University Hospitals of Leicester **NHS**
NHS Trust

Agenda Item: Trust Board Paper H

TRUST BOARD – 5 MARCH 2015

NEW PPI AND ENGAGEMENT STRATEGY

DIRECTOR:	Mark Wightman, Director of Marketing and Communications
AUTHOR:	Karl Mayes PPI and Membership Manager
DATE:	
PURPOSE:	**To seek Board endorsement for the Trust's new PPI and Community Engagement Strategy and plan.**
PREVIOUSLY CONSIDERED BY:	**The subject has been previously discussed and refined at two Trust Board development sessions and a CMG engagement event.**
Objective(s) to which issue relates *	☑ 1. Safe, high quality, patient-centred healthcare ☐ 2. An effective, joined up emergency care system ☑ 3. Responsive services which people choose to use (secondary, specialised and tertiary care) ☐ 4. Integrated care in partnership with others (secondary, specialised and tertiary care) ☐ 5. Enhanced reputation in research, innovation and clinical education ☐ 6. Delivering services through a caring, professional, passionate and valued workforce ☐ 7. A clinically and financially sustainable NHS Foundation Trust ☐ 8. Enabled by excellent IM&T
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	The strategy and plan has been through a number of iterations which have been discussed with the Trust's Patient Advisors.
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	The strategy has been discussed with the Trust's Equalities lead. There will be a requirement that as the strategy and plan are operationalised that the individual pieces of PPI activity will be subject, where appropriate to EIA.
Organisational Risk Register/ Board Assurance Framework *	☐ **Organisational Risk Register** ☒ **Board Assurance Framework** ☐ **Not Featured**
ACTION REQUIRED * For decision ☒	For assurance ☐ For information ☐

♦ We treat people how we would like to be treated ♦ We do what we say we are going to do
♦ We focus on what matters most ♦ We are one team and we are best when we work together
♦ We are passionate and creative in our work

* tick applicable box

October 2014

Executive summary:

The revised strategy and accompanying plan seek to take our engagement activity to the next level where it is seen as core business to the Trust, the CMGs and to any individual leading service change and development. In one sense and despite the establishment of KPIs to monitor improvements, 'success' will come at the point when we hear people say, "Sorry not sure we can discuss this now, we don't have a patient representative with us".

The key interventions detailed in the strategy which will deliver this ambition can be summarised as:

- CMG ownership of the PPI agenda
- Adopting a Listening into Action approach to PPI: Involvement into Action
- The creation of Patient Partners
- A single engagement forum for Patient Advisors and Trust members
- Creation of E–Advisors
- Formal requirements to involve patients in business planning
- Patient Involvement in sub committees of the Board
- Community Engagement
- Reward and Recognition
- Trust Board templates

The essence of the strategy is that whilst the Trust at a corporate level, essentially managed through the Communications and Engagement team with particular support from the CEX, does a reasonable job of engaging with the most influential stakeholders, (e.g. Councils, CCGs, Healthwatch, MPs etc). The business of engagement is not hardwired into the routine of our CMGs. Hence, it is often the case that a request from the CMGs for support with engagement activity or more rarely the co-production of service change comes too late in the process. To address this the strategy positions PPI as a core element of the business planning cycle for CMGs.

The second element of the strategy is to recognise that whilst our engagement with key stakeholders is reasonable our community outreach and understanding of the diverse needs of our local population lags some way behind. So, the strategy then outlines our new approach to community engagement and some of the tactics we will use to make sure that the seldom heard voices increasingly have a greater say in the development of our services.

Finally, to take this from conceptual to concrete the strategy is supported by a three year plan and as such the Board is requested to both discuss and support the strategy and endorse the plan.

ENDS

University Hospitals of Leicester NHS Trust

Stakeholder Engagement and Patient and Public Involvement (PPI) Strategy

March 2015

"Patients and their carers should be present, powerful and involved at every level"
Keogh Review report (2013)

Purpose

This document describes how University Hospitals of Leicester NHS Trust will engage and involve the public, patients and its stakeholders in the planning, provision and evaluation of its services. As such its core purpose is to;

- Outline the mechanisms by which the Trust communicates and engages with its stakeholders.
- Outline the ways in which the Trust involves its patients and the wider community in its service development
- Set out the Trust's plans to achieve high quality stakeholder, patient and public involvement over the next 3 years.

In October 2014 the Trust Board approved the UHL Five Year Development Support Plan (see Appendix 1.). The section on Patient and Public Involvement and Stakeholder Engagement outlined the present risks and set out the interventions required. This strategy provides a delivery plan for that paper. The development of this strategy also benefited from a Board Development session in January 2015 and prior engagement with CMGs, PPI leads and the Trust's Patient Advisors.

Strategic outcomes

- Patient and public involvement activity is an integral and valued element of mainstream work, which leads to identifiable improvements in services and facilities and a better experience for patients.
- Changes to services and facilities meet the needs of our diverse service users
- Staff at all levels understand the importance and benefits of actively involving patients and the wider public.
- Well informed staff select an appropriate method of patient and public involvement according to the specific context.
- Evaluation of patient and public involvement informs future developments.
- Resources for PPI are assessed and steps taken to secure them.

Responsibilities

The Trust Board is ultimately responsible for ensuring that the Trust meets its legal and policy obligations to deliver the Patient and Public Involvement agenda. The Trust Board is responsible for ensuring that Patient and Public Involvement is included in its own work and that it has been included appropriately in work submitted for Board endorsement or approval.

Directors are accountable to the Chief Executive for the delivery of Patient and Public Involvement in their areas of responsibility, through the performance review process.

Clinical Management Groups (CMGs) are central to involving patients and public. They are responsible for implementing patient and public involvement in their service areas and facilities.

Matrons/Senior Nurses have a responsibility for patient and public involvement written into their Job Descriptions. However since patient and public involvement covers all areas, not only nursing, other members of the CMG management team share the responsibility for ensuring appropriate involvement.

Introduction

Involving patients and the wider public is not a soft, optional activity. The Trust has a statutory duty to do so; a duty strongly reinforced by the recommendations of the Francis, Keogh and Berwick reports among others. These reports call clearly for "real" patient and public involvement and a cultural change across the NHS to ensure greater openness, transparency and a duty of candour to patients. The Keogh Review (ambition 3), for example, presses for patients to be equal partners in the design and assessment of NHS services, with the patient voice at the centre of the planning, management and evaluation of hospital services.

Expectations regarding PPI have grown considerably over the last decade. Today's patients are better informed, have greater choice and are less likely to accept being passive recipients of care in a system they have no influence over. This cultural shift is reflected in the proliferation of fora within which patients and the wider public are connecting with healthcare organisations (e.g. The Trust's Patient Advisor group and public membership, NHS Citizens, Expert Patients, Healthwatch, the Mercury Patients' panel partner organisation memberships, PPGs etc.).

While there is much to celebrate in terms of our engagement to date with our patients, stakeholders and the wider public, there is a good deal more that we can do to ensure the voices of patients, carers and the local population are at the centre of our everyday business. In particular the Trust has a patchy track record of involving patients in its business and service development. Where patients are involved at all it is usually towards the end of the process, at a point where they have little opportunity to influence. In short, we sometimes start too late for PPI to be credible.

