Update on implementation of the PPI Strategy

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Trust Board paper J

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 March 2018. **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 March 2018 a further "Community Conversations" engagement event was run to explore the hospital experience of women from Black and Minority Ethnic (BME) backgrounds. The event was held at the Shama Women's Centre. A number of issues were highlighted as areas for improvement. These included waiting times, access to interpreters, support for carers, staff attitudes and patient dignity (with respect to mixed sex environments).

The General Data Protection Regulations (GDPR) came in to force on May 25th 2018. This paper summarises the reasons and lawful basis on which the Trust will continue to collect and process public membership data.

The PPI team have recruited to five Patient Partner vacancies. The new Patient Partners should be joining the Trust in June.

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: [06/09/18]

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: **07/06/18**

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 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 March 2018

2. "Community Conversations" event: Shama Women's Centre, Leicester

2.1 On May 2nd 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 May focused on the hospital experience of women from BME backgrounds. It took place at the Shama Women's Centre in the Highfields area of Leicester. The centre was established in 1985 to empower local women from diverse ethnic backgrounds to become more active socially, educationally and financially through a range of activities in a women's only environment. Over the years the

Centre has become a ‘hub’ for women’ in Highfields and across Leicester and has helped many women improve their confidence, gain qualifications and move in to employment.

2.3 Non-Executive Directors Ballu Patel and Vicky Bailey represented the Trust Board at the event alongside our Director of Strategy and Communications. Support and Trust representation was also provided by the PPI and Equality teams.

2.4 Thirty four members of the public attended and participated in table top discussions focusing on their experience of UHL. Many reported positive experiences and there was a good deal of support for the Trust. In particular there was praise for staff in our Children’s Hospital and the prayer and chaplaincy facilities were also valued.

2.5 A number of issues were highlighted as areas for improvement. These included waiting times, access to interpreters, support for carers, staff attitudes and patient dignity (with respect to mixed sex environments).

2.6 By way of follow up, the PPI team will summarise the issues and report back to the centre on any initiatives that are already in place to address the concerns raised.

2.7 The next Community Conversations event is scheduled for the evening of Tuesday September 18th and will be held at the African Caribbean Centre in the city. It will focus on the hospital experience of people from African and Caribbean communities.

3. GDPR Compliance

3.1 The new General Data Protection Regulation (GDPR) came in to force on May 25th 2018. As part of the Trust’s obligations under this new legislation we are required to document the lawful basis and reasons for collecting and processing personal data. The following section fulfils this requirement in relation to the management of the Trust’s public membership database.

3.2 The Trust manages a public membership of over 16,500 people across Leicester, Leicestershire and Rutland. Members sign up to be kept informed about Leicester’s Hospitals as well as to receive details about events and opportunities to get involved and influence service developments. At a time of increasing change in the provision of health care we feel it is vital to maintain a public membership to facilitate an on-going dialogue and connection between the Trust and the people and communities who use our services.

3.3 Membership data is handled through the Trust’s Patient and Public Involvement (PPI) and Membership Office. The “Data Controller” is, therefore, the PPI and Membership Team. Membership data processing is managed on the Trust’s behalf by a specialist health sector engagement company called Membership Engagement Services (MES). MES have been ISO 27001 accredited since 2013 and have robust, audited processes to ensure any data they hold and process is safe, secure and only used for the purpose intended by the Trust.

3.4 Individuals consenting to join the Trust’s public membership are asked to submit the following personal data;

- Name

- Address
- Date of birth
- Email address
- Telephone number
- Gender

This data is stored securely in a password protected database. This data is not shared with any other agency apart from MES, our Data Processor, as noted above. This data is stored for the duration of an individual's membership. Should an individual opt out of the membership, all of their data is deleted.

3.5 The lawful basis (under the new GDPR) on which we will continue to process membership data is that it serves a legitimate public interest. There are a number of dimensions to this. As a public body, Leicester's Hospitals are accountable to the public, communities and patients we serve. This is a key commitment in the NHS constitution which pledges that the system of accountability for taking decisions in the NHS will be transparent and clear to patients and the wider public. Our public membership represents one of the key means by which we communicate with the local population and keep them informed of changes and developments in our Hospitals.

