



The National Centre  
for Involvement

## Turning Involvement into Everyday Practice

NHS Hull

Final report from the NHS Centre for Involvement

February 2009

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The NHS Centre for Involvement is a consortium made up of The University of Warwick,  
The Centre for Public Scrutiny and National Voices, and is funded by the Department of Health.

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# NHS Hull

## Organisational Development Demonstration Site

### Executive Summary

1. NHS Hull (Hull teaching Primary Care Trust [PCT]) and the National Centre for Involvement (NCI) met in the summer of 2008 and agreed that the PCT should progress as an Organisational Development demonstration site.
2. The final output of the project was a presentation to the PCT Board in January 2009. The overall project has been overseen by a steering group comprising the Patient and Public Involvement Strategic Lead, the Membership and Voluntary Services Manager and the NCI.
3. The project comprised two complementary work streams; a diagnostic stream and a service improvement element.
4. The diagnostic stream involves an analysis of existing documentation, a stakeholder survey, a mapping of involvement activity and follow-up interviews.
5. The overall analysis of the diagnostic exercise showed some excellent, and indeed exemplary, practice. There were very few areas where good work is not occurring. There is a draft Patient and Public Involvement/Engagement Strategy which, when complete, will provide an all-encompassing strategic overview which will 'knit' all the many involvement strands together. We would urge that the PCT completes this work as soon as possible, but recognise that it is a document that is being widely consulted on.
6. There is also a very comprehensive PPI Development Plan 2008/09, which was produced as a discussion document and was subsequently ratified in October 2008 by the Patient and Public Involvement Sub-Committee. The plan articulates with NHS Hull's Strategic Objectives and Local Delivery Plan.
7. The Patient and Public Involvement Sub-Committee provides a strong focus for patient experience and patient-focused information and involvement activity. There is a registration process for PPI activity and evidence of reporting PPI to the PCT Board.
8. There is clear and visible leadership around the involvement agenda from the Chief Executive and members of the Board. The central team is strong, well-managed and appears to work well across a range of functions. Work is being embedded at locality level.

9. There is evidence of good partnership working with the emergent Local Involvement Network, other health providers and stakeholders.
10. There is evidence that NHS Hull learns from involvement, evaluates activity and provides good feedback.
11. There is little that we can say about how to improve PPI at NHS Hull, except to keep doing more of the same and:
  - bring to completion the Patient and Public Involvement/Engagement Strategy and approve it through the Trust Board. This will, by its very nature, be a dynamic document;
  - ensure that the PPI Development Plan is also formally approved;
  - reconsider the PPI link process in each directorate perhaps on a pilot basis and evaluate the effectiveness against, for example, competency 3 of the World Class Commissioning competencies; and
  - ensure that future consultations engage people earlier in the process, so that people shape the nature of the consultation as well as responding to it.
12. The service improvement element of the overall project is designed as a one year programme which has NCI support for the initial 6-8 weeks, after which the Trust carries on the project through to conclusion.
13. The service improvement elements of the NHS Hull project focused on the evidence base for a top tier for the membership in the context of NHS Hull as a commissioning organisation.
14. The work has identified seven possible options. One has been discounted and two are not considered to be possible at the current time but should not be discounted absolutely. A separate report has been provided to the PCT and NCI have agreed to participate in a possible membership conference. The evidence paper is intended to support an on-going debate and to be a starting point.
15. The work will continue throughout the year, after which time the NCI will return to the PCT to support evaluation of the impact of the service improvement work and other recommendations made as a result of the diagnostic process.

## **Acknowledgements**

The NHS Centre for Involvement project team would like to thank those who led the work at NHS Hull, especially Heather Kelly, Lorraine Firth and Jill Copeland. We are grateful to everybody who gave their time to contribute to the work overall, and the organisational diagnostic and service improvement project in particular.

# **1. Organisational Development at the NHS Centre for Involvement**

## **1.1 What is the NHS Centre for Involvement?**

The NHS Centre for Involvement (NCI) aims to support NHS staff and organisations do successful and sustainable Patient and Public Involvement (PPI) that improves the quality of services.<sup>1</sup> The Centre was officially launched in November 2006, and is led by a consortium of three partners: The University of Warwick, National Voices (formerly Long Term Conditions Alliance) and The Centre for Public Scrutiny.

Working closely with the NHS in England, the NCI seeks to embed Patient and Public Involvement into mainstream health service culture and practice. This includes equipping staff to do high quality involvement on the ground, as well as building the capacity of NHS Trusts to support and sustain involvement over time and across all parts of an organisation. The NCI also works closely with key national organisations to develop a national infrastructure which can facilitate good involvement practice.

The NCI believes that involvement drives a patient-led NHS by:

- improving the patient experience;
- generating mutually supportive relationships between patients and professionals;
- engaging with local communities; and
- developing responsive and publicly accountable services.

## **1.2 Key principles of effective involvement**

The NCI has developed five key principles of effective PPI. These are intended to help NHS organisations engage more successfully with patients and the public. They also provide the foundation for the NCI's future work in organisational development, research and learning. The principles are outlined in the box below.

