

Update on implementation of the PPI Strategy

Author: K. Mayes Sponsor: M. Wightman Trust Board 02/03/17

Trust Board paper 0

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 Q4. It also provides an overview of specific activity since the last quarterly update in December 2016.

Appendix 1 of this document comprises a summary of Patient Partner activity from Martin Caple, Chair of the Patient Partner group. This paper was also taken to the Quality Assurance Committee in February 2017.

Appendix 2 of the paper provides an overview of public / community engagement undertaken in 2016 / 17. It represents a baseline from which to evaluate the programme of community engagement endorsed by the Trust Board in January 2017.

Conclusion

Since the last update in December 2016 interviews for the Patient Partner role have now taken place. 10 candidates will now be offered a place as a UHL Patient Partner. This will bring the total number of Patient Partners up to 24. The new candidates will add further diversity to the Patient Partner group in terms of gender, ethnicity, age and disability.

UHL Chairman, Karamjit Singh, will host a meeting with the Chairs of the nine patient groups that participated in last year's PPI Thinking Day to scope their appetite for an on-going partnership meeting. The meeting with the Chairman will take place on March 13th 2017.

The Trust Board received and endorsed a community engagement proposal in January 2017. The proposal sets out a plan for a quarterly community engagement forum as well as a rolling programme of smaller scale community engagement events and an increased UHL presence at community festivals and events.

Given the current operational pressures and increased focus on community engagement it is recommended that the PPI Strategy be reviewed in the new financial year.

Input Sought

The Trust Board is asked to note this paper and the update on Patient Partner activity for Q4.

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 the Chair of our Patient Partner group.

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. This paper provides assurance that a recent round of Patient Partner recruitment has added to the diversity of that group.

5. Scheduled date for the **next paper** on this topic: [01/06/17]

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: 02/03/17

SUBJECT: Update on implementation of the PPI Strategy

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 Q4 of year 2 of the strategy implementation plan.

1.3 Appendix 1 of this document comprises a summary of Patient Partner activity from Martin Caple, Chair of the Patient Partner group. This paper was also taken to the Quality Assurance Committee in February 2017.

1.4 Appendix 2 of this document comprises a summary of community engagement activity in 2016 / 17. It represents a baseline from which to evaluate the programme of community engagement endorsed by the Trust Board in January 2017.

Highlights since the last update in December 2016

2. Patient Partner Recruitment

2.1 A recruitment programme for Patient Partners commenced in December 2016. The aspiration was to raise the number of Patient Partners to at least 21 by March 2017. The new programme featured 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.

2.2 A Patient Partner Open Day was held on 17th January 2017 to promote the role and provide opportunities for prospective candidates to speak with existing Patient

Partners. Over 40 people attended this event which generated 19 applications for the role.

2.3 Interviews for the Patient Partner role took place in February 2017. As a result, 10 successful candidates will now be offered a place as a UHL Patient Partner. This will bring the total number of Patient Partners up to 24. The new candidates will add further diversity to the Patient Partner group in terms of gender, ethnicity, age and disability.

2.4 Given the relatively large number of new Patient Partners it will be important that they are supported, both by existing Patient Partners and by their PPI Leads and other colleagues in the CMGs.

3. Joint Patient Representative Group

3.1 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. The group would offer disparate patient representatives the opportunity to share intelligence and concerns and present their combined priorities to the Trust. Two meetings have taken place since then to further this aspiration. Uptake from the original nine patient groups involved in the Thinking Day has been sporadic. Karamjit Singh, the UHL the UHL Chairman has now offered to host a meeting with the Chairs of these nine groups to scope how they wish to proceed. The meeting with the Chairman will take place on March 13th 2017.

4. Community Engagement

4.1 The Trust Board received and endorsed a community engagement proposal in January 2017. The proposal sets out a plan for a quarterly community engagement forum which will be held in community venues across LLR. It also outlines a rolling programme of smaller scale community engagement events and an increased UHL presence at community festivals and events. Appendix 2 of this document provides a brief summary of community engagement activity undertaken in 2016 /17.

