Update on implementation of the PPI Strategy

Author: K. Mayes Sponsor: M. Wightman **Trust Board paper L**

Executive Summary

Context

In April 2015 the Trust Board approved a new Patient and Public Involvement (PPI) Strategy and implementation plan. This paper provides an update to the Trust Board on the second year implementation plan for Q3. It also provides an overview of specific activity since the last quarterly update in September 2016.

Appendix 1 of this paper provides an update by Martin Caple (Patient Partner Chair) and David Henson (Executive Lead, Healthwatch Leicester) on outcomes from the recent Trust Board Thinking Day on August 11th.

Appendix 2 of the paper details the 19 issues raised by patient groups in preparation for the Thinking Day noted above.

Conclusion

Since the last update in September 2016 the PPI team have been liaising with the Strategy team to involve patient representative groups in the Trust's planning process. This included both a dedicated Engagement Forum meeting on planning and a "Planning Master Class" delivered to Patient Partners in October.

A new round of Patient Partner recruitment has begun and a recent campaign to recruit ePartners has increased the total number of ePartners to 234.

The first meeting of a new Joint Patient Group, hosted by UHL and involving representatives from the patient groups that were involved in the PPI Thinking Day, was held on 10 November 2016. A further meeting will be held in December 2016.

Input Sought

The Trust Board is asked to note this paper and the update on the last PPI Thinking Day.

For Reference

Edit as appropriate:

1. The following **objectives** were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	Not applicable]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Not applicable]
A caring, professional, engaged workforce	[Not applicable]
Clinically sustainable services with excellent facilities	[Not applicable]
Financially sustainable NHS organisation	[Not applicable]
Enabled by excellent IM&T	[Not applicable]

2. This matter relates to the following **governance** initiatives:

a. Organisational Risk Register [Yes]

If YES please give details of risk ID, risk title and current / target risk ratings.

Datix Risk ID	Operational Risk Title(s) – add new line for each operational risk	Current Rating	Target Rating	CMG
2154	There is a risk that a lack of engagement with PPI processes by CMGs and Directorates could affect legal obligations	12	8	

b. Board Assurance Framework [No]

3. Related **Patient and Public Involvement** actions taken, or to be taken:

This report provides an overview of recent PPI activity and outlines how engagement with patients and the wider public is being encouraged within the Trust. The patient voice is represented in an update paper attached as an appendix and submitted by representatives from Healthwatch and the Trust's Patient Partners.

4. Results of any **Equality Impact Assessment**, relating to this matter:

The PPI strategy actively promotes inclusive patient and public involvement which is mindful of the diverse population that we serve.

5. Scheduled date for the **next paper** on this topic: [02/03/17]

6. Executive Summaries should not exceed **1 page**. [My paper does comply]

7. Papers should not exceed **7 pages.** [My paper does comply]

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: Trust Board

REPORT BY: Mark Wightman, Director of Communications and Marketing

AUTHOR: Karl Mayes, PPI and Membership Manager

DATE: 01/12/16

SUBJECT: Update on implementation of the PPI Strategy

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1. Introduction

1.1 In April 2015 the Trust Board approved a Patient and Public Involvement (PPI) Strategy. The strategy;

- Outlined the mechanisms by which the Trust communicates and engages with its stakeholders.
- Outlined 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.

1.2 A three year implementation plan was approved alongside the strategy. Updates on this plan are brought to Trust Board quarterly. This is the update for Q3 of year 2 of the strategy implementation plan.

1.3 Appendix 1 of this document comprises an update on outcomes from the Trust Board PPI Thinking Day by Martin Caple (Patient Partner Chair) and David Henson (Executive Lead, Healthwatch Leicester). Appendix 2 details the 19 issues that were raised in preparation for the Thinking Day by the participating Patient Groups.

Highlights since the last update in September 2016

2. Patient & Public Involvement in the Trust's planning process.

2.1 Since the last quarterly update in September 2016, the PPI Team have been liaising with the Trust's Strategy team to involve patient representative groups in the planning process.