3.6 As a public body, we also have a legal "duty to involve" patients and the wider public in the planning, design and development of our services. This is enshrined in Section 242 of the Health Act (2006) and reflected in the NHS Constitution commitment to put patients at the heart of everything we do. We are expected to actively encourage feedback from patients and the wider public, welcome it and use it to improve services. Our public membership is a fundamental part of our patient and public involvement programme as it enables us to consult with our local population by communicating opportunities to get involved with our hospitals, participate in focus groups and events, respond to surveys and to take up roles as patient and carer representatives.

3.7 In addition to the personal data listed above, members also submit data that, under the General Data Protection Regulations, is identified as "special category" data. Specifically, members are asked to state their ethnicity, disability status and religion. The lawful basis on which we process this special category data is that it is necessary for reasons of legitimate public interest, insofar as it allows the Trust to monitor how representative and inclusive its engagement activity is.

3.8 The collection and processing of this data also supports the Trust to fulfil a legal obligation. As a public body we are subject to the Equalities Act (2010). As such, we are required to demonstrate that we have paid due regard to people in the nine "protected characteristics" groups identified in the Act. The collection and processing of special category data as part of our membership activity assists the Trust to "encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low" (Equality Act, Part 11, Chapter 1, Section 149 (3) (c)).

3.8 In preparation for the new GDPR legislation a dedicated section on membership data has now been added to the Trust's updated Privacy Notice. This is published on the Trust's external web site. The PPI team are also writing out to all public members to inform them of this update to the Privacy Notice.

4. Patient Partner recruitment

4.1 Through the PPI strategy, the Trust has committed to maintaining a Patient Partner group comprising a minimum of 21 Patient Partners. Recent departures from the group had left us with 5 vacancies. Following a round of recruitment these vacancies have now been filled and our new Patient Partners will join the Trust in June.

4.2 The new recruits come from a range of backgrounds and enhance the diversity of our current group.

Karl Mayes
PPI & Membership Manager
May 2018

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

Patient Partner Summary Report

1st March, 2018 to 31st May, 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 three months.

Patient Partner activities since 1st March, 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. Also, Patient Partners have been involved in the stakeholder recruiting panels for the recent Director posts for the Chief Nurse, Head of Operations and Head of HR and Organisational Development; in addition to the Deputy Director of Operations post.

3. In May Lena Kotecha resigned as a Patient Partner and there are now 16 people fulfilling this role. However, following a recent recruiting initiative 5 new people will be appointed in the near future. During her 18 months in the role Lena was a well respected and passionate patient advocate initially in ED and latterly the Cancer Centre.

4. In April the Patient Partners as a group had a Time Out session facilitated by senior UHL Organisational Development staff. With several PPs having been in the role for 12 months it was felt it would be timely to reflect on our role and the impact we are having within UHL. Several issues emerged, including the proposal that the PP role should be marketed and publicised more widely and information should be provided on where we achieve most success and benefit. The fact that we are now utilised more often on wider cross CMG issues also raised the issue of whether our role should be modified to reflect this change.

5. The full proposals and outcomes from the session were fed back to Ballu Patel, Non- Executive Director, and Karl Mayes, PPI and Engagement Manager, at the conclusion of the session. The PPI Team are conducting a full evaluation of the PP role, including liaison with key staff and our proposals will form part of that process.

Examples of Good Practice

6. As part of the Time Out session we identified the following examples of what we perceive to be good practice which could be standardised across CMGs:-

- Regular service visits/walkabouts within CMGs; (to talk to patients and staff).
- PPI as a standing item on CMG Board agendas.
- Ensure the CMG leadership teams are aware of the individual skills and experience of all Patient Partners.
- A minimum of bi-monthly meetings with the CMG PPI lead.
- Provide feedback on patient information leaflets.
- Complaint reviews.
- A standard induction format within CMGs.
- Attend patient focus groups/information sessions.
- Mentoring by a more experienced PP.
- Attend CMG Board and Quality and Safety meetings.
- Agree a work programme with the CMG PPI lead.
- Share knowledge and experiences with other PPs on the CMG.

