

Update on implementation of the PPI Strategy

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Director of Communications and Marketing **Trust Board paper O**

Executive Summary

In April 2015 the Trust Board approved a new Patient and Public Involvement (PPI) Strategy and implementation plan. This paper provides an update to the Trust Board on the implementation plan for year one, up to December 2015.

The Trust's Patient Partners have contributed to the paper, noting in particular;

- The profile of Patient Partners has increased and they are more involved in both CMG and corporate activities than ever before.
- There is an increased openness and transparency from both the Board and senior managers to patient and public involvement, (PPI), generally and Patient Partners in particular.
- Whilst PPI is largely seen as a matter for nurses there has been an encouraging trend for more doctors to be involved in the past year.
- There is still room for improvement regarding early involvement of Patient Partners.

At the close of 2015, actions in the implementation plan are on track. Recent Patient Partner recruitment has produced eight candidates for the role who will be interviewed in early December. December will also see the launch of a new "ePartner" scheme which will invite patients / members of the public to become more involved with the Trust online. Training sessions are now being scheduled in to support CMG staff to adopt a more proactive approach to PPI.

Following a July 2015 Trust Board thinking session we have sought greater patient and public involvement in the development of our next annual plan (2016/17). As a consequence, representatives from our three local Healthwatch organisations, the Leicester Mercury Patients' Panel and our Patient Partners have been asked to consider which priorities they feel UHL should be focusing on in 2016/17.

Questions

1. Is the Board assured that implementation of the PPI Strategy is on track as of December 2015?

Conclusion

1. Implementation of the PPI strategy plan is on track for 2015. The paper also provides further PPI updates and contribution from our Patient Partners.

Input Sought

The Board are asked to note the position and actions taken to date.

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	[Not applicable]
Integrated care in partnership with others	[Not applicable]
Enhanced delivery in research, innovation & ed'	[Not applicable]
A caring, professional, engaged workforce	[Not applicable]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Not applicable]
Enabled by excellent IM&T	[Not applicable]

2. This matter relates to the following **governance** initiatives:

Organisational Risk Register	[Yes]
Board Assurance Framework	[Not applicable]

3. Related **Patient and Public Involvement** actions taken, or to be taken: [Insert here]

The implementation plan explicitly develops the Trust's engagement with patients and the wider public. It was developed in collaboration with our Patient Partners.

4. Results of any **Equality Impact Assessment**, relating to this matter: [Insert here]

The implementation plan seeks to ensure that the Trust's PPI activity is inclusive and recognises the differing needs of our diverse population. For example, it sets out a developing programme for community engagement.

5. Scheduled date for the **next paper** on this topic: March 2016

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: 03/12/15

SUBJECT: Update on implementation of the PPI Strategy

1. Introduction

1.1 In April 2015 the Trust Board approved a new 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 A three year implementation plan was approved alongside the strategy. In September 2015 an update on this plan was brought to Trust Board. This is the second such update.

2. Update on the implementation plan

2.1 The implementation plan for year one is presented below with activity on each action up to December 2015. A further update will be presented to Trust Board in March 2016.

Update on PPI Strategy Implementation Plan (Year 1 to December 2015)