2.2 On October 20th the Trust's Public Engagement Forum meeting was dedicated to engagement on our planning activity. The meeting was led by our Deputy Chairman with the Medical Director, Director of Workforce and OD and Chief Nurse also in attendance. During the meeting the Chair of our Patient Partner group delivered a presentation which outlined some priorities for the Trust which had been identified by nine local patient groups. These priorities formed the basis of a discussion at the last Trust Board Thinking Day on PPI in August 2016. The issues raised were grouped

into three key themes: Performance, Reconfiguration and Equality and Diversity. Each of the points raised has been sent out to the relevant senior staff in the organisation for response.

2.3 At the same meeting our Head of Strategic Planning delivered a presentation on the Trust's planning priorities and how these had been informed by previous engagement with patient groups. He set out the timetable for planning this year and provided an overview of the requirements placed on the Trust by NHS Improvement.

2.4 On October 13th the Trust's Head of Partnerships, Workforce Development Manager and Director of Performance & Information conducted a "Planning Master Class" with our Patient Partner group. The aim of the session was to bring Patient Partners up to speed with the current planning priorities and timetable and to prepare them to engage more effectively with the CMGs to which they are all attached. The team gave a commitment that CMGs would be briefed on the importance of involving Patient Partners in their planning discussions. Patient Partners will pick this up with their respective Heads of Nursing.

3. Patient Partner Recruitment

3.1 A new recruitment programme for Patient Partners has commenced; the aspiration being to raise the number of Patient Partners to 21 by March 2017. The new programme will feature an advertisement in December's Together magazine, advertisements on the Hospital Hopper buses as well as promotion through the Trust's public membership, social media and a poster campaign across UHL sites.

4. ePartner recruitment

4.1 Following a campaign in November 2016 by the PPI team we have now recruited a total of 234 people as ePartners. Epartners agree to engage with the Trust online by receiving surveys, participating in polls and taking opportunities to comment on service developments etc. The increase in numbers represents a useful resource for CMGs to engage with our public membership and will be promoted through our CMG PPI leads. The ePartner scheme is a particularly useful means by which we can engage with those who are too busy to attend events or who may have restricted mobility and struggle to come along.

5. Joint Patient Representative Group

5.1 One of the outcomes from the Trust Board Thinking Day on PPI (August 2016) was to explore the formation of a joint patient representative group. To that end, representatives from the nine patient groups that participated in the Thinking Day were invited to an initial meeting on November 10th 2016. Those present agreed to a further meeting to consider how the groups would communicate and work together in the future. They will be reviewing the responses received from UHL senior staff regarding the issues raised at the Thinking Day (see Appendices 1 & 2).

6. Update on the implementation plan

6.1 The implementation plan for year two is presented below with activity on each action for Q3.

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 June 2016	PPI Toolkit developed and circulated to CMG PPI leads. It has also been adopted as part of the "UHL Way". PPI & Membership Manager is meeting with CMG PPI leads to assess training and support needs. Complete – KPIs reviewed
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	A discrete "Involvment in to Action" process has now been superceded by the devleopment of the UHL Way. A PPI Toolikit has been completed and now forms part of the UHL Way.
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	ITAPS have agreed to become the trial CMG for an expanded Patient Partner model. This will see greater patient involvement at service level. A meeting has been set up with the ITAPS Head of Nursing for December 2016 to progress this.
10.	**Public Engagement Forum**	Promotion and monitoring of Forum effectiveness Review format and frequency of meetings	Ongoing April 2016	Discussion with Trust Chairman resulted in agreement to continue quarterly Engagmenet Forum meetings while exploring analogous opportunities in community settings. These will commence in 2017.
11.	**E-Advisors**	Pending evaluation, recruit > 100 E – Partners	March 2017	the PPI team have now recruited a total of 234 people as ePartners. This will be promoted as an engagement resource for CMGs.
12.	**Community Engagement**	Increase training and support on engagement methods / facilitation skills / using the toolkit	Ongoing	The recruitment of a Band 5 PPI Officer has created some extra capacity to undertake community