Top Current issues of Patient Partners

7. In January this year we identified as a group our top issues of concern in UHL; the main ones being:- cancelled operations, staffing vacancies, future planning and communications to patients, the high number of Never Events and patient information leaflets. Will Monaghan, Director of Performance, Julie Smith, former Chief Nurse, and Hannah Beckitt, Patient Information Librarian, all attended our Patient Partner group meetings in the last 3 months to speak on these issues for which we are grateful. They all provided a greater insight on the issues and the actions being taken in UHL. We are currently reconsidering that list of concerns with a view to inviting senior staff to our forthcoming meetings and providing feedback to them.

8. We also received an informative presentation on all the reconfiguration projects, both underway and in the pipeline, from John Lewin and Sue Nattrass in the Reconfiguration Department.

9. As I reported in the 2017/18 Quality Account there are several areas where Patient Partners have seen some excellent initiatives in the past 12 months. The new Emergency Department has improved the patient experience immeasurably. Having recently been shown the exciting new Phase 2 development, which opens shortly, this will certainly further enhance that experience and be of great benefit for both staff and patients.
The opening of the new “step down” facility in the Hampton Suite at the LRI, is also a welcome initiative which will be of benefit to everyone.

Board PPI Thinking Day - 9th August, 2018

10. Together with the other patient groups we are presently giving consideration to the programme and input for the forthcoming PPI Thinking Day in August and will be

liaising with Karl Mayes and the Chairman on this.

Conclusion

11. We look forward to the full evaluation of the Patient Partner role taking account of our proposals from the recent Time Out session.

12. I will conclude by repeating a paragraph I included in my input from Patient Partners to this year's Quality Account:-

"Despite the increasing pressures on staff within UHL as Patient Partners we continue to see a hard working and committed workforce, ably led, who are dedicated to providing high quality patient care. Whilst we challenge and question on issues we also see our role as being supportive to both patients and staff in these difficult times."

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 May, 2018

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

UHL Board Meeting - 7th June, 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 administrative support has been provided by Karl Mayes, Patient and Public Involvement and Engagement Manager.

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 - 24th May, 2018

5. At the latest quarterly meeting on 24th May, 2018, there were several apologies and it was the first meeting for the new Manager of Healthwatch City and County, Michael Smith. Consequently a lot of the discussion centred around notification of the remit and terms of reference of the Group. It was emphasized that we should be dealing with joint strategic issues as each group have their own channels of communication with senior people in UHL. It was also emphasized that, whilst I am the Chair and Karl Mayes provides administrative support, it is not a UHL group. It was agreed that we should continue as we are for the time being and see how things develop, particularly now Healthwatch are working under new contracts with new staff and members involved. It was also agreed that I would write to three other patient groups who were not represented at this meeting to clarify the reasons why and their future intentions.

6. A concern for the members of this Group for sometime has been the signage arrangements at the Leicester Royal Infirmary, a matter I have reported to the Board

before. A report from the Facilities Department, entitled “Site Improvements as a result of the new Emergency Departments” was circulated prior to the meeting in response to these concerns. This report outlines signage changes completed to date together with information on works pending and proposed.

7. At the previous meeting in February members of the Group also expressed concern that the content of patient letters in relation to locating and identifying departments and wards was an issue. Therefore, Shirley Priestnall, UHL Head of Information, attended this meeting to address this latter point. She explained how letters and location maps were amended as new departments and changes were made in UHL providing she was told of these changes. However, the discussion revealed 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 and maps.

8. The Thinking Day planned for 9th August, 2018, when patient and public involvement and engagement will be the theme, was discussed and we referred to last year’s notes and action points.
However, the main discussion was about suggestions for the programme and theme(s) for this year. Whilst some tentative proposals were put forward it was agreed that each member of the Group would respond to Karl Mayes and I by early June with their proposals.

Conclusion

9. It was agreed that a further meeting of the Group will be held in early August prior to the Thinking Day. In the meantime the Group wish to draw to the attention of the Board the concerns highlighted in paragraph 7 regarding changes to departments not always being known to relevant staff and, consequently patients not always being notified.

Recommendation

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

Martin Caple

29th May, 2018