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<sup>1</sup> This report regularly uses the term 'Patient and Public Involvement' or its acronym 'PPI'. However, this general term encompasses a range of groups that may define themselves in different ways. As well as patients and the public, this includes service users, clients and carers.

## **Key Principles of Effective Patient and Public Involvement**

### **Be clear about what involvement means**

- People in all parts of the organisation need to have a shared understanding of what is meant by involvement and its purpose.
- Be clear about the difference between working *for* and working *with* patients and the public.
- Be clear about the different possible purposes of *collective* involvement.
- Make sure there are adequate resources including money, time and people – skilled staff, engaged and informed patients and the public.

### **Focus on improvement**

- Involvement is a means of improving services, not a problem to be solved.
- Organisations must not only engage with patients and the public, but also demonstrate change as a result of that engagement.
- Embed a systematic approach to involvement that links corporate decision-making to the community.
- Ensure commitment and leadership from the Board, the Chair, the Chief Executive, directors and clinical leaders.
- Support staff and equip them with the necessary skills.

### **Be clear about why you are involving patients and the public**

- Be clear about the objectives of the work, its rationale, relevance and connection to organisational priorities.
- Be honest about what can change, what is not negotiable, and the reasons why.
- Find out and use what is already known about people's views and experiences.

### **Identify and understand your stakeholders**

- Define who needs to be involved, who needs to be informed and who is likely to be affected by the issue under consideration.
- Make sure all stakeholders are appropriately involved and ensure that your involvement activity is relevant to your stakeholders' interests.
- Consider who is likely to be affected by the implications of the matter in hand.

### **Involving people**

- Promote opportunities for people to be involved. Find out how people prefer to be involved.
- Make sure your methods suit the purpose of the involvement exercise.
- Make special efforts to reach out to people whose voices are seldom heard.
- Share the information and knowledge you have so people can understand the issues.
- Make it clear to people what you are doing and why, including what you can and cannot change.
- Be clear to people that their views will feed into decision-making processes.
- Provide feedback to people about what you have learned from them and what action you intend to take in response.
- Ensure patients and the public have the support they need to get involved.

### 1.3 How are we working to support local NHS organisations?

The NHS gets feedback from patients, but survey and focus group reports often sit on the shelf. One off involvement initiatives may not lead to ongoing involvement around how services are designed and delivered. There is oases of good practice amid deserts of non-engagement. All too often inspirational champions of involvement are isolated and staff who want to engage with patients and carers don't know how to do so. NHS organisations may feel that they are involving patients and the public, but how often can they say that this involvement leads to demonstrable improvement in the quality and experience of services?

The work of the NHS Centre for Involvement is organised across several distinct, but interlinked, domains. The Organisational Development (OD) domain works directly with NHS organisations to develop Patient and Public Involvement at a local level. The OD team works with one NHS organisation in each Strategic Health Authority each year across the primary, secondary and specialist care sectors.

Each OD project looks at involvement at both a strategic and service improvement level. At the strategic level, an organisational diagnostic is conducted to find examples of good practice in involvement within a Trust, and also identify priority areas for improvement. Focusing on organisational systems, processes and resources, the diagnostic looks at how involvement can be mainstreamed across an organisation to become part of everyday practice. At a service improvement level, a specific piece of work is designed to model best practice in involvement around a priority issue or with a specific patient/user group. The approach taken is outlined in detail in the following section.

In addition to our work with NHS Hull, the other OD projects are:

- **Barnsley NHS Foundation Trust** – focusing on engaging children and young people in emergency care (completed March 07);
- **The London Ambulance Service** – focusing on building relationships with the Bangladeshi community in Tower Hamlets (completed June 07);
- **The Walton Centre for Neurology and Neurosurgery** – focusing on continuity of care for people with neurological conditions (completed June 07);
- **South Staffordshire and Shropshire NHS Foundation Trust** – focusing on the person-centred evaluation of services in dementia and learning disabilities (completed June 07);
- **Suffolk Mental Health partnership Trust** – focusing on engaging clients in improving substance misuse services;
- **United Bristol Healthcare Trust** – focusing on older people and transitions in care (ward moves) (completed February 2008);
- **Newcastle PCT** – focusing on what Patient and Public Involvement in Practice Based Commissioning means and how you might do it (completed December 2007);

