

# Update on implementation of the PPI Strategy

Author: K. Mayes Sponsor: M. Wightman

**Trust Board paper I**

## 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 and PPI activity since the last quarterly update in December 2017.

**Appendix 1** of this document comprises a summary of recent Patient Partner activity from Martin Caple, Chair of the Patient Partner group. **Appendix 2** comprises a further report by Martin Caple on the recent activity of the Joint Patient Reference Group, which he also chairs.

### Conclusion

Since the last update in December 2017 a further “Community Conversations” engagement event was run to explore the hospital experience of people with a disability. The most prevalent concerns related to access to our hospital sites; in particular, the LRI. The event was held with the support of the Leicestershire Centre for Integrated Living (LCIL).

The PPI team are currently recruiting to five Patient Partner vacancies. Interviews are scheduled for early March 2018.

The PPI team have been working recently with representatives from the local Somali community in Leicester to establish a programme of engagement and health education. They aim to establish bi-monthly engagement/education sessions at the St Matthews Neighbourhood Centre.

### Input Sought

The Trust Board is asked to note this paper and the update on Patient Partner and Joint Patient Reference Group 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: [07/06/18]

6. Executive Summaries should not exceed **2 pages**. [My paper does comply]

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

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO: Trust Board**

**REPORT BY: Mark Wightman, Director of Strategy & Communications**

**AUTHOR: Karl Mayes, PPI and Membership Manager**

**DATE: 01/03/18**

**SUBJECT: Update on implementation of the PPI Strategy**

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### **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 the strategy are brought to Trust Board quarterly.

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

**1.4** Appendix 2 of this document comprises a summary of recent activity in the Joint Patient Reference group, also chaired by Martin Caple.

### **Key activity since the last update in December 2017**

#### **2. “Community Conversations” event: Focus on disability**

**2.1** On January 16<sup>th</sup> 2018 the Trust ran another of its “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 are run quarterly and are held in a variety of different community venues across Leicester, Leicestershire and Rutland.

**2.2** The event this January aimed to focus specifically on the hospital experience of people with disabilities. It took place at the Leicestershire Centre for Integrated Living (LCIL). LCIL is a user led organisation which works to empower disabled people and support organisations to positively respond to disability and equality issues.

**2.3** Non-Executive Director Ballu Patel represented the Trust Board at the event and led the discussion. During the event we spoke to a range of people with disabilities who had recently used services at Leicester's Hospitals. Many reported positive experiences and there was a great deal of support for the Trust.

**2.3** However, some key issues emerged from our conversations, largely relating to access to our buildings. There was, for example, concern over the limited number of disabled parking bays at all sites, but particularly the Royal Infirmary.

**2.4** Several people noted that there ought to be better availability of wheelchairs at our main reception areas. We have recorded these concerns which have been passed on to our Facilities team.

**2.5** Other issues raised during the event included; concerns about waiting times in clinics, queries about how we raised awareness of the needs of people with disabilities with our staff and the support we provide to carers. Our Equality Lead and a member of the Patient Experience Team were able to discuss these issues on the day.

**2.6** By way of follow up, the PPI team will be writing an article for LCIL's magazine, inviting a wider spread of people with disabilities to contribute their thoughts to the conversation. A summary of all the issues raised and any actions will be fed back to LCIL thereafter.

### **3. Patient Partner recruitment**

**3.1** Through the PPI strategy, the Trust has committed to maintaining a Patient Partner group comprising a minimum of 21 Patient Partners. With recent departures from the group and unfilled vacancies there are now 5 opportunities to recruit new Patient Partners.

**3.2** Following a successful recruitment campaign in December 2017 / January 2018 we will be interviewing 12 candidates for these vacancies. The interviews are scheduled to take place on March 6<sup>th</sup>, 8<sup>th</sup> and 9<sup>th</sup>.

**3.3** The current candidates come from a diverse range of backgrounds and we aim to increase the diversity of the Patient Partner group through this round of recruitment.

