Patient and Public Involvement Strategy

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Executive Summary

Context

This strategy updates the Patient and Public Involvement (PPI) Strategy presented to Trust Board in 2017. Its chief aim is to align the Trust's PPI activity more closely to the new Quality Strategy, "Becoming the Best". As a component of this alignment, the strategy outlines a shift towards "Co-Design" and changes to the way in which the Trust works with its Patient Partner group to support the Quality Strategy's aspirations to put patients at the heart of Quality Improvement. The steps we will take to achieve this include;

- The introduction of a new patient partner model more aligned to the work of the Quality Strategy.
- Improving PPI guidance and training for staff.
- Introducing a requirement for QI projects to undertake an assessment of PPI needs at the initiation phase of projects.
- Monitoring, assessment and reporting of PPI performance across the Quality Strategy priority areas.
- Increasing public engagement and aligning it more closely to the Quality Strategy priorities.

Questions

1. Does the Board support the changes to the Patient Partner model, aligning it more closely to the Quality Strategy?
2. Does the Board wish to receive a quarterly report on PPI performance in Quality Strategy and CMG initiatives?
3. Is the Board happy to champion a "Co-Designed" approach to Quality Improvement in the Trust?

Conclusion

This revised PPI Strategy is recommended to the Board.

Input Sought

We would welcome the board's input regarding endorsement of this revised strategy.

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 / No / Not applicable]

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	

If NO, why not? Eg. Current Risk Rating is LOW

b. Board Assurance Framework [No]

If YES please give details of risk No., risk title and current / target risk ratings.

Principal Risk	Principal Risk Title	Current Rating	Target Rating
No.	There is a risk …		

3. Related **Patient and Public Involvement** actions taken, or to be taken:
The paper describes how the Trust intends to improve its patient and public involvement and align it more closely to the Quality Strategy. As such it will initiate a full programme of PPI.

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. The aspiration in the paper, that we increase our community engagement activity, will help to ensure that we better understand and respond to the needs of our diverse population.

5. Scheduled date for the **next paper** on this topic: [TBC]

6. Executive Summaries should not exceed **4 sides** [My paper does comply]

7. Papers should not exceed **7 sides.** [My paper does not comply -10 sides]

Patient and Public Involvement (PPI) Strategy

May 2019

1. Introduction

1.1 In April 2019, University Hospitals of Leicester NHS Trust approved a new and comprehensive Quality Strategy: "Becoming the Best". The involvement of patients, their families and carers is a central component of the Quality Strategy. Indeed, in the diagram illustrating the scope of the Quality Strategy, patient and public involvement is depicted as a chain, running through and driving activity around our core priorities (see *appendix 1*). This updated PPI Strategy focuses on how the Trust will engage and involve patients, carers and the wider public on its quality improvement journey.

1.2 The CQC, in their report "Quality Improvement in Hospital Trusts" (2018), have identified that one of the hallmarks of high performing Trusts is that they put patients at the very heart of their quality improvement activity. They note, in particular, the journey these Trusts have undertaken from simply *consulting* with patients on service developments and improvement work to "*building true partnership* for QI with meaningful patient and public involvement" (CQC, 2018, p29). In short, Trusts that do well on Quality Improvement do so with a clear commitment to collaborating with users of their services.

1.3 This updated PPI Strategy, mindful of the evidence identified by the CQC, seeks to support our "Becoming the Best" journey by describing how we will undertake a complementary journey towards "co-designing" our Quality Improvement priority areas. Such an approach recognises that the vital "business intelligence" our patients can provide will positively influence our Quality Improvement journey and support us to provide the best hospital services for our local population.

2. Aims of the Strategy

2.1 This PPI strategy seeks to ensure that;

- Patient & Public Involvement is an integral and valued element of our quality improvement activity
- Users of our services have meaningful ways in which they can influence how those services are designed and managed.
- The Trust meets its statutory obligations to involve and consult with service users and the wider public.
- The Trust meets Care Quality Commission standards on patient and public involvement
- The Trust's services and facilities are mindful of, and shaped through engagement with our diverse population.

- Staff have access to training and development to enable them to actively co-design services with the patients, carers and families who use them.

3. Statutory Duties

3.1 In addition to the many and obvious benefits of patient and public involvement, the Trust also has a statutory duty to consult and involve patients and the wider public. This legal requirement is set out in the Health and Social Care Act (2012), which reinforces Section 242 of the NHS Act (2006), stating that we are obliged to ensure that users of our services are involved / consulted in –

a) The planning and 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.