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- **Heatherwood and Wexham Park Foundation Trust** – focusing on engagement of people from minority ethnic groups in cardiology services (completed June 2008);
- **Worcester Primary Care Trust** focusing on Practice Based Commissioning (withdrawn);
- **Tower Hamlets Primary Care Trust** focusing on commissioning Urgent Care;
- **Salisbury NHS Foundation Trust** focusing on how the Trust will work with Local Involvement Networks (LINKs) (completed October 2008);
- **West Sussex PCT** focusing on involvement in the commissioning cycle (completed September 08);
- **NHS Stoke on Trent** focusing on how patients make choices about Urgent Care use (completed September 08);
- **Peterborough Primary Care Trust** focusing on building an effective PPI system in Provider Services of the PCT;
- **Leeds PCT** focusing on commissioning and other priority areas;
- **West Hertfordshire Hospitals NHS Trust** focusing on involving patients in improving experiences of discharge;
- **South Devon NHS Foundation Trust** focusing on how the membership of the foundation trust will work with the LINK (completed January 2009);
- **Northumberland Care Trust** focusing on good involvement practice in a Care Trust environment;
- **South Kent Coast PCT** focusing on involvement in commissioning;
- **Lewisham PCT** focusing on involvement in commissioning;
- **Dudley PCT** focusing on involvement in commissioning;
- **Hampshire PCT** focusing on commissioning end of life care.
- **Liverpool PCT** focusing on commissioning end of life care.

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#### 1.4 What does an Organisational Development project involve?

Each OD project takes place over a fixed period – from the Trust agreement to proceed to the delivery of a final report with recommendations. It is overseen by a steering group, which should include Trust staff (management and frontline), members of the NCI team and key external stakeholders. The steering group is expected to provide linkage between the project and the Trust Board, to whom the NCI team present their findings and recommendations. The NCI works with the Trust to share the learning from the project locally and nationally, and returns one year later to assess progress.

The strategic level work centres on an organisational diagnostic that brings together a range of information and perspectives to:

- explore the nature of involvement at the Trust;
- identify existing practice and progress in involvement;
- explore strengths, weaknesses and growth opportunities;
- highlight priority areas for improvement; and
- develop the foundations for a model of good practice.

### What is an organisational diagnostic?

An organisational diagnostic consists of four stages and is like an involvement MOT:

1. **Documentary analysis:** we ask for copies of key PPI documentation for detailed review – such as the PPI Strategy, Core Standard 17 submission to the Healthcare Commission, minutes of relevant committee meetings, Board reports and policy documents.
2. **Mapping exercise:** Trusts are asked to construct a record of involvement activities that have taken place over the past six months using a template.
3. **Baseline assessment questionnaire:** the NCI has developed a detailed questionnaire, which assesses the extent to which Trusts have a strategic and high quality approach to involvement. Approximately 30-50 people are approached to complete the questionnaire online, including both Trust staff and external stakeholders. As well as exploring the general Trust approach to involvement, the questionnaire focuses on six key issues:
  - a. strategy and action plans;
  - b. senior commitment and leadership;
  - c. resourcing and support;
  - d. roles and responsibilities;
  - e. partnership working, equalities and diversity; and
  - f. mechanisms for evaluation and sharing the learning.
4. **Telephone follow up:** from the responses to the questionnaire, issues of concern and/or areas for improvement can be identified. A small number of people are then approached to explore these in more detail during short telephone or face-to-face interviews.

The culmination of the diagnostic is an organisational learning event, which brings together Trust staff and key external stakeholders. The findings of the diagnostic (and progress on the service improvement work) are presented at the event, with scheduled workshops providing opportunities for wider comment and to plan improvement work.

Alongside the organisational diagnostic, the Trust is also working on a service improvement project that focuses on a particular issue or user group. This is an opportunity for the Trust to model good practice in involvement that can be shared across the organisation. While the strategic work offers a top down view on embedding PPI in the Trust, this is a 'bottom-up' approach to developing effective and sustainable ways of working by learning from experience.

Trusts are encouraged to take a productive approach to involvement, where patients and public are involved in providing solutions to perceived problems.

The focus of the project should be an issue which is a shared agenda for action between the organisation, staff and patients and the public. In Hull this piece of service improvement work linked in to the development of a membership model which was exciting and ground-breaking work being undertaken by a commissioning organisation. The role of the NCI team is as strategic advisor to the design and delivery of the project.

**In summary, the aims of an OD project are to:**

- develop a more strategic approach to involvement across an organisation;
- model best practice in involvement within a particular service area or with a particular user group; and
- share the learning locally and nationally.

The full project process is outlined in the diagram on the following page.

