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 PPI activity since the last quarterly update in June 2018. **Appendix 1** of this document comprises a summary of activity from the Patient Partner and Joint Patient Reference Groups by Martin Caple, who chairs these groups. **Appendix 2** of this document provides a summary of questions asked by the public at the "Big 7 – Tea Conversation" event (see below).

Conclusion

The PPI team are currently conducting an evaluation of the Patient Partner role within the Trust. The results of this evaluation will form a component of the Trust Board Thinking Day on September 13th. The session will focus on Patient Partners and how the Trust wishes to engage the group going forward.

Following the discussions on the Thinking Day, proposals will be developed regarding the future Patient Partner role and function. These proposals will be brought to the Trust Board for consideration in the December 2018 PPI update paper.

Since the last update in June 2018 the Trust celebrated the 70th anniversary of the NHS by holding a tea party event at Devonshire Place, Leicester. Over 300 people attended the event which also included our Annual Public Meeting and a "Big 7 – Tea Conversation" event; a panel based discussion which involved representatives from both the Trust and our local health partner organisations.

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: [06/12/18]
6. Executive Summaries should not exceed **2 pages**. [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 Strategy & Communications

AUTHOR: Karl Mayes, PPI and Membership Manager

DATE: 06/09/18

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 Updates on the implementation of the strategy are brought to Trust Board quarterly.

1.3 Appendix 1 of this document comprises a summary of activity from the Patient Partner and Joint Patient Reference Groups by Martin Caple, Chair of the Patient Partner group.

1.4 Appendix 2 of this document provides a summary of questions asked by the public at the "Big 7 – Tea Conversation" event (see below).

Key activity since the last update in June 2018

2. "Big 7 – Tea Party" event held to celebrate 70 years of the NHS.

2.1 On Thursday 5th July the Trust held a public event in Devonshire Place, Leicester, to celebrate the 70th anniversary of the NHS. The event began with our Annual Public Meeting, in which participants were invited to hear about the Trust's performance over the last year and ask questions of Board members.

2.2 Directly after the APM, members of the public were invited to join UHL staff for a tea party event. The afternoon featured performances from a diverse range of local artists including; the DMU Gospel Choir, a Caribbean steel pan band, Indian classical musicians, our own hospital choir and a traditional South Indian dancer.

2.3 In addition to the entertainment, the event featured a number of stalls which showcased current research activity as well as raising awareness of the Trust's recently formed Arts and heritage Committee and the Leicester's Hospitals' charity. The tea party was our best attended event for some years, with well over 300 people participating over the course of the afternoon. Feedback was overwhelmingly positive.

2.4 Representatives from our local health partners (LPT, EMAS and the CCGs) then joined Trust representatives in a panel based discussion which followed on from the tea party. The "Big 7-Tea Conversation" event gave members of the public a chance to put questions to the panel on a range of matters. The event was chaired by Karamjit Singh. A summary of the issues covered in this session may be found in appendix 2 of this document.

3. Patient Partner Evaluation

3.1 The PPI team are currently conducting an evaluation of the Patient Partner role. This will be the first formal evaluation of the role since Patient Advisors were appointed by the Trust in 2003.

3.2 The evaluation has sought the views of Trust Board members, UHL PPI leads, UHL staff and Patient Partners themselves. It also draws on discussions held at the Patient Involvement and Patient Experience Assurance Committee (PIPEAC), a Patient Partner time out day and desktop analysis of Patient Partner activity.

3.3 The results of the evaluation will be shared with Patient Partners on September 5th. The evaluation results will then form a component of the forthcoming Trust Board Thinking Day on September 13th. The session will focus on Patient Partners and how the Trust wishes to engage the group going forward.

3.4 Following the discussions on the Thinking Day, any proposals regarding the Patient Partner role and function will be brought to the Trust Board for consideration as part of the December 2018 PPI update paper.

4. Next Community Conversations event

4.1 The PPI team have been working recently with representatives from the local African Caribbean community to prepare for a Community Conversations event. The event will be held on Tuesday September 18th at the African Caribbean Centre in Leicester. While the focus will be on exploring the hospital experience of the community, representatives from the city CCG and LPT have also been invited to attend.

Karl Mayes
PPI & Membership Manager
September 2018

Appendix 1: Patient Partner / Joint Patient Reference Group Summary Report by Martin Caple, Chair.