There is a clear benefit to involving patients from the earliest discussions and throughout the planning process. Indeed, where patients witness and are involved in discussions which appraise options and consider clinical and financial constraints they are far better placed to understand and endorse the final outcomes.

This strategy aims to raise the profile of PPI within the organisation and move us towards a situation where involving patients is the norm. A move to link PPI with the Listening into Action programme aims to make the involvement process more accessible to our staff and also to patients and patient representatives who may be interested in getting involved. In particular the strategy aims to strengthen and support a commitment to patient involvement from our CMGs.

Listening to patients or involving them?

There is a distinction between *listening* to patients and *involving* them in the development and evaluation of their hospital services. Although the Trust has invested increasing time and resource in to collecting patient feedback, opportunities for patient *involvement* remain few and far between. There are several reasons why this might be the case, ranging from a fear of public challenge and a misunderstanding of the agenda to a shortfall in both the human and financial resources required to build and sustain meaningful involvement. Whatever the reasons, the Trust is still some way off the oft quoted aspiration for patient involvement; “no decision about us, without us” (Equity & Excellence: Liberating the NHS, 2010).

We want our strategy to go beyond being a framework for how we receive and act upon feedback, because we believe the voice of patients should be at the centre of our organisation. Patient feedback provides an important and useful barometer by which the Trust may gauge patient experience and identify key areas for improvement. However, once identified, it is most often the case that actions to address these areas for improvement are determined exclusively by our staff, without the direct *involvement* of patients and the wider public. The diagram below (fig.1) reflects the common response to patient feedback within the Trust.

In many respects the collection of patient feedback is too readily taken as a proxy for patient involvement. This serves to keep “real” involvement at arms length from our strategic activity and the development and evaluation of our services. We are missing opportunities to explore and “co-design” services that best meet the needs of people using them.

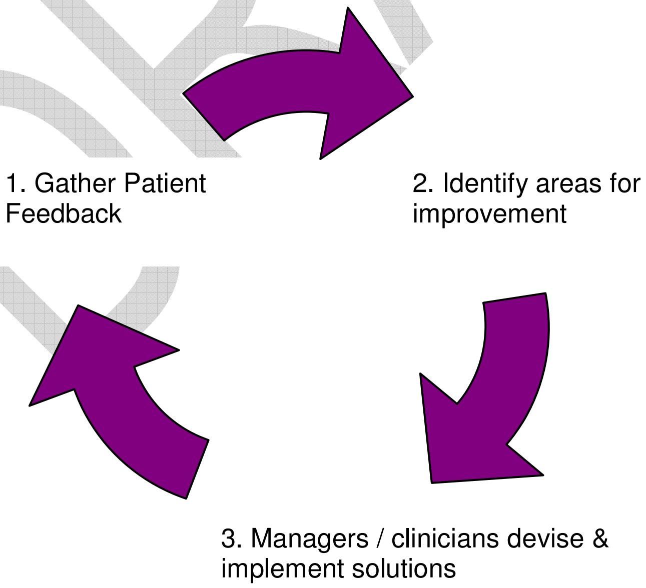

Figure 1. Common pattern of action on patient feedback within the Trust

To be effective, PPI cannot be carried out as a discrete set of activities which bear little relation to our core activity: rather it needs to be embedded throughout the planning and delivery of our services. Involvement should be the *means by which* we approach this activity. In other words, PPI should not be an additional, “bolt – on” practice that exists separately to where we expend most of our professional energy.

Aim of the strategy

The broad aim of this strategy is to ensure that patients and the public are involved and have a strong voice in our core business and strategic and service development. It seeks to link PPI activity directly to our core business. In terms of service development the strategy seeks to move from the diagram (fig. 1) presented above to the diagram below (fig. 2.) which sees patient feedback as a trigger to involve patients and the public in service redesign.

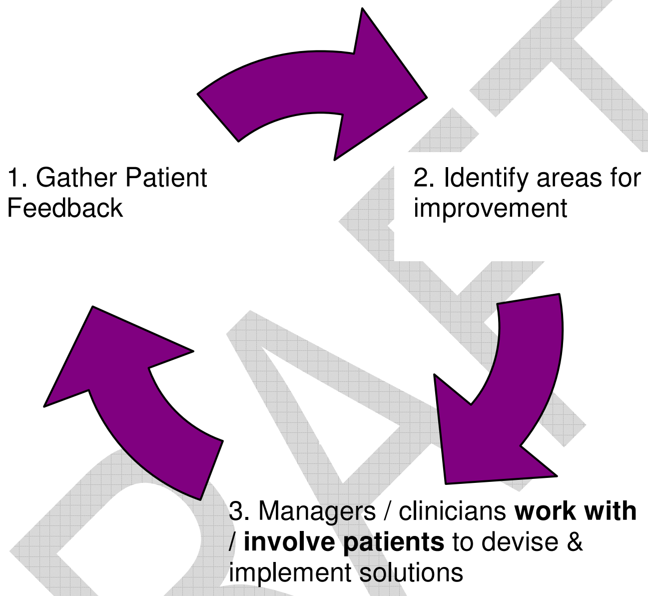

Figure 2. Simple model of involvement

Vision and Principles

To achieve meaningful involvement of patients and the wider public the Trust will honour the following commitments;

<u>Early involvement</u>
Patient engagement (where it is considered at all) is still frequently undertaken at haste, towards the end of a project. As such, it is little more than a box ticking exercise. If patients are to be meaningfully involved this needs to happen as early as possible and throughout the life of the project. Rather than presenting a *fait accompli* for endorsement, we should be co-designing from the start.

<u>Ownership of PPI by CMGs</u>
For PPI to be meaningful and effective it is vital that CMGs treat it as core business. As such they must adequately resource involvement and actively create opportunities for patients and the public to work alongside them as they develop their services.

<u>Empowering patients to get involved</u>

If we wish to see enthusiastic, committed patients who remain engaged with the Trust we will need to support them (through training, development and covering expenses) and ensure that we demonstrate how their involvement has changed our thinking and impacted on service development.

Involvement in strategic planning

Patients are arguably more readily engaged on their day to day experience of our services. However, patient involvement is often absent in the large scale strategic planning of the organisation. At a time of significant change for the local health community there is a clear imperative to involve patients in the planning of future services. Such involvement is a prerequisite for public transparency.

Involvement of people with direct experience of our services

Across the UK PPI fora are populated by what we might term “semi professional engagers”. These are individuals who devote a great deal of time to their involvement with health services and as a result gain a nuanced and detailed understanding of the local health economy. Such individuals are invaluable and are well placed to both challenge and to act as a “critical friend”. However, we need to find a balance between such involvement and that of the “ordinary” patient who has a direct and recent experience of our services. As such we must identify ways in which we can recruit and support such patients and provide a range of opportunities for them to get involved.

Managing expectations

Well supported participants in PPI will be clear about what they can influence and what they cannot. Moreover they will understand the important clinical, political and financial drivers that may influence the Trust’s decision making.

What is Patient and Public Involvement (PPI)?

Patient and Public Involvement (PPI) refers to the active participation of patients, carers, community representatives and the public in the design, delivery and evaluation of health services.