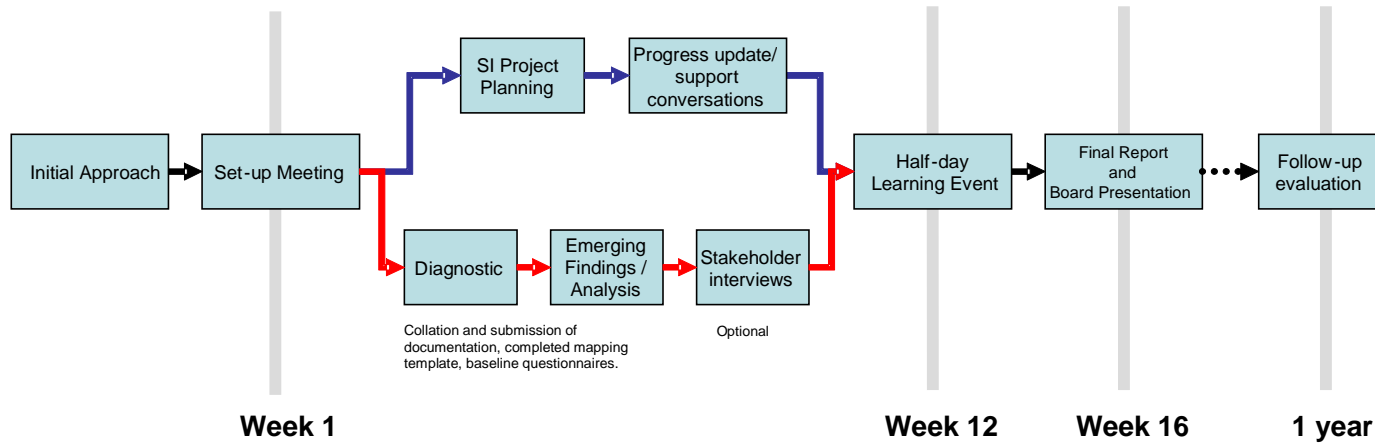
# Organisational Development Project timeline/flowchart



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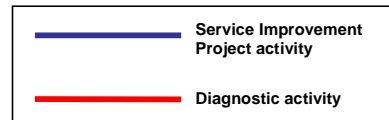
Projects are based on an area such as commissioning, urgent care or LINKs, though there may be scope to focus on another specific service area/audience that the Trust wants help in addressing. The project focuses on maximizing the **impact of involvement** rather than general service improvement.

Typically, NCI offers assistance with:  
(i) planning, or  
(ii) delivery, or  
(iii) evaluation and learning/dissemination



Set-up Meeting involves representation from staff involved in Trust service improvement work, as well as other relevant stakeholders. The purpose of the meeting is to:

- review overall OD process;
- introduce diagnostic checklist;
- introduce Terms of Agreement for project;
- set date for Board presentation;
- set date for Learning Event.



## 1.5 Who is on the team?

The project team for the work at NHS Hull was led by Jayne Taylor (Director of Organisational Development and Learning), Connie Lord (Organisational Development Project Manager) and Victoria Taylor (Service Improvement Manager). Each team for the OD work also includes members of the People Bank – a community of people recruited to shape and deliver the work of the NHS Centre for Involvement. The NCI's People Bank includes patients and carers with direct experience of health services, members of the public with an interest in healthcare issues and NHS professionals. More information on the People Bank can be found at [www.nhscentreforinvolvement.nhs.uk](http://www.nhscentreforinvolvement.nhs.uk).

From the People Bank, the NHS Hull team also included:

Alison Barraclough, who lives in Leeds, where she has been actively involved with various committees and a variety of local charities, having served as chair of several. Besides serving as Joint Vice-chair of Leeds East NHS Research Ethic Committee, Alison has been a part of the governing body of a school and of the BBC North Regional Advisory Council. Alison, further, attends local meetings for the Bradford District Care Trust, for which she serves as a Training and Development Advisor. She has also been a lay visitor for custody suites in West Yorkshire for the Police Authority and a Lay Inspector for Calderdale Social Services (Residential Homes).

## **2. NHS Hull**

### **2.1 Background**

NHS Hull (Hull Teaching Primary Care Trust) was created on 1 October 2006. It employs around 1600 staff. The PCT works in three distinct geographical localities; East, West and North Hull.

Hull is usually referred to by its full name of Kingston-upon-Hull in official statistics. It is a member, with eleven other Unitary Authorities with populations over 200,000, of the Major Cities Group of local authorities.

Hull is the ninth most deprived of 354 English districts (by average of ward scores). In 2001, the Department of Transport, Environment and the Regions reported that around 100,000 people in households in Hull were in receipt of means-tested benefits. The unemployment claimant rate (5.4 per cent in July 2005) is over twice as high as the national average (2.2 per cent).

Hull has high levels of disability and mental illness. The city also has a high birth rate and high teenage conception rate in relation to the national average. In terms of under-19 conceptions per 1000 population, Hull had 68.9 compared with 46.7 in Yorkshire and Humber and 42.3 nationally. These factors result in a skewing of the demographic profile of the city towards the younger age ranges relative to other cities of a similar size.

Population projections prepared by the Office of National Statistics suggest changes in the age distribution and a higher percentage of people aged over 65 and noticeably fewer children. These projected changes in Hull are in-line with general national demographic changes.

Hull has undergone significant changes in recent years in terms of its ethnic diversity. While there have always been families of gypsies or travellers for which to account as added to the local census, latest estimates are that black and minority ethnic (BME) residents also now make up 4 % of the population, compared to the 2001 census figure of 2.3%.

The 2011 census may tell us that this has changed, as Kurdish people, many of whom sought asylum in the UK from Iraq, now make up a significant, but currently unquantifiable, number of people living in Hull.

NHS Hull is responsible for ensuring that the people of Hull have access to the health services they need, along with directly providing a wide range of community-based services across the city.