5. Update on the implementation plan

5.1 The implementation plan for year two is presented below with activity on each action for Q4.

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	June 2016 / ongoing March 2017	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

		template to increase challenge	June 2016	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 “Involvement in to Action“ process has been superceded by the development of the UHL Way. A PPI Toolikit was completed in 2016 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	A recent round of Patient Parnter recruitment will see an expanded number of Patient Parnters in all of the CMGs. Discussions have been held with ITAPs regarding their role in piloting a further expanded Patient Parnter model. Through these discussions (which included Patient Partners) it was felt that the CMG would struggle with a larger number of Patient Partners and it was instead mooted that service managers explore the development of service specific user groups. On reflection, and with current operational pressures in mind, this may be a more effecive means by which to achieve public involvment within the CMGs. A review of the PPI Strategy in the next Financial year would reflect this direction.
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 a Community Engagement paper to Trust Board which set out a plan to transfer the Public Engagemeent Forum to community venues. These will commence in the 2017 /18 financial year.
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 Develop health promotion training package to allow	Ongoing February 2017	The recruitment of a Band 5 PPI Officer has created some extra capacity to undertake community engagement. The Deputy Director of Learning & OD

		<p>CMGs take a more active role in community engagement</p> <p>Promote examples of good community engagement</p> <p>Maintain record of community engagement</p>	<p>Ongoing</p> <p>ongoing</p>	<p>has welcomed the opportunity to support engagement with HR staff promoting career opportunities to community groups. Contact with community groups is now being tracked through a community engagement log (summarised in appendix 2 of this paper). A Community Engagement paper was endorsed by Trust Board in January 2107.</p>
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7. Summary

7.1 Interviews for the Patient Partner role took place in February 2017. 10 candidates will now be offered a place as a UHL Patient Partner. This will bring the total number of Patient Partners up to 24. The new candidates will add further diversity to the Patient Partner group in terms of gender, ethnicity, age and disability.

7.2 UHL Chairman, Karamjit Singh, will host a meeting with the Chairs of the nine patient groups that participated in last year's PPI Thinking Day to scope their appetite for an on-going partnership meeting. The meeting with the Chairman will take place on March 13th 2017.

7.3 The Trust Board received and endorsed a community engagement proposal in January 2017. The proposal sets out a plan for a quarterly community engagement forum as well as a rolling programme of smaller scale community engagement events and an increased UHL presence at community festivals and events.

7.4 In light of the expanded Patient Partner group activity, increasing operational pressures affecting the CMG PPI leads and the increased focus on Community Engagement it is recommended that the PPI Strategy be reviewed in the new financial year.

Karl Mayes
PPI & Membership Manager
March 2017

Appendix 1: Report to the Quality Assurance Committee by Martin Caple, Chair UHL Patient Partner Group

Patient Partner 3 monthly Summary Report

Background

1. In early 2016 at the Quality Assurance Committee meeting it was agreed that I would bring information from Patient Partners on a quarterly basis about patient stories or feedback on UHL services.
2. Since then I have presented such reports based on my own and other Patient Partners' experiences. In this latest report I am summarising activities undertaken by all Patient Partners in the last quarter, providing information on a recruiting campaign for new people in this role, commenting on the opportunities this presents and highlighting our current patient concerns.

Summary of Report

3. There are now 13 people undertaking the role of Patient Partner and all are attached to a specific Clinical Management Group, (CMG). This number has remained unchanged for several years. Whilst much of the work is focused in the CMGs there is a growing tendency for Patient Partners to be invited to participate in initiatives, projects and committees that cross all or several CMGs. On average each person undertakes 6 sessions, a month, (a session being half a day).
4. It is anticipated that by May this year at least another 8 people will be appointed as Patient Partners which will mean each of the 7 CMGs will have 3 people in this role.
5. Having 21 people in the role will mean, not only that the patient voice will be more widely heard in UHL, but it will also be a more diverse group. This means the support structure and commitment by staff needs to be robust to engage and relate to Patient Partners so they are used effectively.
6. I will comment in more detail on the above matters in this report.

Patient Partner Activities in the last 3 months

7. Listed below is a summary of the main activities of Patient Partners in the last 3 months:-

- Attendance at CMG Board, Quality and Safety and Infection Control meetings.
- Attend reconfiguration project meetings
- Participate in interviews for nursing posts, Complaints Manager and Freedom to Speak Up Guardian post.
- Attend confirm and challenge planning events.
- Facilitate patient focus events.
- Involved in GMC inspection

- Visit New Cross Hospital Emergency Department, Wolverhampton with Board members and senior staff.
- Attend Planned Ambulatory Care Hub meetings and devise a research questionnaire for service users.
- Attend Charitable Funds Committee
- Involved in garden project at Glenfield Hospital
- Review of Ophthalmology facilities and procedures.
- PLACE visits
- Attend Listening into Action events.
- Attend UHL Nutrition Committee
- Attend PIPEEAC meetings
- Participate in surveys at LRI entrances to assist access and signage arrangements.
- Safety Walkabouts
- Consult with 3 classes of 8/9 year olds at a County school regarding the new Childrens' Hospital and feedback to the Project Board.
- Attend Trust Board meetings.
- Sit on Patient Information Group forum.
- Involved with outside consultants with staff to improve pre-admission and theatre procedures.
- Participate in examining complaints files as part of Independent Complaints Panel.
- Involved in dementia strategy meetings.