It may be helpful to think of patient and public involvement as one element of a continuum of engagement activities. One end of the continuum represents simple information giving, while placing decision making directly in the hands of patients is at the other end of the scale. The term “engagement” covers a range of activity characterised by the degree of influence patients and the public may have. The diagram below (fig. 3) provides a summary of the range and nature of public and patient engagement. Activities that “involve” patients in various degrees are indicated by the shaded areas of the diagram.

	Goal	Commitment to the public	Tools (examples)
↑ **Public influence**	**<u>Empowerment</u>** Supporting patients / the public while placing decision making in their hands	We will provide support and information to you and implement what you decide	Working with Voluntary sector / health interest groups, citizens juries
	<u>Collaboration</u> Working in partnership with patients / the public through every aspect of the project including development of alternatives & identification of the preferred solution	We will work together through each step of the process, seeking your advice and innovation & incorporating this in to decisions to the maximum extent possible	Project boards, advisory committees, participatory decision making, patient representatives
	<u>Involvement</u> Working directly with patients / the public throughout the process. Ensuring concerns and aspirations are understood & considered	We will work with you to ensure your concerns & aspirations are directly reflected in our activity. We will provide feedback on how public views have influenced our decisions	Focus groups, workshops, project groups, expert patients,
	<u>Consultation</u> Obtaining public feedback, acknowledging concerns and suggestions. Providing feedback on how public opinion shaped the decision	We will listen to your views & acknowledge your concerns & aspirations. We will provide feedback on how public views have influenced our decisions	Feedback forms, surveys, social media, public meetings
	<u>Information</u> Providing clear information on services and how they are being developed. (Newsletters, web sites etc.)	We will keep you informed, providing accurate and accessible information	Fact sheets, local media, social media, newsletters, web sites, Open days

Fig. 3. Levels of Patient and Public Involvement (Adapted from Arnstein's "Ladder of Participation" 1969)

As noted above, all of these activities fall under the general heading of "engagement" and different approaches will suit different activities. For example, if the Trust installs new equipment to speed up the way in which it can dispense medicines it may be appropriate simply to inform the public (e.g. through communications with our membership and through local media). However, if a care pathway is being redeveloped the project would clearly benefit from the involvement of people who use, will use, or have used the service. Indeed, the Trust has a legal obligation to involve the public in such circumstances.

In practice, patients and the public can become involved in decisions about healthcare and health services at a number of different levels, ranging from the involvement of individual patients and carers in treatment decisions to large scale consultations on national policy.

Benefits of PPI

Involving patients and the public in our service development and delivery brings many benefits; both to the Trust and to the people who use our services. Indeed, in the private sector it would be almost inconceivable to develop products and services without actively seeking the insight of customers. Market research, Mystery Shoppers, customer surveys and focus groups etc are fundamental to successful businesses and reduce risk, minimise dissatisfaction and avoid costly mistakes. In short, any organisation that seeks assurance that it is developing services in a way that is right for the people that use them will involve them in the process.

Among the many benefits of PPI it can;

- Improve the planning and development of services
- Improve patient satisfaction
- Increase confidence in Hospital care
- Encourage public endorsement of strategic decisions
- Increase public understanding of the complexities of healthcare provision
- Improve decision making by incorporating the perspective of patients
- Encourage a sense of shared ownership
- Avoid conflicts by identifying and addressing critical issues early on
- Build better relationships and communication between hospital staff and service users
- Facilitate better health and more appropriate use of services
- Promote openness and accountability
- Contribute to the development of fairer and more accessible services
- Empower communities to have a say in the delivery of services
- Improve how we respond to people’s needs and values
- Encourage more informed and active patients
- Build Trust and legitimacy
- Build relationships between the Trust and local communities
- Reduce complaints

Why is Stakeholder Engagement important?

The Trust is keen to build stronger and more productive relationships with its stakeholders to understand their needs and ensure that hospital services are optimised for our local population. Stakeholder engagement is essentially about building a dialogue with interested parties, providing timely information and gaining endorsement for projects and initiatives. It is also a means by which we can minimise negative and maximise positive environmental and social impacts. In other words, effective and honest stakeholder engagement is the hallmark of an organisation that is run responsibly. It entails a willingness to listen; to discuss issues of interest to stakeholders and crucially a willingness to change what the Trust aims to achieve and how it operates as a result of its engagement.

Robust and successful stakeholder engagement will:-

- Ensure the Trust is more responsive to the needs of its users and local population
- Improve the hospital experience of patients and carers
- Improve communications and feedback with stakeholders
- Gain buy in to Trust strategies by stakeholders
- Ensure support for key strategic business developments
- Support the Trust to gain influence to achieve its organisational objectives
- Increase leverage and influence within health and social care markets
- Support the Trust to compete effectively & improve financial stability
- Improve the Trust's reputation

Legal requirements

Notwithstanding the many and obvious benefits of stakeholder, patient and public engagement, the Trust also has a statutory requirement or duty to consult and involve the public. Specifically, under section 242 of the Health Act (2006) we are obliged to ensure that users of our services are involved / consulted in -

a. the planning of the provision of services,
b. the development and consideration of proposals for changes in the way those services are provided, and
c. decisions we make which affect the operation of those services.

This is particularly important if the implementation of a proposal will have an impact on -

a. the manner in which the services are delivered to users of those services,

or

b. the range of health services available to those users.

Management of current PPI and stakeholder engagement

Within the Marketing and Communications directorate the Trust has a clear team structure with which to coordinate stakeholder engagement and PPI. Led by the Director of Marketing and Communications. The Communications team includes a PPI and Membership manager and a Head of Services for GPs. So, for example, the key relationships and communications products / channels with the three Healthwatch organisations, the two Overview & Scrutiny Committees, the Patient Advisors, Trust Members, the Mercury Patients Panel and local MPs are managed through this team, with support from key individuals including the Chairman and Chief Executive. A full stakeholder analysis and communications plan may be found in appendix 2 of this document.

The Trust's PPI and Membership Manager is responsible for engagement and involvement programmes across the Trust, providing support and advice at all organisational levels. Corporate engagement is managed through the PPI and Membership office, drawing on a range of sources including the Trust's Patient Advisor group, its public membership and Members' Engagement Forum, Healthwatch and other patient and public representative groups.

Patient Advisors

Since 2001 the Trust has supported a group of Patient Advisors. Patient Advisors are members of the public who provide a lay perspective on various groups Boards and Committees within the organisation. They are also involved in patient surveying and act as a consultation group. We currently have 12 active Patient Advisors, each of which is allocated to a CMG. Their annual work plan is coordinated by the CMG PPI leads.

PPI in CMGs

To manage PPI within the Trust each Clinical Management Group (CMG) has nominated a lead senior member of staff. These “PPI leads”, supported by the PPI manager, take responsibility for locally coordinating and monitoring patient involvement. In practice, the majority of our PPI leads are senior nurses. The Trust also attaches Patient Advisors to each of the CMGs.

Within CMGs there is a range of activity already taking place to involve and include patients and the wider public. Not only are our patient advisors involved in many contexts, we are working with support groups (e.g. in cancer services), visiting schools to explore the patient experience in our children’s hospital, running patient experience days (e.g. the Urology and Thoracic surgery teams) and working with carers to understand how we can improve their experience. Across the Trust there is a good deal of PPI activity going on, although this is not always above the radar or even recognised by staff as PPI. Closer monitoring by CMG managers would enable a fuller account to be given by the Trust.

