

Update on implementation of the PPI Strategy

Author: K. Mayes Sponsor: M. Wightman

Trust Board paper F

Executive Summary

Context

In June 2017 the Trust Board approved a refreshed Patient and Public Involvement (PPI) Strategy and implementation plan. This paper provides an update to the Trust Board on the implementation plan for Q2. It also provides an overview of specific activity since the last quarterly update in June 2017. **Appendix 1** of this document comprises a summary of recent Patient Partner activity from Martin Caple, Chair of the Patient Partner group.

Conclusion

Since the last update in June 2017 the Trust Board held a “Thinking Day” session dedicated to Patient & Public Involvement. The event benefited from the participation of a number of local “patient voice” groups and generated some helpful discussions regarding the Trust’s performance and direction of travel. One of the key outcomes of the session was for the Trust Board to consider the development of a Terms of Reference/Memorandum of Understanding with the recently formed Joint Patient Reference Group. This latter group comprises representatives from local patient voice groups and seeks to act as a forum to share and consolidate issues and concerns as they relate to UHL services.

A further development since the last update has been the launch of a new programme of community events which invite members of the Trust Board to engage with communities in a variety of settings across LLR. The first of our “Community Conversations” events was held in July 2017. Further events are planned for November 1st 2017 and January 16th 2018.

Following a successful recruitment process, 9 new Patient Partners are now active within the Trust and have undertaken a bespoke Patient Partner induction and the UHL Corporate Induction. A summary of recent Patient Partner activity and concerns may be found in appendix 1 of this document.

Input Sought

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

For Reference

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 programme of community engagement is actively seeking the input of our diverse local communities.

5. Scheduled date for the **next paper** on this topic: [07/12/17]

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: 07/09/17

SUBJECT: Update on implementation of the PPI Strategy

1. Introduction

1.1 In June 2017 the Trust Board approved a refreshed 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 An implementation plan was approved alongside the strategy. Updates on this plan are brought to Trust Board quarterly. This is the update for Q2 of the strategy implementation plan.

1.3 Appendix 1 of this document comprises a summary of recent Patient Partner activity from Martin Caple, Chair of the Patient Partner group.

Key activity since the last update in June 2017

2. Trust Board Thinking Day

2.1 On August 10th 2017 representatives from local "Patient Voice" groups were invited to participate in a Thinking Day with the Trust Board. The session focused on Patient and Public Involvement. The following groups were represented on the day;

- Healthwatch Rutland
- Healthwatch Leicester
- Healthwatch Leicestershire
- UHL's Patient Partners
- UHL's Equality Advisory Group
- The Leicester PPG Network
- East Midlands PPI Senate
- Leicester Mercury Patients' Panel
- The Alliance PPPG

In addition to the Trust Board, representatives from the Trust's clinical management groups also participated in the event.

2.2 To set the context for discussion, the first half of the session addressed a recent publication by the East Midlands PPI Senate entitled "What Should Good PPI Look Like?" which Geoffrey Smith, Patient Partner and member of the Senate, summarised for participants. UHL's PPI & Membership Manager then benchmarked the Trust against the standards identified by the Senate.

2.3 Martin Caple, Chair of UHL's Patient Partner group then reviewed the outcomes of last year's Thinking Day and posed a series of questions which guided the table top discussions which took place over the remainder of the session. The questions were;

- PPI is inconsistent across the Trust (CMGs, departments, corporate functions). What action should be taken to remedy this situation?
- Both patient representatives/groups and UHL staff and Board members often use phrases such as "we should be equal partners" - "there should be co-production / Co-design between us." How do we make this a reality?
- The Joint Patient Reference Group would like to see the Board held to account with a more proactive two-way process of exchanging information and issues developed. How do we make this happen?
- There is still concern that patient representatives / groups are not involved at the outset of projects. It is also not always clear what their role in the project is. How can UHL improve this situation?
- How do we ensure that the dialogue between UHL and patient representatives / groups is simpler and clearer; avoiding or explaining medical, managerial and technical language?

2.4 Each of these questions was considered by mixed groups of staff and patient representatives. Points from the various discussions were captured and will be reviewed and themed by the PPI Team.