4. Co-Production and Co-Design: Climbing the Ladder

4.1 It has become increasingly common to understand patient and public involvement via the metaphor of a ladder, with each rung representing a greater level of involvement, partnership and influence. First introduced in 1969 by Sherry Arnstein, the "Ladder of Participation" was developed in the American Department of Housing, Education, and Welfare to describe levels of citizen participation.

4.2 Arnstein's "Ladder" has been adapted and reinterpreted on many occasions to focus more specifically on patient and public involvement in the commissioning and provision of health services. The top rung on these health - focused ladder diagrams, echoing Arnstein, usually refers to circumstances in which decision making power is shared equally among professionals and patients (i.e. "Co – Production") or further, where power is actually devolved and decision making is placed directly in to the hands of patient and public groups (as described in NHS England's current "Ladder of Engagement and Participation").

4.3 For the purpose of this PPI Strategy we wish to adopt "Co-Design" as the aspirational top rung of a ladder adapted to fit the needs of an acute hospital Trust. It is here that we make a distinction between "Co-Production" and "Co-Design". Although it is often cited and definitions vary, "Co-Production" tends to refer to equal power sharing between service users and professionals in the design, delivery and evaluation of services. While this approach readily suits examples within Social Care, it is perhaps a more realistic and achievable prospect in Acute Care to aim for "Co-Design", defined here as "Patients receiving a service are involved in its design from the outset and throughout the design process. They have significant influence over decisions".

4.4 Using the definition of "Co-Design" above, the Trust's PPI team have developed a "Ladder of Engagement" to guide the direction of travel outlined in this strategy. The model ranges from one – way communication with patients and the wider public, through to patient collaboration in service design and Quality Improvement.