Trust membership

The Trust now has a public membership of 15,252 people across the LLR region. Although its Foundation Trust application was suspended, there is still a significant advantage to having such a large membership. Currently members receive a bi monthly magazine with news from the Trust. There are also regularly approached to attend events and engagement opportunities and form the population from which such roles as Patient Advisor are recruited. Members also attend a monthly “Leicester’s Marvellous Medicine” talk, usually delivered by one the Trust’s consultants. It is clear that there are many who wish to become more involved with the Trust and there is certainly scope to create more opportunities for this to happen.

Patient Involvement Patient Experience and Equality Assurance Committee (PIPEEAC)

In December 2013 the Trust established a new assurance committee which monitors CMG performance on Patient Involvement, Patient Experience and Equality. The committee was set up to recognise the close links between these three agendas. CMGs are required to report quarterly to the committee across a range of metrics. CMG leads now attend PIPEEAC meetings along with patient representatives.

Members’ Engagement Forum

Public involvement is also facilitated through the Trust’s new Members’ Engagement Forum which meets quarterly and is chaired by the Trust’s Chairman, supported by the DoM&C and attended by a minimum of two directors and two non executive Directors. This forum was formerly known as the Prospective Governors group and was renamed following a discussion with the group on the receding prospect of an FT application by the Trust. The Forum is one of the key means by which the Trust Board may engage with our public members. However, attendance has diminished recently since the focus moved away from governorship.

Healthwatch

Previously the Trust had established good working relationships with its Local Involvement Networks (LINks). Since April 2013 these organisations ceased to exist. They were replaced by Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland.

Our engagement with Healthwatch is good. Representatives from each of the Healthwatch organisations meet with our Chief Executive and the DoM&C on a quarterly basis to discuss issues that have been raised through their memberships and engagement. A Healthwatch representative also sits on our Trust Board as a participating observer. The PPI and Membership Manager is also in regular contact with Healthwatch representatives and acts as a point of contact for the Trust.

In January 2015 Healthwatch Leicestershire conducted four informal visits to departments at the Leicester Royal Infirmary. Early feedback was good and a report will be issued in due course. Healthwatch have also undertaken two “Enter & View” visits recently (one covering the care of older people and another in response to the CQC comments on the YDU).

The New Strategy

This strategy aims to build upon what is already happening within the Trust and to strengthen PPI in our strategic initiatives and within CMGs. We aim to raise the profile and significance of PPI activity throughout the Trust, increase the opportunities to get involved and emphasise the responsibility of CMGs to involve patients in the shaping and development of their services.

Recommendations in the following areas will help us to achieve these aspirations;

- CMG ownership of the PPI agenda
- Adopting a Listening into Action approach to PPI: Involvement into Action
- Patient Partners
- A single engagement forum for Patient Advisors and Trust members
- Creation of E–Advisors
- Formal requirements to involve patients in business planning
- Patient Involvement in sub committees of the Board
- Community Engagement
- Reward and Recognition
- Trust Board templates
- Promoting PPI
- Better communication with our volunteers

Linking PPI to the Trust’s planning cycle

The diagram below illustrates how we will link PPI to the Trust's annual planning cycle. At the centre is our engagement strategy and intention to create a culture of engagement. Around this, the four stages of our strategic planning cycle flow from a period of analysis and planning, on to pathway design and then procurement and implementation / evaluation.

The outer circle of the diagram illustrates some of the range of patient and public groups and methodologies that are appropriate to each stage. Thus, during our analysis and planning stage we will seek to understand the views, needs and aspirations of our local communities and public representatives. We will work with patients, families and carers to "co-design" service pathways and then consult on our plans and involve patients in the development of business cases. We will also ensure that the patient voice is central to the evaluation of services.

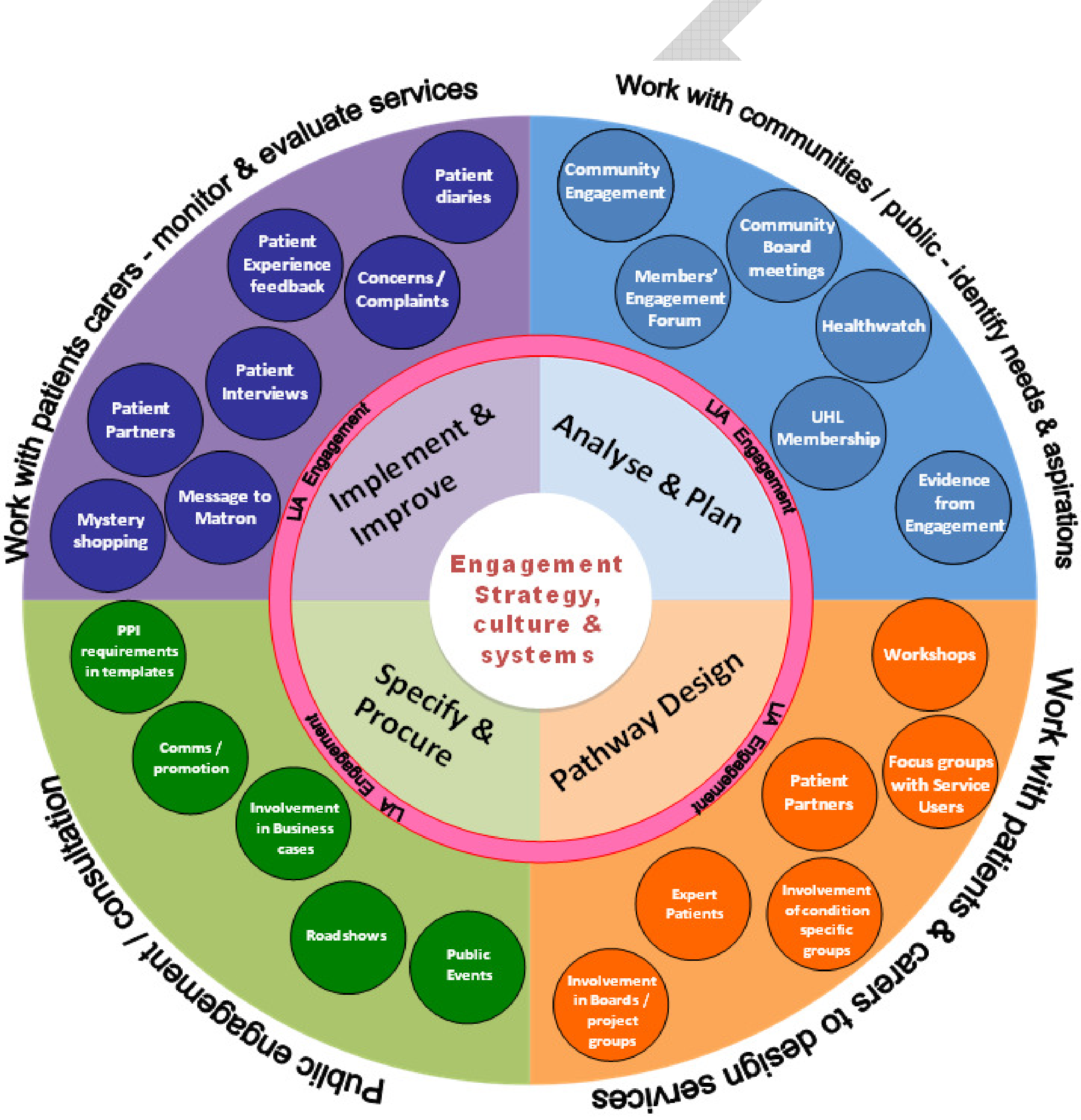

Fig. 4. Diagram illustrating how PPI will inform the annual planning cycle

CMG ownership of the PPI agenda

If we are to generate a step change in patient and public involvement then CMGs must take a central role. Indeed, PPI in the organisation will succeed or fail commensurate with the level of time and commitment given to it by CMGs.