Cross-cutting work across Clinical Management Groups

8. Increasingly Patient Partners are being asked to be involved in activities that are not CMG related but cross over in to several CMGs or are UHL related. Examples include:-

reconfiguration projects, PLACE visits, cancer peer reviews, UHL Way initiatives, membership of strategic committees, attendance at annual confirm and challenge planning sessions, the Independent Complaints Review Panel, patient information forums, a review of how the Carers Charter is operating on wards, visits to other hospitals with staff, signage projects and Safety Walkabouts.

9. Undertaking these activities and working in CMGs, particularly if new to the role, requires some background knowledge, brief training and an ongoing commitment to ensure Patient Partners can be fully effective. Indeed some existing Patient Partners

have remarked that they had not realized how responsible the position can be.

Current Issues affecting Patients

10. Current issues of concern affecting patients for Patient Partners are primarily:- cancelled operations, (and the subsequent rebooking of them), cancer targets not being met, waiting times to attend clinics and then within clinics, the lack of beds and discharge planning and the closure of the LRI Balmoral entrance and the changes needed for the main entrance to be at the Windsor entrance, (together with all the associated access and signage arrangements).

Recruitment and Appointment of new Patient Partners

11. Following recent publicity and advertising an Open Session for potential new Patient Partners was held at the Leicester Royal Infirmary on 17th January, 2017. Forty five people attended following which applications were received and 16 people were short listed and invited for interview. Together with Karl Mayes, Patient Involvement Manager, and Hannah Rooney, PPI Officer, I interviewed 11 of those applicants on 9th and 10th February and further interviews will take place on 20th February.

12. It is already clear from those interviews that at least 8 people will be suitable for appointment.

Infrastructure to support Patient Partners

13. Karl Mayes and his team in Communications oversee and support Patient Partners from a central point and within CMGs each Head of Nursing, (who have responsibility for patient and public involvement), liaises with them and agrees their work programme. Across UHL more time is given to Patient Partners in some CMGs than others; an issue that is being addressed with Karl Mayes and Carole Ribbins, Deputy Head Nurse, (in her role as Chair of PIPEEAC).

14. In addition we have regular 6 weekly meetings as a group of Patient Partners with Mark Wightman, Director of Marketing and Communications, and Karl Mayes and at a forthcoming meeting we will focus on how we can all enhance the support structure. When the new Patient Partners are appointed each will be mentored by an existing experienced Patient Partner.

Looking to the Future

15. In addition to their personal skills Patient Partners bring their work and life experiences to the role and these attributes means they can bring a particular expertise to an issue or project.

16. Following a Board Thinking Day last August QAC will be aware that efforts are being made to encourage more liaison and networking between all County wide patient groups and Patient Partners could play a key role in this.

17. To date we mainly act as individuals in the role and I think more opportunities could be made by UHL to seek our collective views as a group on key issues, particularly with 21 people involved.

18. At present most of our work is undertaken in the 3 hospitals, but with initiatives being introduced by Karamjit Singh, Chairman, and Ballu Patel, (Non-Executive

Director), in the community there may be opportunities for Patient Partners to assist there.

Conclusion

19. I would appreciate any comments members of QAC have on the issues highlighted in this report and specifically any proposals to improve the role for Patient Partners and UHL and to ensure Patient Partners feel valued and supported.

20. In relation to future reports to QAC I would be grateful for your views on whether you require specific Patient Partner stories or initiatives or more general strategic papers such as this.

Recommendations

21. This report is submitted for the information of the Committee and it is recommended consideration is given to the issues highlighted in the Conclusion above.

Martin Caple,
14th February, 2017

Appendix 2: Summary of Community / Public Engagement activity 2016/17

Below is a brief summary of Community / Public Engagement activity over 2016/17. It is intended to provide a baseline for evaluation of the Community Engagement programme for 2017/18.