		Develop health promotion training package to allow CMGs take a more active role in community engagement Promote examples of good community engagement Community Profiles cover > 20 local community groups Maintain record of community engagement	February 2017 Ongoing March 2017 ongoing	engagement. Deputy Director of Learning & OD has welcomed the opportunity to support engagment with HR staff promoting career opportunities to community groups. Contact with community groups is now being tracked through a community engagement log. A Community Engagmenet plan will be submitted in December 2016.

7. Summary

7.1 The recent Thinking Session mentioned above has reminded the Trust of the growing number of local patient representative groups that have a direct interest in and involvement with UHL. This quarter we made a commitment to ensure that their concerns and issues were reflected in our planning activity. Martin Caple (Patient Partner Chair) and David Henson (Healthwatch Leicester) are exploring how best to share concerns and issues among the many local patient voice groups (see Appendices 1 & 2).

7.2 The UHL Way has been developed since the approval of the PPI strategy in 2015. Insofar as it aims to provide a single, common approach to change and service development it would be useful to review the PPI strategy to ensure that it harmonises with the aspirations of this new programme.

7.3 Following a successful campaign by the PPI team the number of ePartners willing to engage with the Trust online has jumped from 47 to 234. This represents a great resource for CMGs to engage with members of the public and will be promoted as such.

Karl Mayes
PPI & Membership Manager
December 2016

Appendix 1: Report by Martin Caple, Chair UHL Patient Partner Group and David Henson, Executive Lead, Healthwatch, Leicester City

UHL Thinking Day - Putting Patients First by Working Together - 11th August, 2016

Report by Martin Caple, Chair UHL Patient Partner Group and David Henson, Executive Lead, Healthwatch, Leicester City

Introduction

1. The UHL Board Chairman, Karamjit Singh, arranged a Board Thinking Day on 11th August, 2016, where he wanted the emphasis to be on patient issues. He asked us, in liaison with Karl Mayes, UHL PPI Manager, to arrange the session, to invite suitable people and for us to facilitate the event. The aim was to identify the concerns and issues affecting patients and to seek outcomes and improvements through a "Listening in to Action" style session.

Background

2. In addition to the Chairman and members of the Board the following were invited to the event: senior staff from UHL, including doctors, nurses and managers from Clinical Management Groups, and patient representatives from the following nine patient groups:

- UHL Patient Partners
- Healthwatch Leicestershire
- Healthwatch Leicester City
- Healthwatch Rutland
- The Alliance Patient Group
- UHL Equality Advisory Group
- BME Communities Organ Donation Link
- Leicester Mercury Patients' Panel
- Better Care Together PPI Group

3. In advance of the day each of the patient groups were asked to submit their 4/5 key priorities/concerns which they felt UHL should be concentrating on at this time. Those issues were consolidated in to 19 issues under three key themes:

- Performance issues
- Reconfiguration
- Equality and diversity

4. Those 19 issues are outlined in a chart at Appendix 2 to this report which has been referred to the relevant senior staff within UHL for responses and updates to all the issues. Once all the responses are received the chart will be updated and forwarded to the patient groups. It is relevant to mention that these issues were highlighted to UHL senior staff, including Gino Di Stefano, Head of Strategic Development, and the

public who attended at a Membership Engagement Forum event on 20th October, with the intention of these matters being considered in the forthcoming two year planning process.

5. At the Thinking Day 34 people attended and they formed mixed table-top groups to discuss each of the three themes above in turn. They wrote down their thoughts and gave feedback on the following three questions:

a) There are some performance issues within UHL that are raising concerns. How can patient groups be involved in helping to solve these issues? Please consider the current approach to how these issues are being tackled within UHL and how further patient and public involvement would assist."

b) How can we jointly ensure that reconfiguration initiatives within UHL and the transferring of services to the wider health community involve all patient groups and be conveyed to the wider public? What is your opinion as to how reconfiguration is managed now and what improvements could be made from a PPI viewpoint?"

c) How can UHL build on its successes in relation to equality and diversity and provide fair and equitable services to everyone? What do you see as successes in this area and what improvements could be made?"

