VELINDRE NHS TRUST

REF: BLACK 57

Trust Strategy

Service User Involvement Strategy

Strategy Lead: Lisa Heydon, Clinical Governance Manager
Service User Involvement Strategy

1. Introduction

Service User Involvement is key to many of the changes now affecting the National Health Service (NHS) and the Welsh Assembly Government (WAG) is keen to emphasise the need to involve the public in decisions that affect their lives. There is a commitment across Velindre NHS Trust that Service User Involvement is an integral part of our work, however it is important to recognise that effective Service User Involvement is a long-term process, requiring substantial time and resources. This strategy outlines:

- Who we are trying to involve.
- What we mean by involvement.
- Why we are involving Service Users.
- Levels of involvement.
- What we are intending to do, including an action plan for delivery and how we demonstrate clear outcomes and change.

This Strategy must be seen in the context of Clinical Governance which sets out the service users experience as a key component of a quality frame work that focuses on continuous quality and improvement. This is reflected in the Trust’s Clinical Governance Strategy, with the Service Users Involvement Strategy providing the focussed framework within which to take this important component forward and the Clinical Governance Framework ensuring that it is integrated as part of the overall approach to quality improvement.

2. The Context

Service User Involvement is not a new concept with emphasis on involving service users being very evident in the NHS plan that set out the policy agenda for the next five to ten years.

Chapter 3 of the NHS plan (The People’s NHS: Public and Patient Involvement) commits the NHS to developing further the involvement and participation of the people of Wales in their NHS. This involves putting service users first and building the Health Services around their perceptions of need. Service Users will be involved directly or through bodies representing them in the development of Health Policy, setting aims for the NHS, the improvement of health and wellbeing and the narrowing of Health and Social inequalities. The national drivers for Service User Involvement includes:

- NHS Plan for Wales
- Health and Social Care Review (WANLESS)
- Kennedy, Carlile and Climbie reports
- Healthcare Inspectorate Wales (HIW)
- Health, Social Care and Well-being Strategy
- Partnership Working
- Designed for Life
The Welsh Assembly Government have made available to the service two documents entitled Signposts and Signpost II to support the services in developing their understanding, ideas and skills. These documents can be obtained via the Welsh Assembly Government or on their website.

3. Welsh Language Act

The Trust is committed to the promotion of the Welsh Language and will ensure that any initiative addresses the needs of Welsh Speakers and will act in accordance within the legislation.

4. Equal Opportunities

Velindre NHS Trust is committed to providing high quality services to the population of Wales and therefore recognises the importance of working towards the elimination of all types of discrimination, the promotion of equal opportunities to ensure that every individual has equal access to the healthcare and related services we provide to the public.

To fulfil its statutory duty under the Race Relations (Amendment) Act 2000 and the other Acts of Parliament which govern the statutory basis for equality of opportunities in accessing our services, the Trust is committed to assessing and consulting service users on the likely impact of current and proposed policies and functions, to avoid discriminating against all user groups.

To underpin the Trust’s commitment to equal access and this strategy, it will ensure that the views of all racial and diverse groups, particularly those groups who may have experienced difficulties in accessing healthcare services or services which meet their diverse needs, are sought and then taken account of.

The Trust will endeavour to adopt an equal approach and this is detailed in the Race Equality Scheme.

5. Aim and Objectives of the Strategy

5.1 Aim

The overarching aim of this strategy is to provide a framework to enable the Trust to work with Service Users to ensure they have a voice to influence the planning and delivery of Health Services.

5.2 Objectives

1. To ensure that throughout the Trust there is an understanding of and commitment to Service User Involvement.
2. To establish a coordinated and consistent approach to Service User Involvement across the Trust.
3. To ensure that the outcomes from Service Users Involvement activities impact on decision making and service delivery.
6. **Who are we trying to involve?**

Velindre NHS Trust is unique in its nature as all Divisions have different definitions of Service User. Due to the diversity of the service offered by the Trust the definition of service user for the purposes of this strategy comprises of patient, carer, donor, well women, newborn baby or a member of the public.

7. **What do we mean by involvement?**

Involvement can be described as:

“A process by which people are able to become actively and genuinely involved in defining the issues of concern to them, in making decision about factors that effect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve change”.

(Community Participation in Local Health and sustainable development: A working document on approaches and techniques WHO 1999 page 9).

Service User Involvement is about a two way communication process that means more than consultation. It is about working towards enabling Service Users to become part of the decision making and service delivery processes. It is not just about responding to other people’s agenda and aims to reflect the need to develop active communities that define their own needs and develop their own solution to those needs.

8. **Why Involve Service Users?**

Involvement produces benefits for Service Users because it:

- Promotes a democratic process.
- Involves service users in their own care which can improve/help outcomes and increase satisfaction.
- Enables people from across society, irrespective of their background or needs, to gain more control over their lives and over their problems.
- Enables informed choice and decision making of their own health care.
- Empowers service users so facilitating true partnerships in working towards greater independence, increasing awareness of issues surrounding health and illness (for example prevention of ill health) and providing services that meet individual needs.