In addition to directly providing care for local people, the PCT works closely with GP practices, pharmacists, optometrists, dentists, hospital trusts, social services, mental health services and community and voluntary organisations to commission and fund the healthcare they provide to people in Hull. The majority of acute hospital care is provided by Hull and East Yorkshire

Hospitals NHS Trust and mental health services by Humber Mental Health Teaching NHS Trust and Hull City Council.

The PCT also undertakes a broad range of public health initiatives to improve the health and quality of life for local people.

## **2.2 Patient and Public Involvement at NHS Hull**

NHS Hull has a well-ordered, comprehensive approach to Patient and Public Involvement (PPI), managed by a strong central team. There is a clear committee structure comprising a Patient and Public Involvement Sub-Committee, with clear Terms of Reference reporting to the Governance Committee, which in turn reports to the Trust Board. A Membership Steering Committee has been formed as a sub-group of the Patient and Public Involvement Sub-Committee. The Membership Steering Committee also has comprehensive Terms of Reference. There is evidence that these committees are well-managed and take heed of governance issues, such as conflicts of interest and quoracy. Membership of the Patient and Public Involvement Sub-Committee and the Membership Steering Committee are broad and inclusive.

The provider arm of NHS Hull is working towards separation and has established a Governance Forum which reports to the Governance Committee. The commissioning arm of NHS Hull works across three localities and commissioners report involvement activity to the Patient and Public Involvement Sub-Committee.

PPI within NHS Hull has been identified as a priority with an objective to increase involvement from the local population. There is evidence of reporting of PPI activity to the Trust Board. Complaints are reported routinely to the Governance Committee and quarterly reports are provided by the Patient Advice and Liaison service to the Patient and Public Involvement Sub-Committee. Over the past year, the Board has directly received reports including a Patient and Public Involvement report, a Patient Experience report and a PALs and Complaints report. Where concerns have been expressed about, for example, the timeliness of responses to complaints, this has been reported to the Board. The Board has also received updates on the PPI strategy and the membership scheme.

NHS Hull is part of an SHA-wide initiative engaging with 'Patient Opinion' and launched the web-based feedback facility in October 2008.

### 3. The Service Improvement Project

#### 3.1 Background

The purpose of the service improvement work is to model good involvement practice around an issue or area:

- which is of importance both to the Trust and its staff, as well as to service users/carers;
- where users and carers can be involved in developing solutions to perceived problems; and
- where there are opportunities to build on existing work.

The work is also an opportunity to develop a generic approach to planning and doing involvement, which can be deployed in other parts of NHS Hull. It is the process of involvement as much as the particular topic which is of importance. During the 16 weeks of the NCI project, the aim is to scope, action plan and initiate service improvement work. The NCI project acts as a catalyst to sustainable work. The 16 week period is supposed to be the beginning of a longer piece of work and NHS Hull is expected to commit the necessary leadership and resources for successful completion.

The service improvement project selected by NHS Hull was slightly unusual, but of major importance to commissioning organisations. This was the evidence base for the formation of the 'top tier' of the membership scheme. The rationale for choosing this project was that, whilst NHS Hull has launched its membership scheme with different constituencies, it wished to enable its membership to determine what the 'top tier' might look like. Initially, two options were identified; one was for a Board of Governors similar to the Foundation Trust model; and the other was a 'Health Congress'. However after initial exploration further options were identified.

The scope of the project was to undertake:

- a detailed review of evidence around what are the possible 'top-tier' models for a membership-style organisation;
- an analysis of what are the strengths and weaknesses of each of the identified models within the context of the World Class Commissioning (WCC) competencies (DH, 2007a), the assurance framework (DH, 2008), the draft national PPI organisation standards (NHS Centre for Involvement, 2008) and other key documents (Dr Foster Intelligence, 2008); and
- production of a report and other possible tools, such as an assessment framework.

It was agreed that the work would therefore take place in three stages:

1. The service improvement team would undertake a detailed review of available evidence drawing on Foundation Trust documentation, documents from other organisations such as various social enterprise models ([www.socialenterprise.org.uk](http://www.socialenterprise.org.uk)) and co-operatives

([www.cooperative-uk.coop/live/cme0.htm](http://www.cooperative-uk.coop/live/cme0.htm)) in order to identify possible models for the top-tier.

2. The various emergent models would be tested against the WCC competencies and other measures and a SWOT analysis undertaken (strengths/weaknesses/opportunities/threats).
3. A report would be produced for this element of the work which can be used as the basis of consultation if appropriate.

### 3.2 Current progress

The initial report has been completed. We identified six options for a top tier membership but discounted one of them (option 5). Option 1 is a tradition Foundation Trust model and we discussed in some detail the need to look at issues such as market segmentation if the PCT is to avoid some of the challenges that Foundation Trusts experience in developing their membership. The option of convening a health congress periodically (option 2) is, in our view, also a viable option as long as there is a clearly-defined protocol for how the congress would work with the Hull Champions group and the wider membership.