6. At the outset David and I emphasized that it was important for all patient groups to share information and discuss issues together and they wished to pursue this initiative after the Thinking Day.

Summary of responses to the performance questions

7. Patient groups should be involved in helping to resolve the problem areas and seen as partners in the process.

8. Communication between UHL and the patient groups needs to be improved to achieve the above. There should be a regular update to patent groups on measures be taken to resolve problems in performance seeking feedback from them.

9. To assist staff in understanding patient experiences better they should be made aware and use the new PPI tool kit methods, plus mystery shoppers, which is not in the tool kit.

10. There should be input on, or indeed from, patient groups at Staff Induction events on their role and concerns for new staff to understand the patient experience.

11. In liaising with patient groups on all issues, including performance, UHL should decide at the outset what is for information, awareness or consultation and what specific role they have.

12. More use should be made of social media in engaging with the public.

Summary of responses to the reconfiguration questions

13. Involve patient groups in the service design of projects from the beginning.

14. Patient groups need to be fully engaged with the Sustainable Transformation Process (STP).

15. There needs to be improved communication between primary and secondary care on reconfiguration projects.

16. Front line staff should be listened to more as they often have solutions/ideas to projects.

17. Involve recent service users in reconfiguration projects.

18. Provide a simple newsletter to patient groups and the public, updated regularly, explaining in brief terms current and future projects with time scales.

19. Build a directory of willing patients who would like to be involved in projects.

20. All health partners, (ie UHL, CCGs, LPT, dentists, pharmacies, GPs, health centres etc), to be told the same messages so everyone understands.

21. Patient groups need to work better together.

Summary of responses to the questions on equality and diversity

22. The following were seen as successes:

- Multi-faith chaplaincy
- Diverse workforce
- Appointment of Meaningful Activity Co-ordinators
- Equality Advisory Group and PIPEEAC forums
- The Organ Donation Committee
- Successes in engaging with hard to reach groups
- Learning disability nurses
- Choice of culturally different meals and places of worship
- Language booklets
- Monitoring of ethnicity of patients

23. It was felt the following improvements could be made:

- Better access for disabled patients
- Gaps in monitoring of protected characteristics.
- Improved understanding of equality and diversity by all staff by increased

training
- More ethnic minority staff above Band 8A in UHL.
- Link more with ethnic minority community on service design issues.
- More resources for engagement in the community including consideration of a Director role post in UHL.
- Use of accessible information standard needs to be identified on referral.
- More use should be made of the "Due Regard" proforma.

General comments covering all three topics

24. The following general comments were made at the event:

- There is a need for cultural change in UHL to enable PPI to flourish and be given a higher priority.
- Is sufficient account being taken of the views of the various Discharge Coordinators across the Trust when discharge planning improvements are discussed?
- It is vital relevant staff are trained and educated in how to use the PPI tool kit; otherwise it will fall in to a "black hole".
- If not in existence already "suggestion boxes" should be introduced at all sites.
- It is important for staff to know when it is appropriate to undertake patient engagement; (ie at what point and in what context.) "Involvement in everything we do" is often said but is not correct.

Meeting with Patient Involvement Patient Experience and Equality Assurance Committee (PIPEEAC)

25. At the internal PIPEEAC meeting on 1st November, (chaired by Carole Ribbins, Deputy Chief Nurse), we updated members with the current position and agreed to bring a further update to that forum on 30th November.