Report on Patient Partners and the Joint Patient Reference Group

1st June, 2018 to 31st August, 2018

Report by Martin Caple, Chair, Patient Partner Group

Introduction

1. The purpose of this report is to outline the key activities in the past 3 months and the current situation in relation to both Patient Partners and the Joint Patient Reference Group

Patient Partner activities since 1st June, 2018

2. Patient Partners (PPs) have been involved in numerous activities both within Clinical Management Groups (CMGs) and on corporate cross cutting UHL issues during the last 3 months. There is increased involvement on wider UHL issues such as serious incident investigations, reconfiguration projects, a review of patient leaflets and the Out Patient review.

3. At 1st June there were 16 Patient Partners but during that month 5 new people were appointed to the role bringing the total now to 21.

4. In response to a request from Karamjit Singh, UHL Chairman, we have considered how best we can assist UHL in progressing the action plans from the CQC report. At the same time we have reconsidered what we all see as our top priorities and the ways we can assist the Trust taking account of the Quality Commitment. I have prepared a report summarising the agreed outcome of our discussions and, as agreed by the Chairman and the Quality and Outcomes Committee, that report will be circulated in advance for discussion at the Board Thinking Day on 13th September. The Thinking Day will focus on Patient Partners and include an input on the outcome of the recent evaluation of our role. I will present the key points from the report on our top priorities and suggestions and provide some information on how we currently operate.

Joint Patient Reference Group

5. Since its inception in late 2016 I have also chaired the Joint Patient Reference Group and during that time there have been about 6 meetings all of which I have reported to the Board. The main aim of the Group is to identify top areas of concern that affect all the key patient groups in Leicester, Leicestershire and Rutland.

6. The main issues of concern raised by the Group and reported to the meeting of the UHL Board on 7th June this year have been signage and the content of patient letters

in relation to locating and identifying departments and wards. As I mentioned at that meeting we discovered that no one person or department was responsible for signage, way finding, letters and maps which meant some changes were not known and included in patient correspondence. That matter is still being addressed within UHL.

7. Following recent changes in the contractual arrangements of the local Healthwatch organisations some new people now attend the Joint Patient Reference Group. At the most recent meeting on 2nd August, which was well attended, I updated everyone on the Group's role and aims. I also said that apart from signage and patient letters no major issues of common concern had been raised in the 2 years we had been meeting. I explained that I had chaired all the meetings and Karl Mayes had provided the administrative support. Therefore to some extent it is seen as a UHL group.

8. I told the Group on 2nd August, that whilst I was content to be a member as a Patient Partner, I did not wish to continue as the Chairman. No one came forward at the meeting to undertake that role but it was agreed that details would be forwarded to all members giving information on the precise involvement and seeking expressions of interest. I agreed to remain as Chairman until the next meeting on 9th October. Similarly Karl Mayes will discontinue to provide administrative support from this date on the basis that he was supporting me. To date no one has come forward indicating they wish to be considered for the role of Chair. At the August meeting there was a discussion about the future of the Group and it was agreed this would be considered further in October.

Conclusion

9. This report is submitted for the information of the Board.

Martin Caple

27th August, 2018

Appendix 2: Summary of questions asked at the Big 7 – Tea conversation event.

Big 7 Tea Conversation

5th July 2018, 6pm – 8pm

Devonshire Place

Andrew Furlong – *Medical Director, University Hospitals of Leicester*

Will Legg – *East Midlands Ambulance Service*

Toby Sanders – *West Leicestershire Clinical Commissioning Group and LLR Better Care Together Programme*

Zuffar Haq – *West Leicestershire Clinical Commissioning Group*

Rachel Williams – *Leicester Partnership Trust*

Richard Palin – *GP, East Leicestershire Clinical Commissioning Group*

Qu1: How can we engage with young people to encourage them to consider a career in the NHS?

A: Use social media interaction – communicating in the right way is key.

Clear articulation of what various roles involve and the career pathways available.

We need to offer something different and think about retention as well.

Offer shadowing and mentoring opportunities – this can really influence people in their career choices. The same applies to social care.

Need to make the NHS more attractive – more open days etc. We know that a lot of young people in Leicester travel to work elsewhere.

There are plenty of opportunities and training available and we need to get better at promoting this.

Leicester Partnership Trust works closely with schools and the Prince's Trust to promote their roles.

Qu2: How are health professionals being looked after in these pressurised times? i.e. physical and mental health.

A: We are getting better at providing staff support through Amica, pastoral and chaplaincy services including the introduction of the Freedom to Speak up Guardian.

There is a confidential service for GPs to raise issues related to stress and mental health without fear of this being repeated.

A lot of staff report stress and discrimination as issues impacting them. We need to focus on this to improve wellbeing.

Qu3: Consultants need to have more training on bereavement issues/communicating about bereavement. What is being done about this?