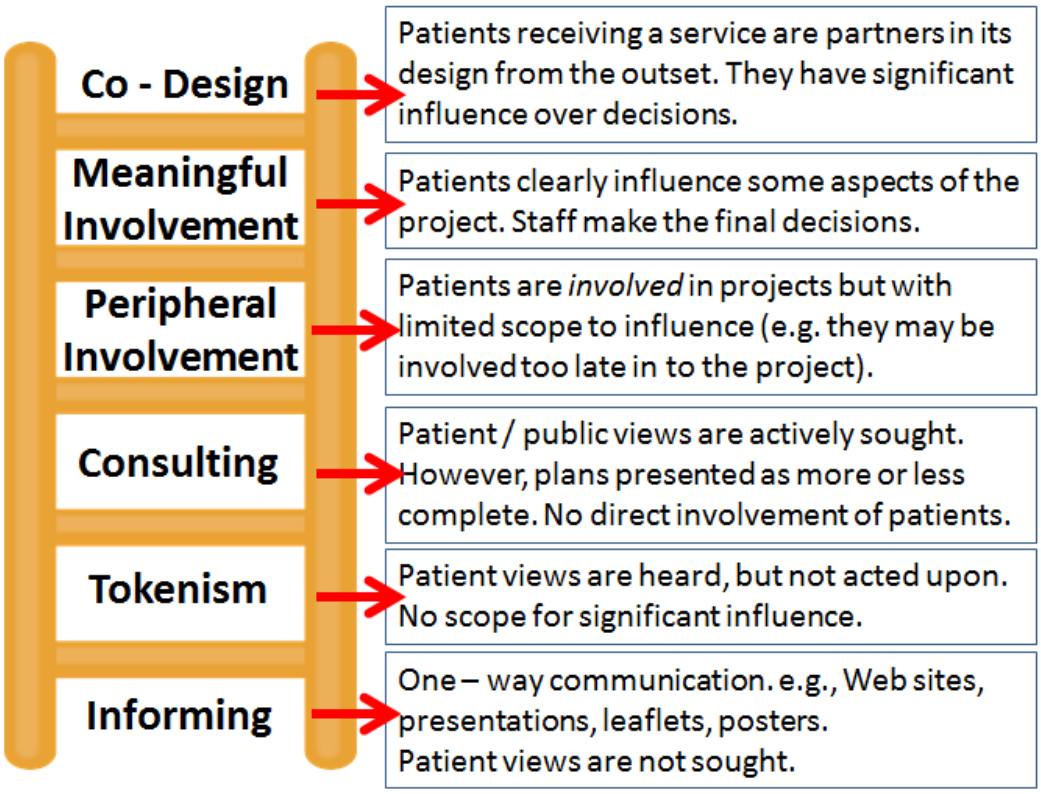


Fig 1. UHL "Ladder of Engagement" diagram

4.5 There is, of course, a value to each of these modes of engagement and depending upon the circumstances, any one of them may be an appropriate course of action. The level of engagement with patients and the public will depend upon the scope they may have to influence decisions and the extent to which they may be affected. Patient and public involvement becomes more meaningful, however, on the upper rungs of the ladder.

4.6 Through the implementation of this strategy it is anticipated that patient involvement in our quality improvement activity (and beyond) will be increasingly pitched in the upper two rungs of the ladder diagram; ensuring that it is meaningful and genuinely shaping the services patients receive. The key steps we will take to achieve this include;

- The introduction of a new patient partner model more aligned to the work of the Quality Strategy.
- Introducing a requirement for QI projects to undertake an assessment of PPI needs at the initiation phase of projects.
- Improving PPI guidance and training for staff.
- Monitoring, assessment and reporting of PPI performance across the Quality Strategy priority areas.
- Increasing public engagement and aligning it more closely to the Quality Strategy priorities.

5. The role of the Patient & Public Involvement team

5.1 The Trust employs a small Patient and Public Involvement team (1 wte 8A PPI manager and 1 wte Band 5 PPI officer) to promote and coordinate PPI activity, provide advice, support and guidance to staff on PPI and to manage the Trust's Patient Partner group. The team also mange the Trust's public membership, run public events and conduct and manage community engagement on behalf of the Trust.

5.2 While the PPI team manage Patient Partners, their coordination at CMG level is currently devolved to PPI Leads in each CMG. It is proposed here that the PPI team take a more central role in both the allocation and coordination of Patient Partners and in providing professional support and guidance on other PPI methodologies and approaches. Effectively, the PPI Team will be the conduit for involvement and engagement activity in the Trust and act as a single point of contact for staff. This will provide a more measured means of developing an oversight of PPI in the Trust and of identifying gaps.

5.3 This strategy will also see the PPI team taking a more active role in monitoring and reporting on PPI activity (see below).

5.4 The PPI team will explore re-branding and internal marketing to promote and raise awareness among UHL staff of their role and function.

6. Reviewing how we work with Patient Partners

6.1 The Trust has supported a group of Patient Partners (formerly Patient Advisors) for almost 20 years (since 2000). During that time their role has remained more or less unchanged. Patient Partners are members of the public who provide a patient or carer's perspective on various groups, Boards and Committees within the organisation. Patient Partners are currently allocated to our CMGs and are coordinated there, usually by a senior Matron or the Head of Nursing. These members of staff are known as "PPI Leads" and are also responsible for coordinating and monitoring the wider PPI agenda for their service areas.

6.2 Patient Partners have always been valued partners and a key resource for the Trust's PPI activity. They are, however, a limited resource and are not cost – neutral. Patient Partners incur fees and expenses of over £30,000 per annum and this does not include the human resource costs of managing and coordinating the group. It is vital, therefore, that we seek to make the best and most effective use of their time.

6.3 In 2018 an evaluation of the Patient Partner role was conducted. The key themes from the evaluation were that;

- PPI Leads and staff wanted Patient Partners to increase the engagement they undertake with patients and the wider community.
- There was a lack of clarity across the organisation regarding the purpose and function of the Patient Partner role.
- There was significant disparity in the effectiveness of the CMG/Patient Partner relationship across the organisation.

6.4 The outcomes of the evaluation and subsequent proposals to re-shape the Patient Partner function have been discussed at; the Trust's Patient Involvement and Patient Experience Assurance Committee (PIPEAC), several meetings with the Patient Partner group, two Trust Board Thinking Days, a meeting of the Executive Team and most recently a dedicated meeting with our Chief Executive to explore how Patient Partners could best support the ambitions of the Quality Strategy. The proposals presented here are the culmination of these discussions.

6.5 The introduction of the Trust's new Quality Strategy has provided a further and timely opportunity to review how the Trust works with its Patient Partners and align their contribution more closely to the priorities of the Trust. Following the engagement noted above, the following changes are proposed to bring Patient Partner activity closer to the Quality Strategy and to reach the Co-Design aspirations set out in this strategy.