The option of working through Practice Based Commissioning groups (option 3) is, in our view, a viable option and has a number of advantages including local engagement and prioritisation as well as potential enhancement of clinician engagement. Two other options of working through the commissioned services schemes of governance or working with the LINK are possibilities (options 4 and 6), although these groups are emergent in Hull, which, on the one hand, creates opportunity but, on the other, requires careful handling. These two options should not, in our view, be discounted completely but it might be that the time is not right to pursue these. Option 7 is a 'no top tier' option which again, in our opinion, is feasible and has emerged as a strong option. There is also a possibility of combining one or more option.

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We have, as part of this work, started to explore a debate about strengths, weaknesses, opportunities and threats. We have looked at the World Class Commissioning competencies and looked at which options would be most beneficial in supporting progression to level 4 of the commissioning competencies.

This piece of work has been designed to look at the evidence for different models and aims to start a debate about the top tier. We would encourage NHS Hull to continue this debate as it moves forward with developing its vision for its membership.

## 4. The organisational diagnostic

### 4.1 What we did at Hull Teaching Primary Care Trust

As Section 1 outlined, the organisational diagnostic is a multi-method assessment of involvement at an NHS Trust. The box below outlines how we collected data for the organisational diagnostic at NHS Hull.

#### **The organisational diagnostic at the NHS HULL**

**Trust documentation:** NHS Hull sent us their draft PPI/E Strategy, their PPI Development Plan, the engagement and communication plans for each of the three localities, Terms of Reference and minutes of key meetings, and other involvement documentation such as information about their membership scheme.

**Mapping exercise:** A mapping template that is routinely kept by the central PPI team was submitted. This provided a detailed review of recent and current involvement initiatives across NHS Hull.

**Survey:** Six people (five staff and one external stakeholder) completed the baseline assessment, which had been sent to 24 staff and 11 external stakeholders.

**Follow up interviews:** A follow-up interview was conducted with one staff member at NHS Hull and one external partner to explore the following key issue in more detail:

- Whether the perception that consultations do not engage people early enough in the process is actually the case.

**Organisational learning event:** The results of the diagnostic will be brought together and reported to the PPI Sub-Committee and the membership Committee. NHS Hull is undertaking an appraisal as to the viability of convening a membership conference and NCI have agreed to support this event in lieu of a learning event.

### 4.2 The NHS Hull approach to involvement

There is evidence that the Trust takes a consistent approach to PPI across its different localities and that it has responded sensibly to the need to separate its provider and commissioning functions. The Trust provides a full range of primary care services and works closely with other parts of the health system.

There is evidence of commitment to PPI in the Trust, which has included a city-wide listening exercise which has been commissioned to try to really

understand what the people of Hull see as *their* priorities for the development of health services locally. The listening exercise has a steering group which feeds into the Patient and Public Involvement Sub-Committee. NHS Hull is clearly aware of the very challenging health issues faced by its local population and we gained a real sense that, from the very top of the organisation, there is a genuine view that NHS Hull is there to listen to, and serve the population and improve health.

NHS Hull, in trying to embrace involvement with local people, has set up a membership scheme under the management of a Volunteer and Membership Manager. There is evidence that the scheme has been well researched and carefully thought through, always with the local context of Hull in mind. The Membership Steering Committee has taken on the task of establishing the membership.

The Patient and Public Involvement Sub-Committee provides a strong focus for patient experience and patient-focused information and involvement activity. In our discussions with the central team we heard concerns that the presence of a Sub-Committee may contribute to a perception that work is not being integrated throughout the organisation. However, our view is that the Sub-Committee provides an excellent conduit for PPI within NHS Hull, and that it operates efficiently and effectively.

Within NHS Hull there is evidence that patients and the public, through the former PPI Forum, were involved in a wide range of activities within the Trust as evidenced by the 2007-08 extensive commentary added to the core standards declaration to the Healthcare Commission. In relation to Core Standard C17, which takes into account whether 'the views of patients, carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services', the PPI forum stated that their members had attended meetings of the three locality groups covering the city of Hull where decisions about the provision of health care for the local population are discussed and planned.

As well as the Patient and Public Involvement Forum, who are invited to comment on organisation's declarations, third party commentary is also invited from the Strategic Health Authority, which commented in relation to Core Standard C17 at NHS Hull:

*The PCT is very proactive in engaging the views of its local population and there are good links with local community groups.*

This view was also confirmed in the baseline surveys received.

Patient and Public Involvement Forums were abolished on 31 March 2008 and Local Involvement Networks (LINKs) have taken over, and expanded, a number of their functions. NHS Hull has been working with the new Hull LINK through its PPI Implementation Manager, who is part of the LINK Steering Group. Reciprocally, a member of staff from the LINK host organisation is attending various events and committee meetings at NHS Hull.