Priority	Actions	Target date	Update
Year 1: 2015 / 16			
1. CMG ownership of PPI	<ul style="list-style-type: none"> Standing agenda item on PPI at CMG Board meetings CMGs to nominate delegates to coordinate PPI at service level 	September 2015 September 2015	<ul style="list-style-type: none"> From a review of CMG Boards, PPI is covered as part of a standing Patient Experience agenda item. Patient Partner Chair and PPI & Membership Manager to explore this with CMG PPI leads to ensure PPI is adequately covered under this heading.
	<ul style="list-style-type: none"> PPI performance reviewed at Confirm & Challenge meetings 	September 2015	<ul style="list-style-type: none"> TBC
	<ul style="list-style-type: none"> Develop training and support programme for CMGs Roll out to CMGs 	September 2015	<ul style="list-style-type: none"> First CMG training session booked for January 13th 2016. Further sessions to follow.
	<ul style="list-style-type: none"> Review of KPIs in quarterly CMG (PIPEEAC) reporting template 	April 2015	<ul style="list-style-type: none"> Complete. KPIs now cover PPI as agenda item on Boards, mapping of service developments for PPI and evidence of involvement. They also include Patient Partner activity (frequency of contact and level of involvement).
	<ul style="list-style-type: none"> Review of PPI section on Trust Board templates 	July 2015	<ul style="list-style-type: none"> TB Cover sheet recently updated.
	<ul style="list-style-type: none"> Patient Partner s sit on CMG Boards 	September 2015	<ul style="list-style-type: none"> Most CMGs now have Patient Partner representation on their Boards. MSK&SS are currently without a Patient Partner. Forthcoming recruitment will hopefully help to achieve full compliance.
2. Developing the “Involvement into Action” process	<ul style="list-style-type: none"> Engage Listening in to Action team / Patient Partners & develop co – design process and supporting materials 	September 2015	<ul style="list-style-type: none"> The PPI & Membership Manager has been working with the LiA team to develop “Involvement in to Action”. An initial “Listening Event” has been held. A task and finish group is being established to “co - design” the final process. The group will meet on December 17th to progress this work. PPI leads and Patient Partners will be involved in this development.
	<ul style="list-style-type: none"> Develop “train the trainer” programme for CMG PPI leads 	September 2015	
	<ul style="list-style-type: none"> Roll out training to CMG PPI leads 	October 2015	

		<ul style="list-style-type: none"> Recruit first cohort of Involvement in to Action teams 	February 2016	<ul style="list-style-type: none"> TBC
3.	Patient Partners	<ul style="list-style-type: none"> Review and develop Patient Partner role outline 	July 2015	<ul style="list-style-type: none"> Complete. Role outline reviewed by Patient Partners and PPI & Membership Manager.
		<ul style="list-style-type: none"> Develop branding and promote Patient Partner role internally / externally 	August 2015 / ongoing	<ul style="list-style-type: none"> Branding developed and agreed. Promotion campaign booked to begin in December 2015.
		<ul style="list-style-type: none"> Agree recruitment / contract process for Patient Partners 	April 2015	<ul style="list-style-type: none"> Complete – HR Recruitment have identified a clear process for future recruitment
		<ul style="list-style-type: none"> Develop induction And training programme for Patient Partners 	July 2015	<ul style="list-style-type: none"> Induction programme outline has been developed with support from Organisational Development. To commence once new Patient partners are recruited.
		<ul style="list-style-type: none"> Recruit to bring Patient Partner group to 20 members 	December 2015	<ul style="list-style-type: none"> Recruitment commenced in September 2015 with advertisements out to the Trust's public membership, a stall at the APM and a follow up Open Evening in October 2015. Closing date for applications has now passed and a first round of interviews is being held on 3rd / 4th December 2015. 8 candidates will be interviewed.
4.	Establish Patient Partnership Forum	<ul style="list-style-type: none"> Establish and promote quarterly Forum meetings 	April 2015 / ongoing	<ul style="list-style-type: none"> Complete - Programme of quarterly Engagement Forum meetings has been established. First meeting was held on 13/08/15
		<ul style="list-style-type: none"> Patient Partner group to contribute agenda item for each meeting 	April 2015 / ongoing	<ul style="list-style-type: none"> Complete – Patient Partners now contribute agenda item for each Engagement Forum
		<ul style="list-style-type: none"> Review of Patient Partner meetings to focus on development and support / administration 	June 2015	<ul style="list-style-type: none"> Complete.
5.	Create E-Advisor role	<ul style="list-style-type: none"> Develop role and “rules of engagement” for E-Advisors 	October 2015	<ul style="list-style-type: none"> Complete. Scope of ePartner role established. ePartner role promotion will feature in December's Together magazine which will raise awareness of the new role with both staff and public members. To be