As things stand, the resource for PPI at CMG level is, in most cases, their Head of Nursing. Although all of our Heads of Nursing understand the value of PPI they have many other demands on their time and as a consequence they can struggle to devote sufficient attention to patient involvement or to their Patient Advisors. Similarly, in the crowded CMG Board agendas there is rarely mention or monitoring of PPI activity.

Given our statutory duty and increasing national attention to PPI, CMGs will need to integrate PPI in to their activity as a matter of core business. Moreover, such activity must be adequately resourced. We propose the following measures to support and monitor PPI in CMGs;

- A standing agenda item on PPI at CMG Board meetings
- CMGs to be reviewed on their performance on PPI at the CMG confirm and Challenge meetings.
- Training and support for CMGs to improve their PPI capabilities
- A review of KPIs relating to PPI in the PIPEEAC quarterly reporting template
- PPI leads in each CMG required to nominate delegates to coordinate PPI at service level

The CMG management team are collectively responsible for developing their CMG's approach, identifying priorities and for the production of an annual plan for involving patients and public. The plan will include milestones and measurable targets.

In particular CMGs will:

- Support patients and carers to provide feedback on the services provided.
- Indicate how the patient perspective has been or will be sought in individual business cases or bids for funding including identifying any resources needed to do this.
- Identify which CMG member will be responsible for leading, co-ordinating or facilitating patient and public involvement within the Team.
- Identify one or more people working within the CMG and support and resource them to develop expertise so that they become a local source of guidance and advice on patient and public involvement.
- Document the decisions taken as to whether/how to involve users, the processes undertaken, the views expressed, the service improvements implemented and the evaluation mechanisms used to review the patient experience.

Adopting a Listening into Action approach to PPI: Involvement into Action

Over the last two years the Trust has successfully introduced the Listening into Action (LiA) programme. This has significantly improved staff engagement in innovation and change projects across the organisation. The relatively uncomplicated and staged methodology of LiA brings clarity to project management and encourages staff to adopt the approach.

Given the profile of LiA and building on its aspiration to become the *modus operandi* of the Trust we will adapt the format to manage elements of patient and public involvement in the Trust. While the LiA methodology will not suit all instances of patient and public involvement it does lend itself to a number of common projects and initiatives. In particular it is well suited to the service development, business planning and evaluation processes.

"Involvement into Action" will set out a step by step methodology by which staff leading on service development and change can ensure that PPI begins early and continues throughout the life of the project. The prescribed process will need to have flexibility to accommodate a range of projects and will be fully worked up with the support of the Trust's LiA team who are keen to support the venture.
In year one we will train and support PPI leads to roll out this process in their CMGs. This will be jointly managed by the PPI and membership Manager and the LiA team. Evaluation of activity will be captured in the PIPEEAC quarterly reporting templates.

Patient Partners

To support CMGs in their day to day activity we will re-brand and expand the numbers of Patient Advisors in the Trust. By Patient Advisors' own admission the title "Patient Advisor" is not always readily understood by Trust staff or patients. We will, therefore, effect a change of name for this group to "Patient Partners". This terminology is inspired by a model use din America, as examined by our Interim Medical Director on a recent visit. The change of name also indicates the Trust's intention to work more closely with patients to co-design and evaluate its services. It will also serve to clarify the nature of the role.

The Patient Partner role outline will be modelled on that of the Patient Advisor's. As such, they will work with CMGs in a variety of contexts to act as a patient / public voice. Patient Partners would constitute a PPI resource for CMGs and get involved in such areas as;

- Service development
- Service evaluation
- Strategic planning
- Patient surveying
- Boards and committees
- Audits (e.g. environmental)
- Focus groups
- Team meetings
- Patient information development

We will increase the numbers of Patient Partners active within the Trust. We currently have 12 Patient Advisors, each of whom is attached to a CMG. In year one we will recruit Patient Partners to bring this number up to twenty. In year two we will conduct a trial, in which two CMGs will begin working with greater numbers of Patient Partners. This will encourage patient involvement across the spread of services within each CMG. Pending evaluation, this model will then be rolled out to the remaining CMGs in year three.

The Patient Partner group will be managed centrally and recruitment will take place through the PPI & Membership Manager, as will induction and training of new and existing Patient Partners. However, they will be coordinated at service / CMG level. This would include administrative support to manage placements and coordinate work plans etc. Coordination would need to be adequate at service level to ensure that Patient Partners are guided and supported in their involvement with the Trust. Indeed, without a clear commitment from each CMG to embrace Patient Partners the model would not be sustainable.

The involvement at service level of significant numbers of Patient Partners would bring the Trust closer to a “Co-production” model of PPI with an ambition that no service in the organisation would be without their involvement.

As an integral part of their duties, Patient Partners will be expected to attend the Patient Partnership Forum (see below).

A single engagement forum for Patient Advisors and Trust members

Both Patient Advisors and the Members’ Engagement Forum have recently sought to clarify their relationship to the Trust Board. For the Members’ Engagement Forum this is now enshrined in a Terms of Reference. As things stand, the Members’ Engagement Forum has a more formal relationship to the Trust Board, despite its relatively recent creation.

There is a sufficient degree of overlap between the Patient Advisor and Members’ Engagement group to warrant rationalising the groups to create a single, more focused point of engagement for the Trust (and for members of each group). This will create a more influential PPI forum for the Trust and enhance patient and public links to the Trust Board. Given the proposal to re-brand and increase the numbers of Patient Advisors, the forum may be best known as the “Patient Partnership Forum”. Membership of this forum will remain open to encourage new participants to get involved. Its activity will be promoted to our wider membership and through our community engagement and communications channels.

Patient Partners will be asked to submit an agenda item for each meeting. This will allow issues raised by the group to be aired in a wider public arena. The Trust will field relevant members of staff to cover this item.

The Trust Board’s current commitment to the forum will remain as it is with the meetings chaired by the Trust Chairman and attendance by a minimum of two directors and two non executive directors.

The existing Patient Advisors Support Group meeting will continue (as the Patient Partners’ Support Group) but will focus on training and development for Patient Partners and administrative matters. Engagement on strategic and service issues will take place in the Patient Partnership Forum as noted above.

E–Advisors

In recognition of the fact that many people now prefer to interact online and to provide new avenues by which we may enter in to dialogue with our public members we will establish an “E-Advisor role”. E–Advisors will be asked to volunteer to review information and participate in discussions online about a wide variety of our services.