### **4.3 Strategy and action plans**

An involvement strategy plays a key role in co-ordinating involvement activities across an organisation, setting priorities and objectives and providing a clear plan for future action. Any strategy or action plan needs to outline specific steps for how aims and objectives will be met, whose responsibility it is to undertake the necessary actions, and what the timeframes to achieve these should be. This is also essential in terms of monitoring progress and ensuring accountability in the involvement process. For involvement to be fully embedded into organisational culture and practice, the strategy needs to demonstrate how involvement links with wider Trust priorities and overall business objectives.

There is a draft Patient and Public Involvement/Engagement Strategy which when complete will provide an all encompassing strategic overview which will 'knit' all the many involvement strands together. We would urge that the PCT completes this work as soon as possible, but recognise that it is a document that is being widely consulted on.

There is also a very comprehensive PPI Development Plan 2008/09, which was produced as a discussion document and was subsequently ratified in October 2008 by the Patient and Public Involvement Sub-Committee. The plan articulates with NHS Hull's Strategic Objectives and Local Delivery Plan. The PPI Development Plan covers a significant scope of activity (13 areas in all) including partnership working, workforce development, commissioning, patient experience and governance. The plan is well written and specific in terms of accountability and timescales.

Each of the three localities has an engagement/communication plan to support locality-based work. Three locality Boards are in place which have lay representation drawn from the membership. Person specifications were written for the roles and members were selected via an informal recruitment process.

### **4.4 Senior commitment and leadership**

A strong and positive involvement culture should permeate all levels of an organisation. Board members, the Chief Executive, senior managers and clinical leaders all have key roles to play in leading, motivating and inspiring staff to engage with patients and the public in their everyday practice. They should lead by example and model a commitment to openness, listening and responsiveness. Staff also need to be valued for their involvement work and the Trust should celebrate success.

The Assistant Director of Corporate Affairs reports directly to the Chief Executive who is a champion for PPI. The Chief Executive actively and visibly demonstrates support and leadership of involvement. One of the non-executive directors also has involvement within his role portfolio. As previously mentioned, there is evidence that the Board is kept informed about

PPI activity and that it takes an active interest in this area. Evidence from the documents submitted and the baseline survey suggest that involvement activities are developed in line with the organisation's strategic priorities and goals.

However, one baseline survey response suggested that there might still be room for improvement in consulting public views **ahead of** strategy formation rather than asking for consultation for purposes of approval or sanction after the strategy has already been proposed. This was followed through in the telephone interviewing, which confirmed the view and also provided useful commentary on how this could be addressed. When asked whether 'the Trust actively provides opportunities and mechanisms for patients, carers and the public to inform strategic decisions about Trust services and priorities', one staff member commented that this was 'getting better through things like the membership model' but that they would like to see the Trust become just as good at obtaining feedback for **strategic** decisions as they are for **operational** ones. These same concerns are being shared and addressed by Trusts across the country, as the NHS embraces true Patient and Public Involvement in place of the rubberstamping-type public consultation from the past.

At divisional/directorate/team level there was a proposal for developing a network of roles which aim to embed involvement throughout the work of the Trust via a PPI link process. We felt that this proposal was an innovative and commendable initiative for a commissioning organisation. We understand that implementation of this role in each directorate/team has not been supported at the current time but would recommend that this decision is reviewed and that the scheme is piloted and evaluated.

There is a PPI registration scheme and the central team maintain a database of activity. We were impressed with the extent and coordination of involvement at NHS Hull. There is a real sense of direction and cohesiveness in PPI within this Trust. Evidence from the baseline survey confirms the strength and cohesiveness of a strong central team but reveals that there is still work to be done to continue embedding PPI down to all staff levels, so that PPI is not seen by some as being the responsibility of the PPI team and so that the core responsibilities, competencies and skills are owned by all.

#### **4.5 Resourcing and support**

A coherent strategy and senior leadership are necessary for effective involvement, but they are not sufficient. An organisation needs to build its capacity to undertake involvement that is both successful and sustainable. Proper resources are needed, and staff must have the opportunities and time to do the work. They must also be equipped for the task through training and development.

Equally, patients and the public may need support in order to make their contribution. Training and development for staff must be complemented by

equivalent opportunities for patients. The issue of reimbursement is also important as it sends a message to those involved about how the Trust recognises and values their contribution.

NHS Hull again performed well in resourcing and support for PPI. Significant funding has been made available for the city wide 'Listening Exercise'. There is also a Board-approved Policy for Patient and Public Involvement, including Reimbursement of Expenses and a reward scheme. The baseline survey confirmed that involvement participants are properly reimbursed for out of pocket expenses. The PCT is pooling resources with the acute and mental health trusts to support their membership schemes, such as purchasing joint advertising space and producing joint information (as well as Trust-specific information). While overall resourcing was confirmed in the baseline survey as being in place, the survey also suggested that it might no longer be realistic now that the membership scheme has been put in place. This may indicate a need for reassessment of PPI funding overall to ensure that the financial demands of the membership initiative does not inadvertently take funding away from the ongoing PPI programme.

The baseline survey provides further evidence that the Trust adequately supports staff (with budget, time, training) to undertake or participate in involvement work.

