Governors member 1	Director of Nursing & Patient Care (Vice Chair)
Council of Governors member 2	Divisional Manager – Corporate Affairs
PPI steering group member 1	Divisional Manager – Facilities
PPI steering group member 2	Patient Liaison Services Manager
DEAG member 1	
DEAG member 2	

APPENDIX 3

- 3.2 The Involving People Steering Group will review the membership as appropriate to ensure that it best reflects both the national and local patient and public involvement (PPI) agenda.
- 3.3 Individual membership or membership on behalf of a user group will be reviewed every three years.
- 3.4 Any member who has not attended three meetings in a row will cease to be a member of the group, with replacement sought from suitable groups.
- 3.5 The group will be chaired by the Non Executive Director with the Director of Nursing and Patient Care being the Vice Chair.
- 3.6 Other individuals may be co-opted for specific projects.

4. A QUORUM

- 4.1 A quorum will consist of not less than five members of the group with at least the following members present:
 - Chair or Vice Chair, and
 - No less than two public representatives and two Trust representatives.

5. PROCEDURES

- 5.1 Each meeting will be structured with a pre-determined agenda. The Chair shall appoint a secretary to prepare agendas, keep minutes and deal with any other matters concerning the administration of the group. The Chair of the Involving People Steering Group will approve the minutes.
- 5.2 Any member of the group may raise an issue with the Chair, normally by written submission. The Chair will decide whether or not the issue shall be included in the Steering Group's business.
- 5.3 Individuals may be invited to attend to provide specific reports on PPI activity.
- 5.4 Regular reports will be submitted to the Governance Committee via the Director of Nursing & Patient Care or a nominated steering group member.

6. FREQUENCY OF MEETINGS

- 6.1 Meetings will be held at least quarterly.
- 6.2 Extraordinary meetings may be called at the request of the Chair or any member of the Involving People Steering Group.

7. DUTIES AND RESPONSIBILITIES

- 7.1 Key responsibilities of the group include:
 - To develop and update as appropriate the organisational Involving People strategy
 - To develop and agree a yearly action plan to deliver the organisational objectives, monitor progress, and evaluate outcomes

APPENDIX 3

- To have an overview of other Trust-wide and local involvement groups (see Appendix 1)
- Where necessary, commission individual pieces of work to address specific topics
- To identify any training needs relating to the Involving People agenda, to promote the sharing of good practice
- To meet the PPI requirements as identified by the Department of Health core standard C17 and Section 242 of the NHS Act 2006
- To ensure involvement activities take account of and reflect diversity in the local community
- To consider any matters relating to the Involving People agenda within the Trust that it determines to be desirable
- To examine any matters referred to it by the Governance Committee
- To work in partnership with the wider Health & Social Care community.

7.2 Patient and Public Members

- Represent issues from own constituency/peer group which impact on the Involving People agenda
- Cascade back to representative group information from the steering group
- Act as champions in the development of the Involving People agenda in the Trust and the wider community
- Report regularly to the steering group relevant activity and issues raised within own representative groups.

-

7.3 Trust Members

- Represent issues from the Trust perspective
- Acknowledge issues raised as a result of users' views and act appropriately
- Act as a champion for Involving People across the Trust
- Use and act on (as appropriate) information from the Steering Group within own sphere of responsibility in the Trust.

8. REVIEW

- 8.1 The Involving People Steering Group will review the Terms of Reference as appropriate to ensure that it remains fit for purpose and is best facilitated to discharge its duties.

APPENDIX 4

REIMBURSEMENT OF EXPENSES