Meeting with Patient Groups

26. With regard to the proposal that all nine patient groups share information, invitations were sent to those groups and responses were received from four groups who intimated they wish to be involved. Consequently on 10th November we both met four representatives from these groups articulating some of the actions from 11th August. We agreed to establish a group that would meet bi-monthly, to receive and consider external issues by both patients and the public, collate those issues and feed them in a coordinated way to a group currently in existence in UHL, (eg the PIPEEAC meeting). We have agreed to meet again on 15th December.
27. In relation to all the issues, concerning performance, reconfiguration and equality/diversity, outlined above, the following approach has been taken:-

A) Performance issues: Consideration is being given to them by Karl Mayes for his recommendations on the way forward.

B) Reconfiguration issues: Consideration is being given to them by Mark Wightman, Director of Communications, and Nicky Topham, Reconfiguration Director for their views about the way forward.

C) Equality and diversity issues: Consideration is being given to them by Louise Tibbert, Director of Workforce, and Deb Baker, Equality Manager, for their recommendations on the way forward.

Current Position and the Way Forward

28. Full replies are still awaited from within UHL to all the above issues and, when received, they will be circulated to the patient groups. With regard to the internal mechanisms for dealing with, not only the outcome of the Thinking Day issues, but also ongoing concerns by all patient groups, discussions have been held with Karl Mayes and a report with proposals, is being forwarded to Mark Wightman and Carole Ribbins.

29. A report outlining progress will be presented to the Quality Assurance Committee for their meeting on 22nd December, 2016.

Conclusion

30. This report is forwarded for the information of the Board.

Martin Caple, and David Henson

21st November, 2016

Appendix 2: Priorities for UHL as identified by Patient Groups participating in the Thinking Day on August 11th 2016.

No	Issue	Questions
	Performance Issues	
1.	A & E Waiting Times	What is the current position on forthcoming winter pressures and the opening of the new Emergency Department? What impact will the new Emergency Department have on waiting times?
2.	Recruitment and Retention and safe staffing levels	What are the current vacancies for Doctors and Nursing staff? How does this impact on patient safety? What is the future recruitment strategy, particularly following Brexit?
3.	Concern over cancer targets not being met	What is UHL's current cancer performance? Is the 62 day target being met? What is the current performance status of the Radiotherapy service?
4.	Concern over the whole process of outpatient appointments and clinics	What is the current position regarding the outpatients board? What strategies are the board looking at to support improvement?
5.	Concern over operations being cancelled, particularly at short notice	What is being done to reduce the number of operations being cancelled at short notice?
6.	Status of the Facilities contract now it has been taken back in house,	What is the current situation regarding facilities now it has been back in house for 4 months? When will it be likely that patients will see improved standards? What lessons have been learnt for the future? How can Patient and Public Involvement figure more prominently in the process?
	Reconfiguration	
7.	24/7 performance	How does the Trust intend to progress to a 24/7 operation?
8.	Children's Hearts	How are we responding to the threat over the EM Children's Heart Unit?
9.	BCT– effects on patient flow in Rutland and Lincs	
10.	Reduction in UHL beds	
11.	Diabetes services?	How are patients involved in shaping

No	Issue	Questions
		diabetes services?
12.	Community Care	What is the current position with Sustainable Transformation Plan? How will patients be involved?
13.	The changes achieved and in process for transferring services from UHL to community hospitals needs to be more widely known and conveyed to everyone.	How will the current and planned changes be communicated to patient groups and the wider public?
	Equality & Diversity	
14.	Young Disabled Unit	Is the Unit now fit for purpose? What is the long term plan to accommodate patients if Wakerley Lodge is considered to no longer be suitable?
15.	Organ Donation:	How is organ donation embedded across UHL?
16.	Hospital Charity	How does the hospital charity support community activities/projects?
17.	Equality of access	How will the Trust ensure that access to its services is fair and equitable for everyone? What are we doing to ensure this is the case?
18.	Dementia Care	What does the Trust do to support people with dementia? What will future support for people with dementia look like?
19.	PPI and community engagement	How do we ensure that we listen to patients? How do we ensure that we \re hearing a diverse range of views?