6.6 It is proposed that, following Board approval of this strategy;

a) Patient Partners will no longer be formally allocated to CMGs. Instead, Patient Partner activity will be focused on the priorities identified through our "Becoming the Best" Quality Strategy. This will not preclude Patient Partners from undertaking work in the CMGs, particularly where that activity relates to the Quality Strategy objectives. Opportunities to get involved in CMG projects will be open to all Patient Partners (as opposed to the two or three currently allocated to a given CMG) and managed through direct requests to the Trust's Patient and Public Involvement team. This process will, effectively, create a "pool" of patient representatives, facilitating better involvement of patients with first-hand experience or an interest in specific service development projects. The withdrawal of Patient Partners from their CMG allocation will be phased to allow completion of current project commitments. A nominal period of 6 months will allow Patient Partners to fulfil current obligations and for CMGs to consider how they will meet their PPI obligations going forward. A more precise timeline will be agreed with CMGs individually.

b) Patient Partners will no longer be expected to sit on the three strategic sub committees of the Trust Board (PPP / QOC / Finance) or the main CMG Boards. Patient Partner involvement in other Trust boards and committees will be reviewed on a case by case basis.

c) Patient Partners will take up a more active PPI assurance role, evaluating patient and public involvement in the Quality Strategy projects they are attached to. This will contribute to the quarterly PPI update paper taken to Trust Board (see below)

d) The Patient Partner role will evolve to see Patient Partners acting as advocates or "ambassadors" for patient and public involvement. As such, their participation on Boards and project groups will include them challenging on wider patient engagement, reporting progress and signposting to the PPI team and the Trust's PPI resources.

e) A programme of training and development will be established to support Patient Partners to facilitate at patient engagement events and to engage with service users and represent these views to UHL staff. Patient Partner meetings will change to accommodate this training and development activity.

f) It is proposed that a tenure of four years be applied to all new Patient Partners and that a retrospective tenure be applied to existing Patient Partners; staggered to reflect the length of time they have served in the role (see table below). From the Patient Partner evaluation, and through subsequent discussions with the Trust Board

and other UHL staff there has been broad support for the introduction of a tenure to the Patient Partner role. One of the key advantages of tenure implementation is the opportunity it provides to increase the participation of a wider and more diverse range of patient representatives in the group. It also allows the Trust to regularly introduce "fresh eyes" in to its priority projects and initiatives. The phased implementation below will ensure that all Patient Partners have the opportunity to serve at least four years with the Trust. Implementation of the tenure will commence following Board approval of this strategy.

Length of Service	Time remaining following implementation of tenure
3 years or more	1 year
2 years	2 years
1 year	3 years

Fig. 2. Patient Partner tenure implementation

6.7 Through our engagement with Patient partners, some members of the group have expressed a concern that, in the absence of a working relationship with their CMG PPI Lead they will lose the opportunity to raise concerns and act "proactively" on issues they have identified. To mitigate, Patient Partners will be asked to submit concerns directly to the PPI team who will identify the appropriate lead within the Trust to pass these on to. This process will be tracked and recorded in the quarterly PPI update to Trust Board.

6.8 While the core priority for Patient Partner allocation will be to support the Quality Strategy, there will naturally be other areas of work in which Patient Partners may be influential and meaningfully involved; particularly where they have first-hand experience of a service. In order not to lose these important opportunities, the PPI team will apply the following criteria when considering future requests for Patient Partner involvement;

a) The project's relevance to the Quality Strategy
b) The level of involvement measured against the ladder of Engagement tool
c) The extent to which the project is patient focused.

6.9 It was clear from the evaluation in 2018 that there was a lack of clarity across the Trust regarding the purpose of the Patient Partner role. This has led to considerable variation in the use of Patient Partner time and there are numerous examples of Patient Partners being utilised to undertake activity that is not relevant to their role, or that could be undertaken by staff or volunteers. The inconsistency and misunderstanding of the role of Patient Partner has contributed to some good people leaving and others who remain being frustrated.

6.10 Given the investment the Trust is making in its Patient Partners; the expectation of this strategy is that their involvement will not be tokenistic and will be situated across the top two "rungs" of the Ladder of Engagement model. As such, activities such as audits of uniform policy, replenishing stocks of patient literature and supporting routine surveys will fall outside of the new Patient Partner remit. In short, we wish our Patient Partners to be *meaningfully* involved and influential in the development of UHL services and in our quality improvement journey.

