

EXECUTIVE SUMMARY
REPORT TO THE COUNCIL OF GOVERNORS
HELD ON 29 JANUARY 2013

Subject	Increased Patient Involvement in Capital Schemes
Supporting TEG Member	Kirsten Major, Director of Strategy and Planning
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Status¹	N

PURPOSE OF THE REPORT

Further to previous debate at the Council of Governors and following discussions at the Capital Investment Team and Trust Executive Group the simple procedure below has been agreed as the basis as the basis for increasing relevant lay involvement in the design and development of capital schemes.

The benefits of implementing this process will ensure that designs match the way facilities are used and the needs individuals have. The consequence will be physical environments that are better able to contribute to the health and well-being of patients, carers, staff and members of the public.

KEY POINTS

1. The Capital Investment Team in collaboration with the Deputy Estates Director will identify and exclude any capital schemes where patient / public / carer involvement would be unlikely to bring added value to the design and planning of a scheme. All capital schemes will be presumed to need such involvement, although it is likely the projects relating to infrastructure and equipment replacement in particular will not require this type of input
2. The departmental / directorate lead for the scheme will nominate a suitable representative at the start of the project which should be drawn from at one of the following groups, with option a) being preferred to b) and b) to c):
 - a) A past / current patient or carer relevant to the area of the scheme
 - b) A representative from a specific and relevant charity or support group. This individual will be separate from any representation associated with fund raising or funding for the project.
 - c) A patient or public governor.
3. The Estates team will brief the representative on the scope and content of the scheme as well as financial limitations and provide all suitable supporting information (drawings, possible options etc).
4. The representative will be expected to attend regular project team meetings and to provide constructive feedback on ideas, options and designs as the project is developed and generally contribute to this process. The representative will also maintain an interest in the project through construction up until the new facility comes into use.
5. The representative will be consulted as part of any post project evaluation related to the scheme

It is proposed to trial this approach over a 12 month period and to review its effectiveness at the end of the term and amend as appropriate.

IMPLICATIONS²

AIM OF THE STHFT CORPORATE STRATEGY 2012-2017		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	

RECOMMENDATIONS

The Council of Governors is asked to note and ratify the proposed approach for a period of 12 months.

APPROVAL PROCESS

Meeting	Date	Approved Y/N
CIT	07/01/2013	Y
TEG	23/01/2013	Y
Governors' Council	29/01/2013	

¹ Status: A = Approval
A* = Approval & Requiring Board Approval
D = Debate
N = Note

² Against the five aims of the STHFT Corporate Strategy 2012-2017

Increased Patient Involvement in Capital Schemes

Following the discussion at the last CIT; below is a simple procedure as the basis for discussion on the way forward on this issue. Comments and feedback are requested from TEG so that this issue can be addressed.

Draft Procedure for Patient Involvement in Capital Schemes

1. CIT /Deputy Estates Director identifies appropriate capital scheme where patient involvement can potentially bring added value to the design and planning of a scheme. Typically these schemes will be from the service development and ward refurbishment sections of the capital programme although there may be exceptions.
2. The departmental/directorate lead for the scheme will nominate a suitable patient representative at the start of the project which should be drawn from one of the following groups:
 - a) A past/current patient
 - b) A representative from specific charity/support group appropriate to the area of the scheme
 - c) A patient governor
3. The Estates team will brief the patient representative on the scope/content of the scheme as well as financial limitations and provide all suitable supporting information (drawings, possible options etc).
4. The patient representative will be expected to attend regular project team meetings and to provide constructive feedback on ideas/options and designs as design of the project is developed and generally contribute to the design process. The patient representative will also maintain an interest in the project through construction to the new facility coming into use.
5. The patient representative will be consulted as part of any post project evaluation related to the scheme

It is proposed to trial this approach over a 12 month period and to review its effectiveness at the end of the term and amend as appropriate.