				followed up by an e- promotion programme.
		<ul style="list-style-type: none"> Brand and promote the role (internally to CMGs + externally) 	January 2016 / ongoing	<ul style="list-style-type: none"> To commence in January 2016. Early discussions around ePartner involvement in the EPR project have taken place.
		<ul style="list-style-type: none"> Recruit >50 E-Advisors 	April 2016	<ul style="list-style-type: none"> TBC
6.	Community Engagement	<ul style="list-style-type: none"> Develop / maintain community stakeholder database Establish programme of "outreach" community engagement 	March 2015 / ongoing September 2015 / ongoing	<ul style="list-style-type: none"> Community database is being updated on a rolling basis. Ongoing – Community engagement has been focused on Maternity Services (Better Care Together pre-engagement) recently. Forthcoming Engagement with Somali community.
		<ul style="list-style-type: none"> Three Trust Board meetings to be held in community venues 	March 2016	<ul style="list-style-type: none"> Community Board meetings to commence in 2016. Loughborough venue pencilled in for March 2016.
		<ul style="list-style-type: none"> Trial of "Mini surgery" events with community groups (minimum of four) 	March 2016	<ul style="list-style-type: none"> TBC
		<ul style="list-style-type: none"> Establish partnerships with PPGs (minimum four engagement opportunities) 	March 2016	<ul style="list-style-type: none"> TBC
		<ul style="list-style-type: none"> Develop standards / toolkit for Community engagement 	March 2016	<ul style="list-style-type: none"> TBC

3. Patient Partners perspective

3.1 Martin Caple, chair of our Patient Partner group offers the following reflection on PPI within the Trust over the last year;

" My own reflections on Patient Partner involvement in the Trust in the past year, reinforced at a Patient Partner Time Out Day recently, are as follows:

- The profile of Patient Partners has definitely increased and we are more involved in both CMG and corporate activities than ever before.
- There is an increased openness and transparency from both the Board and senior managers to patient and public involvement, (PPI), generally and Patient Partners in particular.
- Whilst PPI is largely a matter for nurses there has been an encouraging trend for more doctors to be involved in the past year.
- One specific area where I feel there is still room for improvement is in notifying and involving Patient Partners at an early stage of changes and new projects. Also, to clearly define at the outset the role that is expected from us in these areas."

4. Summary

4.1 At the close of 2015, actions in the implementation plan are on track. Recent Patient Partner recruitment has produced eight candidates for the role who will be interviewed in early December. December will also see the launch of a new "ePartner" scheme which will invite patients / members of the public to become more involved with the Trust online. Such a move will encourage a more diverse range of people to contribute to the work of the Trust. Training sessions are now being scheduled in to support CMG staff to adopt a more proactive approach to PPI.

4.2 To support the delivery of the PPI Strategy, a Band 5 PPI Officer post was approved by Trust Board. Patient Partners see the post as imperative to the full delivery of the strategy and are keen to see it go out to advertisement. There have been some delays in processing this post. However, it is now with the Recruitment Control Board awaiting approval.

4.3 In preparation for a Time Out day in November, Patient Partners were asked to reflect on key achievements over the last six months. Among these were;

- Patient Partners now meet with the Chairman on a quarterly basis
- Patient Partners sponsor an agenda item on each public engagement forum

- Patient Partners, for the first time, are formally involved in the Trust's strategic planning priorities for the following year.
- Recruitment of new Patient Partners is underway
- Patient Partner role outline has been updated and agreed
- Patient Partner recruitment process agreed with HR
- Patient Partner branding / logo completed
- Trust Board Thinking session devoted to PPI (Patient Partners participated)
- Greater involvement of Patient Partners in key Trust developments (ED, LRI Car Park, Front Door etc.)
- Two page Patient Partner feature agreed for February "Together" magazine
- Patient Partners were stall holders at the UHL AGM for the first time
- More involvement in cross – CMG initiatives
- Many examples of Patient Partner involvement in their allocated CMGs

4.4 In July 2015 a Trust Board thinking session focused on how we listen and respond to patient and public feedback. One of the outcomes from this session was a commitment by the Trust to seek greater patient and public involvement in the development of its annual plan 2016/17. As a consequence, representatives from our three local Healthwatch organisations, the Leicester Mercury Patients' Panel and our Patient Partners have been asked to consider which priorities they feel UHL should be focusing on in 2016/17. These will be captured on a template and shared, initially, at a planning meeting towards the end of December. Representatives from Healthwatch also plan to discuss their priorities in their quarterly meeting with John Adler on December 2nd.

Karl Mayes
PPI & Membership Manager
December 2015