As such, they will respond to surveys, review patient information and comment on service developments and matters of strategic significance.

One of the key advantages of this initiative is that it will make it easier for working people to engage with the Trust: a population we have, for obvious reasons, struggled to engage.

The E–Advisor role will be promoted thorough the Trust's membership and to public members of partner organisations (LPT, EMAS, CCGs etc). E-Advisors will be asked to specify particular areas of interest and will be "flagged" on the Trust's Membership database. As such, we will be in a position to contact E-Advisors as a discrete group and by service interest. E- Advisors will be required to register as a member for the Trust in order to participate.

The growth of E-Advisors will constitute an excellent PPI resource and opportunities to engage in this manner will be promoted to CMGs. In year one we will aim to recruit at least 50 E-Advisors. The scheme will be reviewed after one year.

Our approach to Community Engagement

With reference to the stakeholder mapping diagram (fig. 5 NB Full stakeholder map and comms plan on request), the Trust spends most of its engagement time and effort concentrating on those stakeholders with the highest interest and influence (in the top right of the diagram). As such we have regular contact with MPs, our Patient Advisors, Healthwatch and the Mercury Patients' Panel etc. However, we engage far less with the majority of our service users, their families and communities who are located in the bottom left quadrant of our stakeholder diagram. To remedy this we will take steps to improve the relationships we have with faith and community groups and with geographical and interest communities across the LLR region.

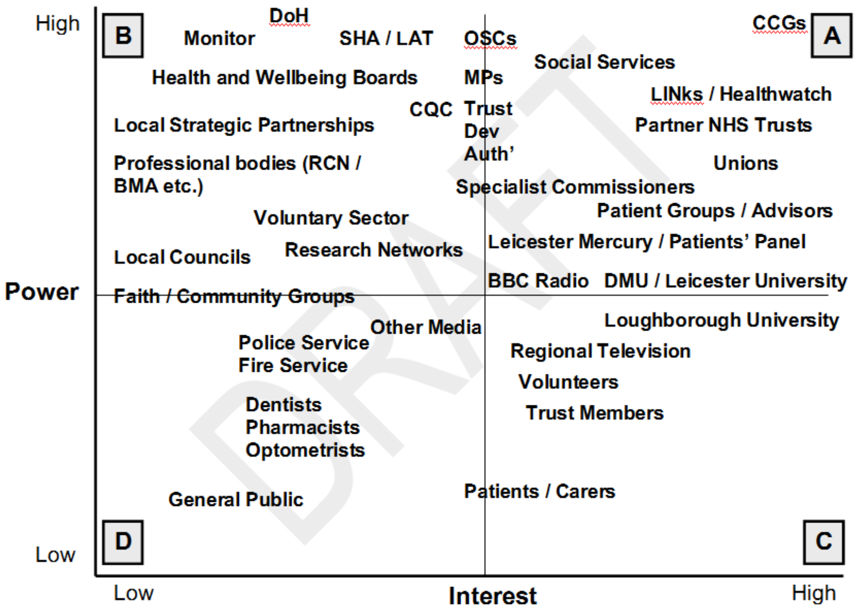

Fig. 5. Matrix analysis of UHL stakeholders

The diversity of our local population is well documented. Within the city of Leicester, people from Black and Minority Ethnic (BME) communities comprise almost 50% of the population and within the county the BME population is higher than the national average. People from all of our local communities are users of our services. As such, it is imperative that PPI activity conducted by the Trust is inclusive. This extends, of course, not only to people from BME backgrounds but also to people with disabilities, faith groups, Lesbian Gay Bisexual and Transgender (LGBT) service users, rural residents, people from disadvantaged communities and other communities that are less often engaged and consulted.

Engaging and involving such a diverse population will require different approaches and may also call for extra resource (e.g. interpreters, accessible formats for information etc.). However, given that we provide acute care for the whole population and that "seldom heard" groups often experience poorer health and social circumstances, it is particularly important that we make the effort to engage and involve them.

While we already have (as noted above) a number of ways in which patients and the public may become involved in the development of our services, some groups and communities will not readily put themselves forward as participants. There are a number of reasons for this including a lack of awareness of such opportunities, skepticism regarding large public sector organizations, barriers to participation (e.g. language and disability access issues), geographical distance and a perception that PPI activity is dominated by the "usual suspects" and is not for them.

A commitment to inclusive PPI must therefore come with a strong commitment to community engagement; both to create dialogue with communities where they live and socialise and to raise awareness of the Trust's PPI opportunities and encourage wider participation (continuing the dialogue).

Community Engagement objectives

- Create a meaningful dialogue between the Trust and local communities
- Encourage and empower communities to become involved in the development of new policies and service changes
- Improve the experience of communities when receiving our services

To ensure our community engagement is effective we will;

- Take time to develop relationships
- Support people to get involved
- Recognise and respond to access needs
- Engage with a purpose
- Pay particular attention to "seldom heard" groups

A phased approach

For community engagement to be meaningful we must avoid "engaging for the sake of engaging". However, it is equally important that we do not take staff with little experience of engagement (and armed with complex plans and strategies) out to groups who are unused to being consulted and involved in our plans. If we are to embed community engagement in to the work of the organisation a phased approach is needed; particularly when undertaking outreach work with excluded or overlooked groups.

Bearing in mind that community engagement will be an ongoing process with the objective of developing a dialogue between the Trust and the communities that use its services, responsibility will be shared between the PPI & Membership office and CMGs. The PPI & Membership office will undertake to identify and establish contact with local groups and communities, providing initial outreach to build trust, raise awareness of opportunities to get involved and identify key issues. Supported by the PPI & Membership office, CMGs will field staff to engage on both community priorities and on service developments. As a deeper engagement is established CMGs will take greater ownership of the relationship.

Community mapping

The PPI and Membership Manager will ensure that a comprehensive and up to date community database is maintained. This will entail a community mapping exercise in which community influencers and “gatekeepers” are identified. The database will also include voluntary and community sector groups, “grassroots” community groups, health and condition specific groups, religious organisations, community development workers, specialist bodies (the Race Equality Council, disability groups etc) and community social groups.

Good community engagement requires health professionals to have a working knowledge of a particular community’s needs, aspirations and wider underlying issues. As such, the PPI and Membership Manager, through engagement with local groups and with the support of the Equality team will develop a series of community profiles which will act as a resource for staff and encourage a degree of empathy with groups they engage with. The development of these profiles will be ongoing and they will be made available on the Trust’s Intranet. The profiles will provide basic demographic data as well as information on religion, language and known health issues.

Community Board meetings

We will place a greater emphasis on understanding particular communities and their circumstances, particularly as this relates to health and access to our services. As such, we propose to continue to hold Trust Board meetings in community venues. As with previous community Board meetings, a slot during the meeting will be devoted to dialogue with a particular group or organisation. Holding meetings in community settings also has the advantage of making the public Board sessions more accessible to our local population. We will encourage public attendance by promoting the meeting through our media and communications channels. We will aim to hold three such meetings each year.