6.11 A new role outline will be created to reflect the changes outlined in this paper. This will be supported by clear guidance on the role for both Patient Partners themselves, and for members of staff working with Patient Partners.

7. Supporting the Quality Strategy: Patient Involvement Assessment

7.1 If the Trust wishes to see a step change in the commitment to meaningful PPI across projects associated with the new Quality Strategy, early consideration of PPI requirements and obligations should be mandated at the very beginning of a project.

7.2 It is proposed, therefore, that all project teams connected to the Quality Strategy priorities be required to complete a "Patient Involvement Assessment" *at the initiation phase* of their project. The assessment will prompt a consideration of questions such as;

- What intelligence have you captured from patients about what is happening in the service?
- Which patient / carer groups will be affected by the project?
- How will you involve patients, their families and carers in this work?
- What will be the scope for patient input to influence the outcome of the project?
- Will any patient group be disproportionately affected by the project?
- If so, what are your plans to engage with this group?

7.3 These assessments will be submitted to the PPI team, who will meet with project leads to provide support and guidance. Patient involvement / engagement expectations will be determined by this initial assessment and progress will be monitored via the quarterly PPI update report to Trust Board.

7.4 The introduction of such an assessment at the initiation phase will mitigate against a common complaint by patient representatives that they are involved too late in to the life of a project to have any meaningful influence. In such circumstances, their involvement is seen as tokenistic.

8. Participation of Clinical Management Groups (CMGs)

8.1 CMGs will still be asked to identify a "PPI Lead". In addition to coordinating PPI within the CMG, this individual will also be expected to report progress on patient and public involvement to the PPI Team. This information will feature in a quarterly report to Board. In this way the Trust Board will be better sighted to PPI activity across the CMGs.

8.2 Although Patient Partners will no longer be formally allocated to CMGs, PPI leads and other staff within a CMG may still request the input of Patient Partners for specific pieces of work. These requests will be made directly to the PPI team who will assess them on a case by case basis using the criteria outlined above. The PPI team will either allocate a Patient Partner or advise on alternative PPI methodologies. A distinct advantage for CMGs using

this process is that they will be able to draw from a much larger “pool” of Patient Partners; increasing the chances of working with someone with direct experience of, or an interest in a specific service. As PPI “ambassadors”, Patient Partners will also be in a position to support and promote wider patient involvement in the CMGs.

9. Improving PPI guidance and training for staff.

9.1 Commensurate with the higher expectations on staff to meaningfully and proactively involve patients and their representatives in quality improvement and service development work, the PPI team will develop a suite of resources to support and promote PPI activity in the Trust. This will include an expansion of PPI information and resources on the Trust’s intranet site as well as the establishment of dedicated PPI workshops to provide face to face support for staff. The frequency of these workshops will be based on demand. The PPI Team will also explore the feasibility of developing an e-learning package to support staff in their PPI activity.

10. Monitoring, assessment and reporting of PPI performance

10.1 The Trust Board currently receives a Quarterly PPI Update paper. It is proposed that this paper adopt a formal monitoring format to provide updates to the Trust Board on PPI performance across the priorities identified in the Quality Strategy and within CMGs. This will constitute a useful evidence base for PPI activity across the Trust.

10.2 The Trust’s Patient Partners will participate in this assurance process by providing rated assessments for the projects they are involved in. Patient Partners will be asked to reflect on their own involvement in projects as well as engagement with other users of the service. This data will then inform an overall assessment by the PPI team of PPI performance.

10.3 Further assurance will be sought by tabling the Quarterly PPI Update paper at PIPEAC. This will also provide an opportunity to liaise directly with CMG leads and support their PPI performance and development.

11. Community Engagement

11.1 The PPI team will continue with its programme of public engagement, including the quarterly “Community Conversations” events as well as smaller scale engagement and relationship building with groups in our patient population. The team will seek to more closely align this programme of engagement with the priorities set out in the Quality Strategy. As such, project teams will be invited to participate in relevant public engagement sessions as part of their wider PPI activity.

11.2 Patient Partners will be invited and encouraged to participate in the PPI team’s public engagement programme. This will not only allow them to broaden their understanding of the experience of patients, it will provide an alternative to engaging with patients while they are receiving acute clinical care.

