

PPI Strategy – Quarter 4 Update

Author: Karl Mayes, PPI Manager Sponsor: Mark Wightman Trust Board 2 June 2016 Trust Board paper N

Executive Summary

Context

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 Q4.

Reviewing 2015/16, progress on the PPI agenda has been good. The profile of Patient Partners has increased and they are more involved in both CMG and corporate activities than in previous years. However, there is still work to do, not least around community engagement and to ensure that our public involvement activity is inclusive of the diversity of people that use our services.

Year one of the implementation plan has seen the launch of our ePartners, recruitment to our Patient Partner group, the development of a new Patient Partner contract, greater patient and public involvement in the Trust's planning process and the co-design of an "Involvement in to Action" process.

Conclusion

Whilst the overall position regarding Patient Partners and patient and public involvement generally is encouraging there is still inconsistency across CMGs. The priority for year two of the strategy is to promote a consistent approach to PPI across CMGs and to encourage CMG Boards to take ownership of PPI in their service development. We will also be placing a greater emphasis on community engagement.

Input Sought

The Trust Board is asked to note this update paper and overview of Patient Partner Activity.

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]

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:

This report provides an overview of the last year's PPI activity and sets priorities for the coming year.

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 for 2016/17, 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: [01/09/16 Trust Board]
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: 02/06/16

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. Updates on this plan were brought to Trust Board In September and December 2015 and March 2016. This is the final update for Q4 2015/16.

2. Update on the implementation plan

2.1 The implementation plan for year one is presented below with activity on each action for Q4.

Update on PPI Strategy Implementation Plan (Year 1 Q4)

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 are currently exploring this with CMG PPI leads to ensure PPI is adequately covered under this heading.
	<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 training dates offered in September 2015. Training programme will now focus on the roll out of "Involvement in to Action".
	<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). Further development of KPIs will follow the PPI & Membership and Patient Partner Chair's meetings with PPI leads.
	<ul style="list-style-type: none"> Review of PPI section on Trust Board templates 	July 2015	<ul style="list-style-type: none"> Complete.
	<ul style="list-style-type: none"> Patient Partners sit on CMG Boards 	September 2015	<ul style="list-style-type: none"> Most CMGs now have Patient Partner representation on their Boards. MSK&SS have now been assigned a Patient Partner.
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"> A series of "Co – Design" workshops have been held and an Involvement in to Action toolkit has been produced. This will form an element of the "UHL Way" process. Due to the development of the UHL Way, the implementation of Involvement in to Action will need to be reviewed to ensure it harmonises with the UHL Way roll out. See above
	<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 	February 2016	

		to Action teams		
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. Patient Partners featured in a two page article in February 2016 Together Magazine. A further promotion programme is planned for 2016/17
		<ul style="list-style-type: none"> Agree recruitment / contract process for Patient Partners 	April 2015	<ul style="list-style-type: none"> PPI & Membership Manager has been working with HR Recruitment to revisit the recruitment process for Patient Partners. A new "Zero Hours" type contract has now been agreed.
		<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. New Patient Partners now participate in the Trust's Corporate Induction. This is followed by a bespoke induction to the role which has evaluated well. Patient Partners also have a local induction to their CMGs.
		<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. Four new Patient Partners were recruited in the first round of interviews. A further three Patient Partners will be coming on board and recruitment is on-going.
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. PPI & Membership Manager to meet with the Chairman to discuss format and promotion of these meetings.
		<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. Patient Partners will now meet more frequently and have discussed the future format of meetings.

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.
		<ul style="list-style-type: none"> Brand and promote the role (internally to CMGs + externally) 	January 2016 / ongoing	<ul style="list-style-type: none"> ePartner role promotion featured in December’s and February’s Together magazine, raising awareness of the new role with both staff and public members.
		<ul style="list-style-type: none"> Recruit >50 E-Advisors 	April 2016	<ul style="list-style-type: none"> Recruitment stands at 32 ePartners as of March 2016. Promotion is ongoing.
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. The PPI & Membership Manager is working with the African Caribbean Centre on an event which will seek the views of women on our hospital services.
		<ul style="list-style-type: none"> Three Trust Board meetings to be held in community venues 	March 2016	<ul style="list-style-type: none"> To commence later in 2016.
		<ul style="list-style-type: none"> Trial of “Mini surgery” events with community groups 	March 2016	<ul style="list-style-type: none"> Community engagement will become a greater focus now the Band 5 PPI Officer is in post.
		<ul style="list-style-type: none"> Establish partnerships with PPGs (minimum four engagement opportunities) 	March 2016	<ul style="list-style-type: none"> Early contact has been made with Locality Manager for East Leicestershire CCG. Currently exploring how to take this forward.
		<ul style="list-style-type: none"> Develop standards / toolkit for Community engagement 	March 2016	<ul style="list-style-type: none"> Community engagement will become a greater focus now the Band 5 PPI Officer is in post.

3. Summary

3.1 Implementation of the first year of the PPI strategy has gone well and overall this has been a good year for PPI in the Trust. Patient Partners report that the profile of PPI within the organisation is higher than in previous years and that their involvement and influence across the Trust is increasing. An initial round of Patient Partner recruitment saw four new Patient Partners signing up to the role. Since then further interviews have taken place and recruitment will be on-going over 2016/17.

3.2 Patient and public involvement in the Trust's annual planning process has been more robust this year. We have engaged with our three local Healthwatch organisations, Patient Partners and the Leicester Mercury Patients' Panel, seeking their input. In December 2015 each group was invited to present their views to our Strategy team. Members of our Engagement Forum were also invited to participate. In April 2016 an update on how public involvement has shaped the planning process was brought to the Engagement Forum.

3.3. A co-design process involving Patient Partners and staff was implemented to create the "Involvement in to Action" process. This has resulted in a PPI toolkit for staff which will now be set up as an intranet resource to support staff to involve patients in both large and small scale projects. The Involvement in to Action process has taken its place in the wider "UHL Way" programme. With the introduction of the UHL Way the PPI Strategy will be reviewed to ensure its aims harmonise with the roll out of the UHL Way programme.

3.4 We are continuing to promote the ePartner role among our membership. We currently have 32 people signed up as ePartners. In May 2016 they are being asked to comment on the development of our new Dementia Strategy.

3.5 Over the year there have been on-going issues with Patient Partner contracts. The PPI & Membership Manager has worked with HR Recruitment to establish a new contract for all Patient partners. This will be easier to administer and should see Patient Partners contracted more quickly in future.

3.6 In May 2016 the PPI Team supported a Listening Event in which the Medical Director and Chief Nurse and members of their senior teams met with members of the public to hear about their hospital experience. A total of 39 people attended the event. Their feedback was recorded and will be responded to by the Chief Nurse's team.

3.7 Some delay in recruiting the Band 5 position which was approved to support implementation of the strategy has slowed progress on a few actions (chiefly our community engagement) in year one. These will be carried over to year two of the implementation plan. For example, the PPI & Membership Manager is currently working with the African Caribbean Centre to set up an event which will explore women's experiences of our hospital services.

3.8 The Band 5 PPI & Membership Officer has now been appointed. The successful candidate started with the Trust in May 2016. Unfortunately, in April 2016 the PPI administration assistant left the Trust for a new role. Approval has now been given to recruit to this post and recruitment will commence in later May 2016.

**Karl Mayes - PPI & Membership Manager
June 2016**