### **4. Engagement with the Somali Community in Leicester**

**4.1** The PPI team have been working recently with representatives from the local Somali community in Leicester to establish a programme of engagement and health education.

**4.2** We are hoping to establish bi-monthly sessions in the St Matthews Neighbourhood Centre on a range of topics. Topics agreed with the community thus far include managing diabetes and challenging the stigma associated with autism. The community representatives are also keen to work in partnership with other organisations to provide sessions that will benefit the community.

**4.3** The PPI team will be approaching relevant staff in the Trust to support this venture.

**Karl Mayes**  
**PPI & Membership Manager**  
**February 2018**

## **Patient Partner Summary Report**

**1<sup>st</sup> December, 2017 to 19<sup>th</sup> February, 2018**

**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 two and a half months.

### **Patient Partner activities since 1<sup>st</sup> December, 2017**

2. Despite the winter pressures and the inevitable cancellation of some meetings Patient Partners (PPs) have been involved in numerous activities both within Clinical Management Groups (CMGs) and on corporate cross cutting UHL issues, as indicated below:-

- Members of key strategic UHL committees.
- Attendance at CMG Board and Quality and Safety Committee meetings
- Safety Walkabouts
- Facilitated patient focus events
- Clinical audits
- Patient Partner on UHL Mental Health Board and Operational Forum
- Involvement in all the current reconfiguration projects
- Sit on TTO Project Board
- Review patient information leaflets as part of wider UHL project
- Involved in Optimed project
- Involved in design and practice of the new step down unit
- Attend Complaints Review Panel
- Sit on recruitment panels

- Involved in customer care training in Outpatient departments
- Involved in End of Life Care Board and associated initiatives
- Surveyed red2green progress on 11 medical wards
- Involved in the planning of the first audited nutrition and hydration survey
- Involved in LIA project to provide outcome results to patients straight after their Echocardiogram tests.

3. Just selecting some issues from the above I would highlight that three Patient Partners are involved in customer care training and feedback in 6 Outpatient areas, (one of those Patient Partners having knowledge and skills in this area). Another Patient Partner has identified key issues and areas for improvement in end of life care arrangements and a Patient Partner was consulted in the planning of the new step down area, (the Hampton Suite) at the LRI.

4. A Patient Partner in the Children's Department has been heavily involved in the Children's Hospital Project Board giving advice on the design, décor and other facets of the new hospital. She is also pressing for consideration of an Adolescent Ward to be included in the new hospital.

5. Two Patient Partners attended a regional health Co-Production event organised and run by the East Midlands Academic Health Science Network. One of the facilitators was Anna Severwright who is a Patient Partner but was undertaking this role in another capacity.

### **Overall Numbers of Patient Partners**

5. There are now 18 Patient Partners and interviews will be held shortly to recruit another 5 people to the role.

### **Top Current Issues of Patient Partners**

6. As a group we have highlighted the "top issues of concern" in UHL as cancelled operations, staffing vacancies and future planning and communication to patients. Another issue that has recently been raised by some Patient Partners is how staff at all levels are learning from the recent number of serious incidents and never events. In our regular bi-monthly meetings we have invited relevant Directors and other senior staff to attend and provide information and answer questions on these issues.

7. As a group we met with the CQC staff during their inspection in January and highlighted many of the issues raised in this report.

8. In April we are holding a Time Out session involving all Patient Partners with the PPI Team to reflect on what is working well and where there are areas for improvement in what we do. This is an initial part of a wider evaluation of the role.

## **Conclusion**

9. We welcome the Board decision to establish a PPI feedback system for all patient groups.

## **Recommendation**

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

Martin Caple

20<sup>th</sup> February, 2018



**Appendix 2: Joint Patient Reference Group Summary Report by Martin Caple, Chair, Joint Patient Reference Group**

**UHL Board Meeting - 1<sup>st</sup> March, 2018**

**Joint Patient Reference Group**

**Report by Martin Caple**

**Introduction**

1. The purpose of this report is to update the Board on the current position and issues raised by the Joint Patient Reference Group.

