

# Update on implementation of the PPI Strategy

Author: K. Mayes Sponsor: M. Wightman Trust Board 1 September 2016

Trust Board paper O

## Executive Summary

### Context

In April 2015 the Trust Board approved a new Patient and Public Involvement (PPI) Strategy and implementation plan. The implementation plan for year two of the strategy broadly seeks to increase the Trust's community engagement and encourage greater ownership of the PPI Agenda by CMGS. This paper provides an update to the Trust Board on the second year implementation plan for Q1. It also provides an overview of specific activity since the last quarterly update in June 2016.

Appendix 1 of this paper provides an overview of activity by the Trust's Patient Partners between January and June 2016.

### Conclusion

Since the last update the Trust Board held a Thinking Session devoted to patient and public involvement. The session brought representatives from nine separate patient groups together to engage with Directors, Non-Executive Directors and senior clinicians and managers. Key outcomes included a commitment to monitor progress on concerns raised by these groups and a pledge by the patient groups to explore how they might best pool their intelligence and share their concerns collectively with the Trust.

The aspiration in the original PPI Strategy to develop a discrete "Involvement into Action" process has been superseded by the more recent development of the UHL Way. A PPI toolkit developed as part of the Involvement into Action process has now been adopted by the UHL Way and has become an integral component of this suite of methodologies.

### 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	

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.

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: [01/12/16]

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: 01/09/16**

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

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### **1. Introduction**

**1.1** In April 2015 the Trust Board approved a 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 are brought to Trust Board quarterly. This is the update for Q1 of year 2 of the strategy implementation plan.

**1.3** This paper also includes, as Appendix 1, an overview of recent Patient Partner activity.

### **2. Trust Board Thinking Session, 11/08/16. "Putting patients first by working together"**

**2.1** Since the last quarterly update in June 2016, the Trust Board held a Thinking Session which focused on Patient and Public Involvement. The session was developed and led by representatives from patient groups and sought to identify their priorities for the Trust and explore how they might be better involved in the future. Representatives from the following groups participated in the session;

- Healthwatch Leicester
- Healthwatch Leicestershire
- Healthwatch Rutland
- The Alliance PPPG
- UHL's Patient Partners
- UHL's Equality Advisory Group
- Leicestershire South Asian Diabetes Support Group
- Leicester Mercury Patients' Panel

- The Better Care Together PPI Group

**2.2** Prior to the session the patient groups were asked to submit their priorities. Issues were grouped under three key headings which formed the basis for discussion on the day. As such, members of our Trust Board, senior staff and patient representatives sat together to discuss matters relating to Performance, Reconfiguration and Equality & Diversity.

**2.3** A summary of the discussions will be circulated to participants. All of the issues raised will be captured in an action log. Progress on these issues will be monitored through PIPEEAC and received by the Quality Assurance Committee. Quarterly updates will be circulated to participants.

**2.4** A further action from the session was that the numerous patient representative groups now active locally will explore how best to share their issues regarding the Trust and to pool their intelligence. The Trust Chairman offered to support such a venture by making venues available to such a meeting.

**2.5** Full list of actions agreed during the session;

- To write up the table top discussion notes and circulate to participants (PPI Team)
- To populate an 'Action Plan' comprising all issues identified by the patient groups with timescales for action. (PPI Team, Martin Caple, David Henson)
- To review the Action Plan quarterly and circulate updates to patient groups
- To report progress on the Action Plan quarterly through PIPEEAC and QAC.
- The Trust and University Medical School agreed to support (i.e. with venues) future meetings of the patient representative groups
- Martin Caple and David Henson to facilitate dialogue between the various patient groups

### **3. CQC Inspection, June 2016**

**3.1** On June 22<sup>nd</sup> the Director of Communications and Marketing and the PPI & Membership Manager were interviewed by one of the CQC inspection teams regarding Patient & Public Involvement in the Trust. The team were referred to a body of evidence on PPI which had been submitted prior to the inspection. We await the outcome of the inspection in due course.

### **4. PPI Toolkit**

**4.1** A new PPI Toolkit has now been developed with the involvement of some of the Trust's Patient Partners. The toolkit has been adopted in to the new UHL Way programme and will become an integral element of this process. The toolkit incorporates the Due Regard process which seeks to identify potential disadvantage or discrimination in the delivery of services. It is a useful engagement tool since it prompts the question "who do we need to speak to?" As such it is helpful in the process of stakeholder mapping prior to engagement.