A: Andrew Furlong agreed that there is more we can do in this area. We need to ensure families are involved in key decisions in a sensitive way. We are working on End of Life Care and are learning lessons to improve.

Qu4: I am concerned about educational attainment requirements for student nurses. A lot of people would make very good nurses but do not necessarily have the qualifications required these days (A Levels, Degrees etc).

A: Rachel Williams explained that the new Nurse Associate role would enable individuals without these qualifications to enter the profession.

Qu5: What is the plan to reduce ambulance response times in LLR?

EMAS responded to say:

We are tackling this through our 'Demand Capacity Review' which looks at how we can be more efficient with the staff we have. We are currently 295 staff short. £9 million is being invested to recruit new staff.

There is a need to modernise – need to reduce the time assessing the patient in the home before action is taken.

We offer a peer-to-peer support service which enables staff to talk about traumatic events they may have witnessed soon after they have happened which has proved to improve psychological recovery.

Qu6: What plans have Leicester got to support a holistic approach for mental health via voluntary organisations (financial support)?

Rachel Williams said: There is an All Age Mental Health Transformation Programme. I would be happy to link up after the event to discuss further.

Qu7: What extent are social care and health integrated re hospital discharge?

There are three Health and Wellbeing Boards to address integration for city, county and Rutland.

Qu8) I work for the PPG Forum and have received a number of complaints about the rudeness of Reception staff. What is being done about this?

In the last 2-3 years we have been training reception staff. There is an issue with reception staff triaging patients however this may not always be inappropriate, some staff are professionally trained to triage as part of a national programme.

Qu9: Why are waiting lists so long?

The 52 week wait is being monitored. Sometimes patient choice leads to longer waits.

Toby Sanders made the point that although still too long, the reduction in waiting times over the last 15 years has been significant.

Qu10: The government is putting pressure on GPs not to offer medication to patients that can be purchased. Then why are we being given meds at the end of our hospital stays when we don't need them? This is leading to huge wastage in medication. I am on monthly medication which I receive at home; this is duplicated by the hospital at the end of my stay. If you return your medication to the hospital it is destroyed. How much money must this be costing the NHS?

Qu11: Why can't people be trained to do their own injections at home?

It is important that people look after their own health. The NHS needs to fund things with an evidence base. The value of exercise is not to be underestimated. Important not to focus on a medicalised model.

Qu12: How will the NHS look in 10 years' time?

- I would hope that having a relationship with a doctor who knows you should continue.
- There may be online systems to diagnose patients – use of new technology.
- I would expect closer working relationships between health and social care.
- An agile workforce with new technology.
- Greater role for nurses and therapists.
- An NHS that works for the patient – this is not always happening at the moment.
- Health needs of the population will be very different.
- Technology will transform.
- Future has to be better than the past.

- People power and culture change. The development of the ‘smart patients’, knowing their stats – blood pressure, lipids etc.
- Ambulance service to become more integrated.
- Patient empowered to be in control of their own health
- Need to ensure information is joined up
- Increasing elderly population multiple long-term conditions

Qu13: In 10 years’ time I would hope the panel for this event would be more diverse – more women and people with disabilities, ethnic diversity – How can we get more diversity in senior positions?

In agreement but unsure about how we will achieve that. There needs to be more representation.

Qu14: What’s being done to overcome language barriers? How will we empower those patients?

We need to do more to support people to look after their own health (prevention) rather than preaching about the need to stop smoking, lose weight, drink less etc.

Encourage people to develop better hobbies as well as better habits.

Qu15: How can we keep the NHS safe from cyber-attacks?

Qu16: How can we improve public knowledge about developments in science and research?

Qu17: How can we improve medication regulation? How will you contribute to the Medication Regulation Review?

UHL Chairman- I am not aware of this review but will request a paper on it for the next Board meeting.

Qu18: Better Care Together/Sustainable Transformation Programme – Why isn’t this moving faster? Also please be aware that there is a contact page on the BCT website but when you send an email you do not get a respond. Can this be sorted so we can participate?

Qu19: Will and can the NHS remain free forever?

We aren’t currently spending enough. Need to look at a direct taxation approach – there is a King’s Fund paper which outlines this approach well. Need to cut waste out. Ambulance services all procure services differently – this costs a lot more money than using the same suppliers.

If not free at point of use it disadvantages the poor. Health inequalities – number one priority.

NHS can't continue the way it has been, we have some hard choices to make e.g. community hospitals are well-loved but very expensive to run. We need to think about the taxes we pay and how we are prepared to compromise. In Sweden they pay 50% tax but all their public services are free- childcare, healthcare etc.