9. **Improvement in Service Provision**

Involvement of service users assists in:

- Producing more responsive better quality services
- Monitoring the quality of services.
- Identifying and developing good practice.
- Highlighting and eradicating poor performance.
10. **Assistance in Planning**

   Involvement of Service Users helps to:

   - Provide services that respond to service users needs and preferences.
   - Plan services that will be efficient.
   - Develop service user influence on policy and planning.
   - Enhance accountability and openness.

11. **Developing better understanding on the part of staff.**

   Involvement of service users helps staff to see:

   - Healthcare, their roles and services from a different perspective.
   - Improve organisational learning.
   - Develop alternative ways of understanding health needs and alternative models of healthcare.

12. **Levels of Involvement**

   The ladder of participation provides a useful framework. Wilcox developed the one reproduced here, however there are several others providing a similar function. With any involvement process it should be possible to see movement up and down the ladder with different approaches being appropriate at different times. However if an organisation only ever provides information or consults on its own agenda then the service user is likely to become very disillusioned.

   **Ladder of Participation**

   | Level 1 | Information | ie letting people know what you are doing. |
   | Level 2 | Consultation | ie asking for views and perceptions that you will then take account of. |
   | Level 3 | Deciding together | ie collecting a range of views and then choosing an option together. |
   | Level 4 | Acting together | ie forming a partnership to decide and take action together on a particular issue. |
   | Level 5 | Supporting local initiatives | ie devolving power and responsibility for action to others. |

   (For further information on Wilcox’s ladder of participation see Appendix 1).

13. **Proposals for arrangements in the future**

   Systems have been set up that not only give the public and service users a greater say in the running of local services but also support service users interests through every stage of the healthcare system.
Systems the Trust have set up are:

- Trust Guide.
- Clinical Correspondence available to Service Users.

The Trust will:

- Provide Customer Care Training to raise staff awareness of their obligation and role in ensuring Service Users are able to comment on the care and service they receive and to participate in planning and evaluating the quality of service provided.
- Improve the quality and accessibility of information about treatments, services and performance for service users.
- Take account of Section 21 of the Disability Discrimination Act (DDA) 1995 in all of its arrangements for service user involvement.
- Take account of the Trust’s Race Equality Scheme and its statutory obligations to assess and consult with racial groups, under the Race Relation (Amendment) Act 2000 in all of its arrangements for service user involvement and to extend this obligation to all diverse groups in the communities we serve.
- Develop and support patient and public involvement in planning services and organisational change.
- Provide training and development opportunities for Service Users who have specific involvement in service provision within the Trust.
- Maintain and enhance the involvement of Service Users in each of the Divisions of the Trust to ensure the effective operation and development of services.
- Take account of the recommendations of the Commission for Racial Equality.

14. Conclusion

The purpose of involving service users in Healthcare is to ensure a joint approach for the provision of good quality care and to build on mutual trust and respect. Meaningful user involvement will take time, demand resources and requires the commitment of all staff.

The Trust recognises that Service User Involvement has to be developed incrementally in small steps, that people have a right not to be involved and that service user involvement must be worth while for both users and staff.
Appendix 1
Ladder of Participation

Level 1: Information

Information giving underpins all other levels of participation and may be appropriate on its own in some circumstances. The information giving stance is essentially a ‘take it or leave it’ approach. However, you are likely to encounter problems if all you offer is information and service users are expecting more involvement. It is important to use language and ideas that the audience will find familiar and be clear about why we are just informing rather than consulting.

Level 2: Consultation

Consultation is a higher level of involvement than information giving. In this stance, you may ask for views and perceptions on the problems, offer some options, allow comment, take account and then proceed – perhaps after negotiation. They key point is that you are not asking for help in taking action. A consultation is appropriate when you can offer people some choices on what you are going to do – but not the opportunity to develop their own ideas or participate in putting plans into action.

Level 3: Deciding together

Deciding together means accepting other people’s ideas, and then choosing form the options you have developed together. The basics of consultation apply, plus the need to generate options together, choose between them, and agree ways forward. Deciding together can be a difficult stance because it can mean giving people the power to choose without fully sharing the responsibility for carrying decisions through. People need more confidence to get involved at this level and the time scale for the process is likely to be much longer.

Level 4: Acting Together

Acting together may involve short-term collaboration or forming more permanent partnerships with other interests. Acting together in partnership involves both deciding together and then acting together. This means having a common language, a shared vision of what you want, and the means to carry it out. To act together effectively partners need to trust each other as well as agree on what they want to do. Each partner needs to feel they have an appropriate stake in the partnership and a fair say in what happens.

Acting together is not likely to be appropriate when one party holds all the power and resources and uses this to impose its own solutions.

Level 5: Supporting Local Initiatives

Supporting independent local initiatives means helping other develop and carry out their own plans. Resource-holders who promote this stance may, of course, put limits on what they will support. This is the most ‘empowering’ stance provided people want to do things for themselves. They may, quite properly, choose a lower level of participation. Carrying through the stance may involve people in setting up new forms of organisation to handle funds and carry out problems or programmes. It is not likely to be appropriate when local initiatives are seen as ‘a good thing’ in the abstract and pushed on people from the top down, and where time is very short.