2.5 During the course of the discussions and feedback, the following actions were captured to take forward;

- a) Trust Board to explore the development of a Terms of Reference / Memorandum of Understanding to guide its relationship and dialogue with the Joint Patient Reference Group.
- b) Trust Board to consider how it wishes to engage with patient representatives on its annual planning priorities.
- c) PPI Team to review and theme the content of Thinking Day discussions. A summary of the event, themes, outcomes and timescales to be circulated to participants.
- d) PPI Team to review Co-Production methodologies and explore potential benefits for PPI at UHL.

- e) Patient Partners to explore how they might take a more proactive role in the Trust as advocates for the wider PPI agenda.
- f) UHL Way Board to consider how it integrates PPI in to the UHL Way programme.

3. Community Conversations

3.1 In July 2017 the Trust launched its programme of “Community Conversations” events. The aim of these events is to enable Board members to be more visible in local communities, to listen to a diverse range of views on our services and promote and publicise the work of the Trust. The events will be run quarterly and will be held in a variety of different community venues across Leicester, Leicestershire and Rutland.

3.2 The first Community Conversation event was held on July 6th at Ulverscroft Manor. The venue is owned by the Shuttlewood Clarke Foundation; a charity which supports people with learning disabilities, long term conditions and people from disadvantaged backgrounds. The venue was also chosen for its proximity to geographic communities in North West Leicestershire.

3.3 The event was well attended with 36 members of the public participating. The Trust was represented by the Chairman, Ballu Patel (Non-Executive Director), Mark Wightman (Director of Communications, Integration and Engagement), Louise Tibbert (Director of Workforce and Organisational Development), Karl Mayes (PPI & Membership Manager) and Hannah Rooney (PPI & Membership Officer).

3.4 The event was positively evaluated by participants who appreciated the format, which allowed them time to ask questions and to discuss issues in smaller groups. A number of themes emerged in the discussions following a presentation on the LLR Sustainable Transformation Plan. These included concerns about possible extended travel times to appointments and accessibility of community hospitals as well as the need to encourage a more preventative approach to health. A number of participants suggested that the Trust should do more to support patients with mental health issues that use UHL services.

3.5 Two further Community Conversation events are now being planned for November 1st 2017 (focusing on the Rutland community) and January 16th 2018 (focusing on the experience of people with disabilities).

4. Patient Partners

4.1 Following a successful recruitment programme, our 9 new Patient Partners undertook a bespoke induction day in June. They also participated in a “Meet and Greet” event in which the Director of Communications, Integration and Engagement provided an overview of the Sustainable Transformation plan. Patient Partners also had an opportunity to meet with other senior members of staff.

4.2 The PPI Team have meet with CMG PPI leads and their new Patient Partners to establish a local induction programme and plan for them. They will now meet quarterly with the CMGs to monitor and encourage progress.

4.3 A further update on Patient Partner activity is provided in Martin Caple's Patient Partner Summary Report (appendix 1 of this document).

5. Update on the implementation plan

5.1 The implementation plan for the refreshed PPI Strategy is presented below with an update on actions as per Q2.

Priority	Actions	Target date	Status
2017 / 18			
1.	CMG ownership of PPI	Standing agenda item specifically focused on PPI is delivered by Patient Partner at CMG Board / Quality and Safety meetings	Sept 2017 CMG Board / Quality and Safety meetings devote time to Patient Experience items. Most also cover PPI. PPI team are working with CMG leads to address.
		CMGs to nominate a deputy to coordinate PPI at service level	July 2017 Complete. All CMGs have nominated deputies
		Conduct Training Needs Analysis with all CMGs	Dec 2017 This will form part of the PPI team's quarterly CMG meeting
		Review of KPIs in quarterly CMG (PIPEEAC) reporting template	July 2017 Complete
		Quarterly meetings with PPI Team / Patient Partners / CMG PPI Leads established an diarised in for 1 year	Sept 2017 First round of quarterly meetings complete. Currently establishing meetings for 2018.
		Each CMG has a clear plan of PPI activity for the coming year	Sept 2017 First round of quarterly meetings have created forward plans for next 3 months to induct new PPs.
		PPI Team to develop tools and process to evaluate PPI activity within CMGs	Feb 2018 TBC
2.	Patient Partners	Recruit and induct (through both Corporate and local inductions) > 21 new Patient Partners	July 2017 Complete
		Allocation of all new Patient Partners to CMGs	July 2017 Complete
		Develop Patient Partner workbook	June 2017 Complete
		Develop new Terms of Reference	June 2017 Complete
		Develop Induction Pack for new Patient Partners	June 2017 Complete
		Review and develop new Patient Partner role outline	July 2017 Complete
		Secure a patient Partner to be attached to the UHL Cancer Centre	July 2017 Complete
		Identify second trial area within the Trust to attach a patient partner to.	March 2018 TBC