Making the most of Trust Board members’ connections

A number of Trust Board members will be involved in groups, communities or networks which could provide excellent communications and engagement channels. Be they related to business, philanthropy, culture or simply social we could harness these connections to engage on matters of health and strategic importance. As such we will ask Trust Board and the wider senior management team to consider any networks they are connected to which might provide opportunities to engage. Moreover we will ask them to explore the extent to which they might act as an ambassador for the Trust, understanding the expectations and concerns of the group. Of course, in many cases this already happens. However, it would be useful for the Trust to be sighted on such activity to help understand the breadth of engagement on key issues and to identify gaps.

We will identify opportunities for Board members to hold “mini surgeries” with community groups. This will be run along the lines of a drop - in listening event which will create opportunities for participants to provide feedback and air concerns about their experience of our services. This would involve, for example, a Director and Non Executive Director spending a couple of hours listening to individuals’ experience of our services and gaining a greater appreciation of what it feels like to be a patient from the target community.

Partnership with PPGs: “Surgeries within Mini surgeries”

The majority of General Practices in LLR now have Patient Participation Groups (PPGs). It is a given that members of these groups will also have experience of our hospital services and, by virtue of their membership to the PPG, have a declared interest in health care. We wish to tap in to this network of engaged and interested local people to identify opportunities to engage across LLR localities.

As PPGs are organised locally by practice we will approach these groups to propose engagement events which will be opened out to the local community. As with all community engagement we will seek to strike a balance between topics that respond to the groups interests and concerns and issues on which the Trust is seeking engagement. This would also be an opportunity to facilitate the “mini-surgery” model noted above. PPG groups will be encouraged to jointly host the events with the Trust and to promote them through their membership and networks and wider to the local population. Our Communications team will also support the promotion of these opportunities.

We will work with CCG colleagues and PPG group chairs to develop a programme of activity which will establish opportunities to engage in localities across the LLR region. Working with PPGs will also provide the Trust with the added advantage of collaboration with other patient and public involvement networks.

Health Promotion

Engagement works best if both parties benefit from the exchange. While the Trust clearly benefits form understanding the perspective of community groups and gaining their involvement in our services, there is arguably less perceived benefit for communities participating in this activity. Indeed, community groups are often surprised when NHS organisations turn up at events and meetings but are not offering any health service or benefit.

To maximise the utility of our community engagement we will therefore work with CMGs to release clinical staff to provide health checks, dietary advice, smoking cessation, perinatal health advice and basic life support skills etc. In terms of encouraging communities to take a more proactive approach to health this can only be of benefit. Such a move also equalises the exchange, encourages people to become more active partners in their health and encourages participation in community engagement events.

Reward and Recognition

In order to raise the profile of PPI within the Trust and to recognise good practice and a commitment to the agenda we will recognise and reward services who have made a significant contribution to patient involvement. We propose to establish a PPI award as part of our Caring at its Best award programme. We will also run a “spotlight” feature on the PPI pages of our Intranet and in our Member and staff magazine.

Trust Board templates

Papers submitted to Trust Board already carry a cover sheet which asks the author(s) to identify the implications for PPI that exist for that particular piece of work. Board submissions are rarely challenged on this aspect and yet much of what goes to Board does have a potentially significant impact on patients and the wider public and should be subject to PPI. To strengthen the monitoring of Board submissions the wording on this section of the cover sheet will be reviewed to incorporate a checklist which will make more transparent whether or not a submission should have been developed with the involvement of patients before coming to Board.

Better communication with our volunteers

The Trust supports approximately 1000 volunteers who are engaged in a wide range of support activity within the Trust. By definition, our volunteers are “active citizens” who come with a unique perspective and close knowledge of our services. As members, volunteers are offered regular invitations to get more involved with the Trust. However, more could be done to harness the views and participation of this group. The PPI and Membership Manager will work with the Trust’s Volunteer Services Manager to explore the most effective means of tapping in to the volunteer community.

Resource

A last, but important point raised in this strategy is the resourcing of PPI activity within the Trust and community engagement externally. Over the last two years we have seen a marked improvement in levels of staff engagement (and all the benefits this entails). This is thanks both to the introduction of the Listening into Action programme and the clear support it has from the top of the organisation.

The resource to manage both our public Membership and the PPI agenda is currently one 8a WTE with administrative support (One Band 3 WTE). While the improvements indicated above will rest largely on CMGs they will need supporting with training and support materials as well as for the roll out of the Involvement into Action process. The expansion of a Patient Partner model will also require adequate resource to recruit, induct, develop and manage the group; as will a commitment to increase our community engagement. In some cases, for example, we may be required to hire a venue if we wish to engage with communities or hold Board meetings in particular localities. We will also need to meet the modest cost of refreshments for some events (not least as a small incentive to participate) alongside funding (in some cases) interpreting and easy access literature formats.

To support the central PPI function, community engagement and to support CMGs in a renewed focus on PPI it is proposed that a Band 5 officer post will be created to work with the PPI and Membership Manager. The key areas of work will be;

- Supporting and developing Patient Partners
- Supporting the implementation of the LiA / Co-design process
- Assisting the Community Engagement programme
- PPI training, promotion and development

Summary & Recommendations:

The revised strategy and accompanying plan seek to take our engagement activity to the next level where it is seen as core business to the Trust, the CMGs and to any individual leading service change and development. In one sense and despite the establishment of KPIs to monitor improvements 'success' will come at the point when we hear people say, Sorry not sure we can discuss this now, we don't have a patient representative with us'.

The Trust Board is invited to discuss the strategy and approve the plan for immediate implementation.

ENDS

Plan

Below is the three year plan to deliver this strategy. Year one aims to establish the key elements of the strategy. These will be reviewed and rolled over in the following years. Developments are indicated in years two and three of the action plan.

	Priority	Actions	Target date	Responsibility
Year 1: 2015 / 16				
1.	**CMG ownership of PPI**	• Standing agenda item on PPI at CMG Board meetings • PPI performance reviewed at Confirm & Challenge meetings • CMGs to nominate delegates to coordinate PPI at service level • Develop training and support programme for CMGs • Roll out to CMGs • Review of KPIs in quarterly CMG (PIPEEAC) reporting template • Review of PPI section on Trust Board templates • Patient Partner sits on CMG Board	September 2015 September 2015 September 2015 August 2015 September 2015 April 2015 July 2015 September 2015	CMG GMs Trust Board CMG GMs PPI & M Manager PPI & M Manager PPI & M Manager PPI & M Manager CMG GMs
2.	**Developing the "Involvement in to Action" process**	• Engage Listening in to Action team / Patient Partners & develop co – design process and supporting materials • Develop "train the trainer" programme for CMG PPI leads • Roll out training to CMG PPI leads • Recruit first cohort of Involvement in to Action teams	September 2015 September 2015 October 2015 February 2016	PPI & M Manager + LiA team
3.	**Patient Partners**	• Review and develop Patient Partner role outline • Develop branding and promote Patient Partner role internally / externally • Agree recruitment / contract process for Patient Partners • Develop induction And training programme for Patient Partners • Recruit to bring Patient Partner group to 20 members	July 2015 August 2015 / ongoing April 2015 July 2015 December 2015	PPI & M Manager PPI & M Manager HR/PPI & M Manager PPI & M Manager PPI & M Manager
4.	**Establish Patient Partnership Forum**	• Establish and promote quarterly Forum meetings • Patient Partner group to contribute agenda item for each meeting • Review of Patient Partner meetings to focus on development and support / administration	April 2015 / ongoing April 2015 / ongoing June 2015	PPI & M Manager Patient Partners Patient Partners / PPI & M Manager
5.	**Create E- Advisor role**	• Develop role and "rules of engagement" for E-Advisors • Brand and promote the role (internally to CMGs + externally)	October 2015 January 2016 / ongoing	PPI & M Manager