### **5. Update on the implementation plan**

5.1 The implementation plan for year two is presented below with activity on each action for Q1.

<b>Year 2: 2016 / 17</b>				
7.	<b>CMG ownership of PPI</b>	<p>Train CMG PPI leads and Patient Partners to deliver PPI support to CMGs</p> <p>Introduce PPI Annual report with submissions from each CMG</p> <p>Review of KPIs in quarterly CMG (PIPEEAC) reporting template to increase challenge</p>	<p>June 2016 / ongoing</p> <p>March 2017</p> <p>June 2016</p>	<p>PPI Toolkit developed and adopted as part of UHL Way</p> <p>Complete – KPIs reviewed for Q1 submission by CMGs.</p>
8.	<b>Involvement in to Action</b>	<p>Evaluate progress of first cohort</p> <p>Recruit second cohort of teams to adopt “involvement in to Action”</p> <p>Report on progress included in PPI Annual Report</p>	<p>March 2017</p>	<p>A discrete “Involvement in to Action“ process has been superceded by the devleopment of the UHL Way.</p>
9.	<b>Patient Partners</b>	<p>Identify CMG to pilot expanded Patient Partner model</p> <p>CMG to identify lead officer responsible for Patient Partner coordination</p> <p>Training and support for pilot areas</p> <p>Recruit Patient Partners to work with the pilot CMG (numbers will depend upon CMG services)</p> <p>Monitor and evaluate pilot</p>	<p>April 2016 April 2016</p> <p>April 2016 / ongoing</p> <p>April – July 2016</p> <p>March 2017</p>	<p>Initial agreement made with ITAPS former Head of Operations to pilot this model. Recent changes in personell will require further dialogue and exploration.</p>
10.	<b>Public Engagement Forum</b>	<p>Promotion and monitoring of Forum effectiveness</p> <p>Review format and frequency of meetings</p>	<p>Ongoing</p> <p>April 2016</p>	<p>Discussion with Trust Chairman resulted in agreement to continue quarterly Engagmenet Forum meetings while exploring analogous opportunities in community settings. Proposal to follow.</p>
11.	<b>E-Advisors</b>	<p>Pending evaluation, recruit &gt; 100 E – Partners</p>	<p>March 2017</p>	<p>We currently have 47 e Partners. This mode of engagement will be re-promoted in the coming months.</p>
12.	<b>Community Engagement</b>	<p>Increase training and support on engagement methods / facilitation skills / using the toolkit</p> <p>Develop health promotion training package to allow</p>	<p>Ongoing</p> <p>February 2017</p>	<p>The recent recruitment of a Band 5 PPI Officer has created some extra capacity to undertake community engagement. Deputy</p>

		<p>CMGs take a more active role in community engagement</p> <p>Promote examples of good community engagement</p> <p>Community Profiles cover &gt; 20 local community groups</p> <p>Maintain record of community engagement</p>	<p>Ongoing</p> <p>March 2017</p> <p>ongoing</p>	<p>Director of Learning &amp; OD has welcomed the opportunity to support engagement with HR staff promoting career opportunities to community groups.</p>
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### **3. Summary**

**3.1** The recent Thinking Session mentioned above has reminded the Trust of the growing number of local patient representative groups that have a direct interest in and involvement with UHL. This quarter we made a commitment to support dialogue between these groups. During the session it was suggested that the Public Engagement Forum be used as an opportunity for any collective concerns to be brought to the Trust.

**3.2** The UHL Way has been developed since the approval of the PPI strategy in 2015. Insofar as it aims to provide a single, common approach to change and service development it would be useful to review the PPI strategy to ensure that it harmonises with the aspirations of this new programme.

**3.3** The integration of the new PPI Toolkit in to the UHL Way process should encourage a wider recognition of the need to involve patients and the public in change programmes and provide a number of ways in which to achieve this.

**Karl Mayes**  
**PPI & Membership Manager**  
**September 2016**

## **Appendix 1. Patient Partner Activities - January to June, 2016**

### **Introduction**

The purpose of this report is to outline the key activities undertaken by Patient Partners during the first 6 months of 2016.

There were 12 people undertaking the role of Patient Partner during this period and additional people are being appointed in September, as outlined below.

Patient Partners operate at all levels within UHL and undertake a variety of activities both within Clinical Management Groups, (CMGs), and on a wider Trust-wide basis. This report highlights some of the main activities and gives a flavour of what we do but it is not exhaustive.

Patient Partners meet as a group every 6 weeks to share information and speak to senior UHL staff. Mark Wightman, Director of Communications and Marketing, and Karl Mayes, PPI Manager, attend those meetings on a regular basis.