		Develop an awareness raising campaign for Patient Partners, to be promoted via internal communications channels.	August 2017	In development. Plan to launch in October 2017
		Develop Intranet presence of Patient Partners including profile information and Patient Partner request form.	August 2017	In development. PPI team exploring volunteer support to migrate data to intranet.
		Establish database to monitor and track Patient Partner activity in the Trust	July 2017 August 2017	complete
		Review the structure and format of Patient Partner meetings in light of the expansion of the group	August 2017	complete
3.	Community Engagement	Establish and promote quarterly Community Engagement Forums for 2017/18	August 2017 / on-going	Complete / on-going. „Community Conversations“ events scheduled for November 1st 2017 & January 16th 2018
		Mandy Johnson to coordinate Board attendance at the Community Engagement Forums	August 2017 / on-going	On-going
		Review and maintain community stakeholder database	on-going	on-going
		Establish programme of “outreach” community engagement	July 2017	on-going. (captured in community engagement log)
		Identify calendar of local events / festivals / fairs etc / establish costs for participation	July 2017	complete
		Liaise with HR team regarding opportunities to promote job / career advice	July 2017	complete. PPI Manager met with Deputy Director of OD & Recruitment Lead
5.	Develop the E- Partner role	Incorporate promotion of ePartners to UHL staff as part of Patient Partner comms campaign (see above)	August 2017	In development. Plan to launch in October 2017
		Recruitment of > 300 ePartners Minimum of one engagement opportunity for ePartners every 2 months	March 2018	TBC
		ePartnership to be promoted via social media	March 2018	TBC
6.	Support for the LLR Joint Patient Group	Establish dates / venues for future meetings	July 2017 on-going	Complete. Regular meetings now scheduled
		Provision of administrative support to service meetings		PPI team do not have the administrative capacity to support but discussions are taking place within the group regarding minutes etc.

		Quarterly reporting of collective views via the PPI Update paper to Trust Board		Following Thinking Day 2017, TB to explore terms of reference with this group.
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Karl Mayes
PPI & Membership Manager
September 2017

Appendix 1: Patient Partner Summary Report by Martin Caple, Chair UHL Patient Partner Group

**Patient Partner Summary Report – 1st June to 31st August 2017
Report by Martin Caple, Chair, Patient Partner Group**

Introduction

1. The purpose of this report is to outline the key activities and progress achieved by Patient Partners in the past 3 months, together with updated brief information on the Joint Patient Reference Group, (the recently formed body comprising representatives of several patient organisations).

New Patient Partners

2. The 10 new Patient Partners appointed in June appear to have settled in well, having undertaken their induction and initial training and been allocated to CMGs. There are now a total of 22 Patient Partners, spread across the 7 CMGs plus one allocated to the Cancer Centre. They are being given tasks not only in CMGs, but increasingly all Patient Partners are involved in corporate activities across the Trust. Within the Women's and Childrens' CMG two Patient Partners are now allocated specifically to the Women's area and three are now assigned to the Childrens' Department.

3. However, whilst the situation has improved, the workload and commitment to Patient Partners and Patient and Public Involvement generally across the CMGs is inconsistent, despite the best efforts of the PPI Team centrally. This is partly remedied by Patient Partners now being involved in cross cutting Trust wide activities; (ie reconfiguration projects, a new patient information project, the new Outpatient project, involvement in serious incident investigations and further work in assessing the impact of the Carers Charter).