		• Recruit >50 E-Advisors	April 2016	
6.	**Community Engagement**	• Develop / maintain community stakeholder database • Establish programme of “outreach” community engagement • Three Trust Board meetings to be held in community venues • Trial of “Mini surgery” events with community groups (minimum of four) • Establish partnerships with PPGs (minimum four engagement opportunities) • Develop standards / toolkit for Community engagement	March 2015 / ongoing September 2015 / ongoing March 2016 March 2016 March 2016 March 2016	PPI & M Manager PPI & M Manager Trust Board NEDs / Directors PPI & M Manager PPI & M Manager
Year 2: 2016 / 17				
7.	**CMG ownership of PPI**	• Train CMG PPI leads and Patient Partners to deliver PPI support to CMGs • Introduce PPI Annual report with submissions from each CMG • Review of KPIs in quarterly CMG (PIPEEAC) reporting template to increase challenge	June 2016 / ongoing March 2017	PPI & M Manager Director Comms / Marketing PPI & M Manager
8.	**“Involvement in to Action”**	• Evaluate progress of first cohort • Recruit second cohort of teams to adopt “involvement in to Action” • Report on progress included in PPI Annual Report	March 2017	PPI & M Manager + LiA team
9.	**Patient Partners**	• Identify CMG to pilot expanded Patient Partner model • CMG to identify lead officer responsible for Patient Partner coordination • Training and support for pilot areas • Recruit Patient Partners to work with the pilot CMG (numbers will depend upon CMG services) • Monitor and evaluate pilot	April 2016 April 2016 April 2016 / ongoing April – July 2016 March 2017	PPI & M Manager CMG GM PPI & M Manager PPI & M Manager PPI & M Manager CMG GM
10.	**Patient Partnership Forum**	• Promotion and monitoring of Forum effectiveness • Review format and frequency of meetings	Ongoing April 2016	PPI & M Manager
11.	**E-Advisors**	• Review effectiveness of role • Pending successful evaluation, recruit > 100 E – Advisors	June 2016 March 2017	PPI & M Manager
12.	**Community Engagement**	• Evaluation of year one / priority setting for year two • Increase training and support on engagement methods / facilitation skills / using the toolkit • Develop health promotion training package to allow CMGs take a more active role in community engagement	April 2016 Ongoing February 2017	PPI & M Manager PPI & M Manager PPI & M Manager / CMG GMs

		• Promote examples of good community engagement • Community Profiles cover > 20 local community groups • Maintain record of community engagement	Ongoing March 2017 ongoing	PPI & M Manager PPI & M Manager PPI & M Manager
Year 3: 2017 / 18				
13.	**CMG ownership of PPI**	• CMGs with support from Patient Partners foster and support patient / carer led groups	March 2018	CMG GMs
14.	**Patient Partners**	• Pending successful evaluation of CMG pilot, roll out Patient Partner model to two further CMGs • Training and support for new areas • Recruit Patient Partners to work with the two CMGs • Monitor and evaluate	April 2017 April 2017 / ongoing April – July 2017 March 2018	PPI & M Manager CMG GMs PPI & M Manager PPI & M Manager / CMG GMs
15.	**Community Engagement**	• Minimum of six Health promotion training sessions to community groups delivered by clinical staff • Evidence of Patient Partners recruited through community engagement	March 2018 March 2018	PPI & M Manager / CMG GMs PPI & M Manager

Appendix 1. University Hospitals of Leicester: Development Support Plan (Patient & Public Involvement)

Development Priority (Give a brief description)	**Organisational weaknesses and challenges** (Describe the Trust's needs analysis i.e. the evidence that Trust has that led it to identify the need for a development intervention)	**Development intervention** (Description of what is required to address the development need that has been identified)	**Development Support** (How is the Trust undertaking or proposing to undertake the development initiative, including identifying what support from the NTDA it might need to deliver it?)	**Timescale and outcome** (What does the Trust expect to deliver and by when?)
Patient & Public involvement **The Board Assurance Framework sets out key risks:** • Failure to achieve effective patient and public involvement Principal risk 6) • Failure to maintain effective relationships with key stakeholders	Risks from inadequate public engagement on the Trust's five year plan include: • Service developments may not meet user expectations or needs • Some changes to service delivery may be unpopular / misunderstood… we need 'permission' from our stakeholders • In failing to engage in a timely and appropriate manner the Trust may lose credibility with its stakeholders (i.e. Health watch and other patient representative groups) • Consultation outcomes may not support our plans • Failure to engage our local communities on proposals may result in services that do not adequately meet their diverse needs • Time, people resource and economic pressures within the	Empowering people in the engagement process An engagement strategy that describes our commitment to involving and listening to patients and the public directly in the development of our services. Clear governance arrangements in place that encourage and support active participation in improving care and services; and promoting openness and transparency both in the way we work and information about the work we do Increased central PPI resource i.e.	More time and resource invested in to CMGs to free up staff time to engage within the Trust and in the wider community Seek support and guidance from NHS England, in developing a PPI strategy that will seek to strengthen our PPI within the Trust as well as linking into the wider community Link into the Patient and Public Voice Team at NHS England to help UHL to develop a supportive and sustainable network (Advisory group) that will ensure PPI Lay Members are supported in their roles	CMG leads now attend the Patient Involvement, Patient Experience and Equality Assurance Committee (PIPEEAC) Medical representation also being sought for PIPEEAC Exploring how to better integrate PPI in to the development of business cases etc. November-December 2014 - • CMG PPI leads to undertake PPI training • Board Support for the development of 'Patient Partners • More time spent by Board members on engagement activities / visibility

Development Priority (Give a brief description)	**Organisational weaknesses and challenges** (Describe the Trust's needs analysis i.e. the evidence that Trust has that led it to identify the need for a development intervention)	**Development intervention** (Description of what is required to address the development need that has been identified)	**Development Support** (How is the Trust undertaking or proposing to undertake the development initiative, including identifying what support from the NTDA it might need to deliver it?)	**Timescale and outcome** (What does the Trust expect to deliver and by when?)
	Trust may diminish the appetite for good engagement Historically the instigation of PPI activity across the Trust has been variable. While some CMGs are proactively engaging patients, others could improve their performance; • Good engagement is likely to generate a more positive response in wider consultations • Greater involvement will improve public confidence in the Trust • Meaningful engagement inevitably results in services that meet the needs of users • PPI is not yet embedded in to the culture of most services • External /community engagement is sporadic and infrequent	more than a single leader Medical Leader with experience of leading change and engagement across multiple stakeholders	Access to medical leaders in other health economies who are prepared to coach/enthuse support our CMG leadership teams.	• NTDA "critical friend" support in the planning process With the outcome that UHL CMG leaders increasingly understand PPI, take ownership and ensure that this influences planning.