### **CMG Patient Partner Allocation**

Women's and Children's - Rosemary Stokes and Stephanie Tate

CSI - Geoff Smith and Pragyna Patel

ITAPS - Martin Caple and Mary Gordon

RRCV - David Gorrod and Anthony Locke

CHUGGS - Khudeja Amer-Sharif

MSK - Anthony Locke

ESM - David Allen and Nadine Wood

(With effect from 1<sup>st</sup> September, 2016, Michael Griffiths will be joining CSI and Jo Mitchell will shortly be allocated to a CMG.)

### **Patient Partner Regular Trust Wide Activities**

Quality Assurance Committee - Martin Caple

IFPIC - Mary Gordon

Charitable Funds Committee - David Gorrod

Independent Complaints Review Panel - Martin Caple

Infection Prevention - Mary Gordon

Patient Information Group - Geoff Smith

Therapies Advisory Service Committee - Anthony Locke

Research and Innovation Committee - Anthony Locke

Lloyds Contractual meeting - Anthony Locke

Falls Prevention Committee - Anthony Locke

Pharmacy Insourcing - Anthony Locke

Therapies and Advisory Service Committee - Anthony Locke

Medical Optimisation Committee - Anthony Locke

Outpatients Programme Board - Geoff Smith  
Childrens Hospital Project Board - Stephanie Tate  
UHL Way Steering Group - Geoff Smith  
PIPEEAC -Martin Caple  
Listening into Action events - all  
Safety Walkabouts with senior staff and Board members - all

## Activities of Note

1. Attendance as observers at public UHL Board meetings by 2 Patient Partners who reported back to all PPs.
2. All PPs contributed and supported CMGs at the Confirm and Challenge planning sessions for future year's plans.
3. All PPs attended CMG Board and Quality and Safety Committee meetings.
4. Regular informative meetings with UHL Chairman.
5. Several PPs attended the regular UHL Members Engagement Forum.
6. Several PPs assisted the PPI Manager in writing a PPI Toolkit for insertion in the UHL Way strategic document.
7. Three PPs are involved in Cancer Peer Reviews.
8. Two PPs examined complaints files at CMG level.
9. Two PPs facilitated Patient Focus events where former ICU patients discuss their experiences in the three ICU departments across the Trust. This is organised by senior ICU nurses and facilitated by the PPs. Medical and nursing staff attend and act on those experiences that need improvement. The same 2 PPs visited Coventry NHS Trust to meet ex ICU patients who meet regularly as a support group; with the intention of introducing a similar initiative in this Trust.
10. Two PPs attended Bereavement events, organised by ICU staff, for relatives of former patients who passed away in ICU.
11. One PP attended a primary school in Leicester to ascertain the views of children about UHL services and their experiences. (They were available to provide constructive ideas about future improvements). The same PP has been involved in Patient Engagement Group meetings in relation to the new Children's hospital exploring ideas how to engage young people in consultation on key issues.
12. One PP has been involved with the Patient Experience Team in developing the dementia strategy and joining them at De Montfort University bringing an awareness to students on the Older Persons Champion scheme.

The same PP opened a national “Geriatric Medicine in ED “conference.

13. One PP provided support and advice in the building and development of the new multi storey car park at the LRI.

14. Two PPs provided support and advice on identifying finance and renovating the visitor accommodation at Glenfield Hospital.

15. One PP met with the Medical Director to relate issues regarding the prescribing of medications.

16. One PP has liaised and worked with the Assistant Chief Nurse, Patient Experience, to discuss solutions including staff training and development to improve patient experience.

17. One PP visited University Hospitals Nottingham, to see their Planned Treatment Care Centre.

18. Two PPs visited Salford Critical Care Department with UHL ICU senior staff to learn from their experiences to assist planning improvements at the LRI ICU.

19. One PP attended a Planned Ambulatory Care Hub meeting.

20. Most PPs were present when we saw two members of the CQC team on their visit in June.

21. One PP was involved was involved in a Listening into Action event in relation to paediatric surgery.

22. One PP has been involved in the Autonomous Ward project in MSK.

23. Aside from their role as a PP one person is also a member of the East Midlands PPI Senate.

24. Three PPs have been involved in an Outpatient project focusing on the Ophthalmology Clinic.

25. All PPs met with the Medical Director, Chief Nurse and Director of Communications and Marketing to discuss common issues of concern.

## Conclusion

As previously mentioned this list is not exhaustive but provides examples of some of the key varied activities that Patient Partners have undertaken so far this year.

**Martin Caple**  
**Chairman - Patient Partners Group**  
**22<sup>nd</sup> August, 2016**