4. As a group Patient Partners now meet every 2 months and we are changing the format of the meetings to ensure we focus on the key issues of concern and invite relevant speakers with prearranged questions and issues for them to answer.

Patient Partner activities in the 3 month period

5. Listed below is a brief summary of the main activities of Patient Partners both within CMGs and on corporate cross cutting UHL issues in the last 3 months:-

- Members of UHL strategic committees, (ie Quality Assurance, Integrated Finance, Performance and Investment, Safeguarding, Education, Nutrition, Research and Innovation and Charitable Funds etc).
- Attendance at CMG Board and Quality and Safety Committee meetings.

- PLACE/environmental inspections
- Safety Walkabouts
- Facilitate patient focus events
- Surveys of patients
- Speaking to patients and relatives in wards and outpatient clinics and observing how the ward and outpatient practices.
- Clinical audit training
- Attend LIA events
- Patient Partner now on UHL Mental Health Board
- Involved in cancer questionnaire to support the Trust Cancer Action plan
- View an Orthopaedics block nerve operation aimed at reducing costs and aiding quicker recovery.
- Patient Partner now a key member of the Nutrition and Hydration Committee who are proposing a new strategy to the Board.
- Attend SLA and contract meetings
- A Patient Partner has been involved independently in interviewing band 5 nurses seeking their views on issues in their area of work, including areas for improvement, recruitment and retention. The subsequent report to management forms part of a Leadership Programme initiative.
- Involvement in several reconfiguration projects
- Involvement as a group in the new trust -wide projects on Outpatients, Patient Information and monitoring of the Carers Charter.

6. As can be seen from the above list, which is by no means exhaustive, the activities are wide-ranging. The key for each Patient Partner is to achieve a balance in what they do to ensure they are aware of patient issues and can also comment and inform at strategic forums.

Current Issues of Concern affecting Patients

7. The current issues of concern affecting patients are largely unchanged since my previous report in June, namely:

- Operations being cancelled

- Performance in the new Emergency Department.
- Concerns over the new radiology contract, (EMRAD), and IT generally across UHL
- Waiting times in clinics

Board Thinking Day on Patient and Public Involvement

8. Seven Patient Partners attended the Board thinking Day on PPI on 10th August when the topics of discussion focused on 5 specific issues:-

- PPI inconsistencies across the Trust.
- Making co-production between patient representatives and UHL a reality.
- Having a more pro-active two way process of exchanging information.
- Involving patient representatives at the outset of projects.
- Ensuring the communication between UHL and patient groups is clearer avoiding jargon and technical language.

9. The key action points from this session are outlined in the main body of the report being presented by Mark Wightman and the detailed table top feedback to these issues is currently being analysed to identify key themes and matters to address. From a Patient Partner perspective we see it as important that outcomes are progressed quickly and action taken.

Joint Patient Reference Group

10. The Joint Patient Reference Group, comprising representatives from several patient groups is separate to Patient Partners although I have been chairing this forum since its formation in late 2016. The Board responses to the issues raised in my report to the Board on 1st June have been received and circulated to the Group.

11. There is another meeting of this Group on 1st September, when these issues will be discussed together with outcome of the above Thinking Day session, particularly the terms of reference and its relationship to UHL.

Conclusion

12. In summary the key points in this report are:-

a) The profile and engagement of Patient Partners has been raised by increasing the numbers and by UHL staff engaging on a wide range of topics.

b) The views of Patient Partners as a group are now sought far more within UHL and this is a positive step forward.

c) There are still inconsistencies across CMGs as to the extent as to how they use Patient Partners.

d) We are keen to see outcomes from the recent Thinking Day on PPI.

e) In considering the relationship and communication between UHL and Patient Partners and other patient groups the Board should be mindful that different mechanisms may apply. Therefore, agreed terms of reference being established will improve this position.

Recommendation

13. This report is submitted for the information of the Board and further regular reports will be submitted every 3 months.

Martin Caple
29th August, 2017