**Background**

2. The Joint Patient Reference Group was established in late 2016 following a UHL Board Thinking Day on patient and public involvement. It comprises representatives from Healthwatch, the Leicester Mercury Patients Panel, the Alliance Patient and Public Partnership Group, the Leicester City Patient Participation Group Forum, the Better Care Together Group, the UHL Equality Advisory Group and the UHL Patient Partner Group.

3. Since its inception I have been chairing this forum and Trust support has been provided by Karl Mayes.

4. After a slow start the Group has gained some momentum and it has been agreed that its prime objective is to present to the Board an agreed summary of priority issues and concerns raised by patients and the public.

**Meeting - 8<sup>th</sup> February, 2018**

5. At the last meeting on 8<sup>th</sup> February, Karamjit Singh, UHL Board Chairman, attended for the early part and explained the Board's reasoning for their decision that it was not appropriate for a member of the Board to chair this non-statutory patient group. He added that UHL would whenever possible provide the room facilities for the meetings and he would wish the Group members to be at the forefront of the Trust Board Thinking Day on Patient and Public Involvement in August. Karamjit made the point that one of the Group members, Evan Rees, was a UHL Board member. He explained that he would like to see the Group providing information on their key issues, highlighting what is going well and areas for improvement. He also suggested that the Group should look to the future and consider the health issues and needs of specific communities.

6. The Group reflected on these comments and have reflected them in their revised terms of reference. A significant change is that, it has been agreed that, in future, the Chair will be elected annually from within the Group.

7. At the previous meeting of the Group on 31<sup>st</sup> October, 2017, the main concerns raised by the Group were the following:-

1. Signage and way finding at all 3 sites, but particularly at the Leicester Royal Infirmary, with the need to correlate information in patient letters with navigation of hospital sites, including information on which car park to use.
2. Step down facilities and the transfer of patients to their homes or community hospitals rather than remaining unnecessarily in an acute hospital.

8. These issues were reported to the UHL Board on 7<sup>th</sup> December, 2017 and feedback was provided to me by Mark Wightman, the Director of Strategy and Communications, Debra Mitchell, General Manager, and Dr Rachel Marsh on the step down facilities in the Hampton Suite at the Leicester Royal Infirmary, which I briefed the Group about on 8<sup>th</sup> February.

9. Unfortunately the UHL response on the issue of signage, way finding and appropriate letters etc arrived just after the meeting but this will now be shared with all members of the Group. In discussion at the meeting on this topic it was apparent that the content of patient letters in relation to locating and identifying departments and wards was a key issue. Therefore it was suggested that it would be useful for relevant UHL staff to be invited to attend our Group's next meeting to provide information and answer questions on these matters.

10. A paper written by Rachna Vyas about the current position with the 2018/19 UHL Draft Planning Priorities, showing how the views of patient representative groups had been reflected, was circulated to the Group.

11. I notified the Group of the Board's decision on 7<sup>th</sup> December, 2017, "that a report on how to ensure that a process was in place for PPI feedback to be appropriately translated into action, be provided to the Quality Outcomes Committee, (QOC)". I mentioned that this report was being considered by QOC at their meeting on Thursday, 22<sup>nd</sup> February, 2018. This initiative was greeted favourably by the members of this Group.

12. Several members of the Group have agreed to meet with Karl Mayes to consider a stakeholder mapping exercise to identify other patient groups in Leicester, Leicestershire and Rutland who may wish to join the Joint Patient Reference Group.

## **Conclusion**

13. Members of the Group are keen to continue this forum and meet quarterly and the next meeting is at 1pm on 15<sup>th</sup> May, 2018. At that meeting it is hoped that a representative(s) from UHL will attend to address and answer queries on signage, way finding and letters as outlined in paragraph 9 above.

## **Recommendation**

12. The report is submitted for the information of the Board.

Martin Caple  
20<sup>th</sup> February, 2018