11.3 Community representatives will also be invited to present at Patient Partner meetings to discuss their experience of hospital care. Again, this will allow Patient partners to broaden their understanding of the wider patient experience as well as supporting the Trust’s equality and diversity programme. It is hoped that such invitations will also encourage members of local communities to consider applying for a role as a Patient Partner or to promote the role more widely.

12. Risks

12.1 As with success in Quality Improvement, success in Patient and Public Involvement depends ultimately on the "Culture and Leadership" within an organisation. A recent "Co - Production Model" developed jointly by NHS England and the Coalition for Collaborative Care identifies certain organisational preconditions for co – production, these will naturally pertain to our aspirations to Co-Design outlined in this strategy. They emphasise;

- The agreement from senior leaders to act as champions
- A culture of openness and honesty
- A commitment to sharing power and decisions with citizens
- Clear communication in plain English
- A culture in which people are valued and respected

12.2 Alongside this cultural shift, it will be necessary to address the opportunities staff have to "opt out" of PPI activity. Historically, there have been few sanctions or consequences for those who do not involve patients in their service developments and quality improvement initiatives. It is hoped that better monitoring and clear reporting to Trust Board will both incentivise performance around PPI and provide the Trust Board with better information on PPI performance and opportunities to challenge where involvement is not taking place.

13. Resource

13.1 Implementation of this strategy will represent a significant administrative burden on the PPI Team. This will come, in particular, with the team's more direct involvement in Patient Partner allocation, adopting a more central function supporting PPI across the Quality Strategy priorities and CMGs and increasing monitoring activity. In order to meet the expectations set out above, it is requested that the PPI team expand to include a PPI Support Officer role, which is likely to be banded at around a Band 4.

13.2 Although every effort is made to identify low cost external venues, there are ongoing costs associated with the Trust's programme of public engagement. In addition to the quarterly Community Conversations events, the PPI team wish to establish a series of smaller scale community engagement opportunities over the next year, linking these more closely to the priorities established in the Quality Strategy. An overview of public engagement resource requirements may be found in the table below;

Event	Indicative costs
UHL Annual Public Meeting	£2 - £2.5k
4 X Community Conversations events	£1.4k
4 X community outreach sessions	£800
Interpreting / accessibility	£500

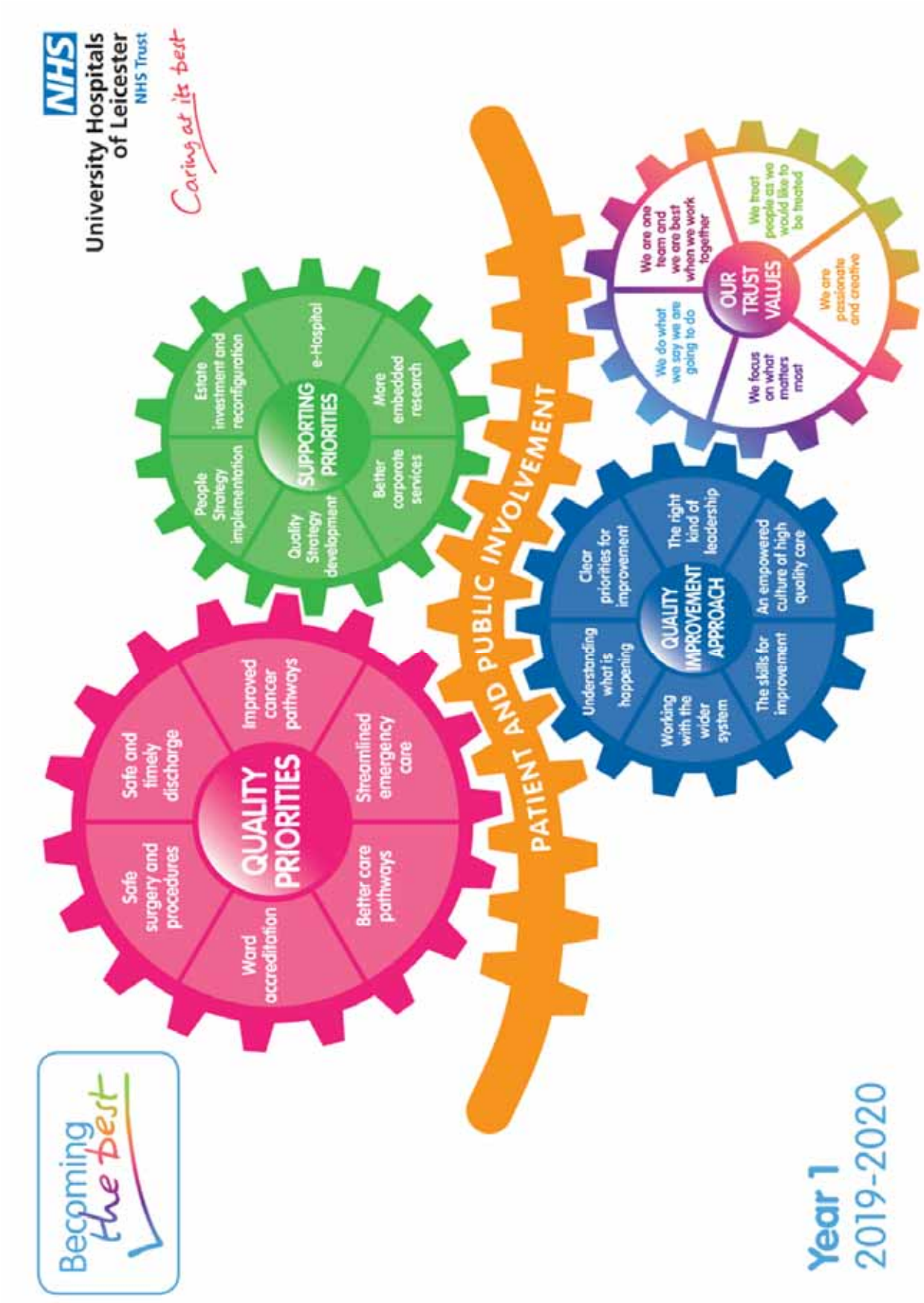
13.3 There will also be modest costs associated with promotion of the PPI team's role, the new ways of working with Patient Partners and encouraging PPI across the Quality Strategy initiatives. The following costs are anticipated.