Date	Group	Location	Comments / Follow up
08/04/16	Cancer Patient User Group	Helen Webb House, Westleigh Road Leicester	Promoted UHL Involvement / Patient Partner role/ opportunities. Feedback received / acted on directly by Cancer services
13/04/16	African Caribbean Centre	Maidstone Rd, Leicester	Maternity services pre-engagement
25/04/16	Public Engagement Forum	LGH Education Centre	Engagement on cancelled operations, update on PPI in planning and CQC visit. Minutes out to participants
28/04/16	Healthwatch Leicester / African Caribbean Centre	Age UK, Humberstone Gate	Karen Chouhan and Joe Allen – further exploration of Healthwatch involvement in Maternity pre-engagement. Healthwatch agreed to support.
20/05/16	Cancer Patient User Group	Helen Webb House, Westleigh Road Leicester	Facilitating group feedback, Feedback received / acted on directly by Cancer services.
30/06/16	Polish Community engagement	Age UK, Humberstone Gate	Meeting with Barbara Czyznikowska RE Polish community engagement
21/07/16	Public Engagement Forum	LGH Education Centre	Engagement on the Quality Commitment & NHS England's Review of Children's Heart Surgery.
11/08/16	Trust Board Thinking Day	Diabetes Centre LGH	Nine Patient Groups represented, met with Trust Board members and senior staff and engaged on range of themes relating to Performance, reconfiguration and Equality & Diversity. Priority themes were identified and responses solicited from Trust staff. Work is on-going to support a joint patient group meeting which will collate and prioritise patient group themes and concerns.
01/09/16	City CCG / Healthwatch	St Johns House, East Street	Met to discuss engagement with East European communities
16/09/16	Healthwatch Rutland	Falcon Hotel Uppingham	Discussion on Rutland residents' experience of healthcare including travel issues to UHL services.
20/09/16	Healthwatch Leicester	Town Hall Leicester	Annual Review event, overview of Healthwatch engagement and local concerns
26/09/16	Transgender group	LRI	Met with two members of Transgender group - complaint about experience in Gynae clinic LGH. Deb Baker to involve these service users in the development of a training session with Gynae department.
05/10/16	Coping with Cancer	Helen Webb House, Westleigh Road Leicester	Meeting with Courtney Nangel, Coping with Cancer community engagement lead to explore joint working opportunities.
07/10/16	BAME Organ Donation group	LRI	Met with Kirit Mistry to explore development of calendar of

			engagement events.
20/10/16	Public Engagement Forum	LGH Education Centre	Session devoted to engagement on the planning process. Martin Caple presented findings from Thinking Day.
31/10/16	Sharma Women's Centre	Sparkenhoe Street Leicester	Representing UHL at Annual Awards Ceremony, engaging with Board at Sharma.
02/11/16	Santosh Community Centre	2 Wingfield St, Leicester LE4 5DS	Meeting with Santosh management, exploring current service / engagement opportunities and aspirations to develop a community discharge facility.
09/11/16	Leicester Safeguarding Adults Board User's and Carer's Reference Group	Brite Centre	Meeting with partner organisations and service users RE local safeguarding strategy / practice. Co – development of community engagement programme.
18/11/16	Fibromyalgia Group	Ulverscroft Manor	Exploration of issues faced with UHL service provision. Follow up – scope information available at UHL for newly diagnosed. Return to group to work with them to develop information sheet.
15/12/16	Joint Patient Group meeting	LRI	Meeting held to scope how local patient groups could share intelligence and concerns, presenting a unified and collated view to the Trust. Attended by representatives of 5 patient groups.
05/01/17	Mosaic	Oak Spinney Park, Ratby Lane, Leicester	Met with CEO Michael Brittain to explore potential engagement opportunities with customers and ascertain support groups already in existence.
13/01/17	West End Centre /Junk Food Project/Social Media Cafe	West End Neighbourhood Centre	Engagement with service users, scoping to explore future engagement opportunities. Agreed regular slot at the centre.
24/01/17	Local Offer Live - SEND	The Curve Theatre	Engagement with a number of disability organisations including the Leicester City and Leicester County Parent Carer Forums who are open to the PPI Team attending future meetings to engage with their members. Also met with representatives from the 'Big Mouth Forum' for disabled children and young people who would be happy for the team to attend future meetings to engage with participants. Follow up – to arrange engagement sessions with the above groups
06/02/17	Santosh Day Centre	Wingfield Street Leicester	Chief Executive and Chairman attended to hear feedback from Service Users and Carers who use the Santosh Day Centre. The centre provides luncheon club and day care services for South Asian women and men who are elderly or who have a disability. The centre also talked about their vision of creating a step down discharge facility in a nearby premises.
15/02/17	Sanatan Day Care Centre	Surrey Street Leicester	PPI & Membership Manager and Lena Kotecha, one of our Patient Partners

			<p>attended the centre which provides day care support for older people from South Asian backgrounds. There were many positives among the feedback about hospital services. A repeated theme related to the difficulty in contacting our services by phone if English is not a first language. Inpatient interpreting was generally judged to be good and available at key points of the patient journey.</p>
16/02/17	Fibromyalgia group	Ulverscroft Manor	<p>PPI & Membership Manager's second visit to the group. Shared the information that is currently made available to newly diagnosed patients at UHL. Following a good discussion about patient information the PPI & Membership manager is working with the group to create what they would see as the most important information to help new Fibromyalgia patients.</p>