Item	Indicative costs
Pull up promotional banner	£200
Internal promotional leaflets / business cards	£400

14. Implementation of the PPI Strategy

To effectively establish and embed the changes outlined above, a phased implementation is proposed. Year one will focus on the transition into the new Patient Partner model and developing the training, tools, guidance and reporting processes necessary to support the strategy's implementation. The timeline for this implementation is outlined in an action plan in appendix 2 of this document.

Appendix 1. Quality Strategy diagram



Appendix 2. Year 1 Action plan

	Priority	Actions	Target date	Responsibility
		2019 / 20		
1.	**Implement new Patient Partner Model**	- Write Patient Partner (PP) role outline - Implement phased PP Tenure - PPs withdraw from CMGs - PPI Team liaise with PPI Leads to discuss the new way of working - Develop PPI training programme for PPs - Deliver PPI training programme for PPs - Develop new marketing and recruitment process for PP role - Recruitment of new PPs	June 2019 May 2019 May – Oct 2019 May – July 2019 June 2019 June 2019 onwards Nov – Dec 2019 Jan / Feb 2020	PPI Team
2.	**PPI Guidance and Training for Staff**	- Develop online PPI Toolkit and webpages - Develop PPI guidance - Develop PPI training programme for staff - Deliver PPI Workshops to staff	July – Oct 2019 June –Oct 2019 June - July 2019 August 2019	PPI Team
3.	**PPI Team Promotion**	- Develop new branding and promotional materials for the PPI Team to increase awareness of team and the support available to staff - Internal communications to promote brand	July 2019 July 2019 onwards	PPI Team Graphics Team Communications Team
4.	**Monitoring PPI Performance**	- Develop a template for Patient Involvement Assessments Develop monitoring and reporting process for PPI at UHL - Promotion of new reporting process across UHL - Develop a process to log and highlight Patient Partner concerns	May 2019 July 2019 August – Nov 2019 Sept 2019	PPI Team
5.	**Public & Community Engagement**	- Deliver four ‘Community Conversations’ events per year. These events will now include a section on the Quality Strategy. - Conduct additional engagement sessions within local communities across LLR	Ongoing Ongoing	PPI Team

6.	**Recruitment of PPI Support Officer**	- Write Job Description and Person Specification - Submit JD to Job Matching Panel - Out to advert	June 2019 TBC	