#### **4.6 Roles and responsibilities**

The foundation of a strong involvement infrastructure is having well-defined roles and responsibilities for staff at all levels of an organisation. This leads to clarity of purpose and approach, less duplication of effort, and stronger governance and accountability arrangements. It should also be clear who is responsible for 'doing' involvement, and who is responsible for ensuring that the organisation takes action based on the feedback it receives. Linkage and communication between those concerned is important.

At NHS Hull, the Chief Executive is a champion for PPI, which sends out a strong signal throughout the organisation that involvement is a priority for this organisation. The Assistant Director of Corporate Affairs is responsible for involvement and reports directly to the Chief Executive. There is a central PPI team, which includes a PPI Implementation Manager and a Membership and Voluntary Services Manager, and two assistants who reports to the PPI Strategic Lead. The PALs and communications managers report directly to the Assistant Director.

## **4.7 Partnership working, equalities and diversity**

Partnership working in involvement can help to:

- share expertise and capacity across organisations, promoting greater efficiency;
- prevent duplication of effort and combat 'consultation fatigue' in the local population;
- share best practice, learning and contacts;
- build new relationships and networks;
- contribute towards improved co-ordination across service providers; and
- engage with a diverse range of people in the local community.

From the documents submitted to us as part of the diagnostic exercise, there was evidence that NHS Hull is working with the Local Involvement Network (LINK) and with voluntary and community sector organisations in the city. There is also discussion with the City Council about working in partnership to build a city-wide membership scheme but this is likely to be a future activity rather than in the immediate future. We did have some initial concerns that both the acute trust and the mental health trust are both consulting about Foundation Trust status and have open membership schemes, which could result in city residents being invited to join three health organisations as well as the LINK. However, we are reassured that there is joined-up working around the membership agendas and we saw evidence of this happening. The city scheme would seem to be a sensible option for the future and the foundations of such a scheme will be in place through the hard work of the membership offices of the three health organisations.

The baseline survey for NHS Hull confirmed that the Trust enjoys productive and participatory relationships with external stakeholders, such as the former PPI Forums, Health Overview and Scrutiny, and local NHS organisations, as well as the LINK.

There was confirmation in the baseline survey that involvement activities routinely involve consultation and participation of local voluntary and community groups. However, it was again asserted that sometimes consultation is not sought early enough in the process to be 'genuine and meaningful' and consequently may be regarded as an 'afterthought'.

## **4.8 Evaluation and sharing the learning**

Gathering and disseminating information about the outcomes of involvement work is essential. It contributes to a positive culture of involvement, demonstrates to the staff and users/carers involved that they have genuinely made a difference, and can be a useful lever in securing support for future activities. But organisations should not wait until the end of an activity to

assess how well they are delivering improvements. Integrating involvement into performance management arrangements ensures that progress is regularly monitored. This creates an important accountability framework, as organisations can determine whether they are meeting their involvement objectives and goals.

At NHS Hull, evaluation of PPI is an area that again impressed us. The PPI Development Plan includes straightforward measures for evaluating the success of activity. We noted that in documentation there is evidence that there is performance management of activity that does not meet acceptable standards such as meeting the timescales for responding to complaints (July 2008 Trust Board). We also noted that even non-reporting of activity is questioned such as in May 2008 and July 2008 Governance Committee where there were no inclusions under the 'Patient Focus' agenda listing.

There were two other areas of good practice that we felt noteworthy of mention in this section. First we found significant evidence that NHS Hull learns from others and will analyse initiatives from elsewhere in the NHS to identify applicability to Hull. For example, the city-wide listening exercise was premised on work previously undertaken in Liverpool and Sheffield. The second example we found which we noted relates to feedback. The PCT produces a punchy newsletter entitled 'You say... We hear'. This provides information about how involvement has led to change. This simple newsletter is, in our opinion, an excellent example of how organisations can communicate with a wider public audience.

## **5: Recommendations and next steps**

### **5.1 Recommendations**

All Trusts with effective Patient Partnership Managers and PPI Managers are well out in front in the involvement agenda, and this Trust is no exception. NHS Hull has a strong central team with high level leadership. NHS Hull is an example of an organisation that has genuinely embedded involvement in its work. It is an example of an organisation that is aiming to fit its services around its local population rather than expecting its population to fit into its current service delivery model.

Our work at NHS Hull has shown that the organisation is doing a range of excellent PPI work. There are key strengths at NHS Hull in the way that they approach involvement. Whilst we do not advocate any one system of organising the structure of involvement it was refreshing to see a system of accountability that clearly works. The PPI Sub-Committee provides a central focus for activity. There is evidence that the PPI Strategic Lead and other members of the central team are effective in their work and that the Board is fully apprised of PPI activity.

There is little that we can say about how to improve PPI at NHS Hull, except to keep doing more of the same and:

- bring to completion the Patient and Public Involvement/Engagement Strategy and approve it through the Trust Board. This will by its very nature be a dynamic document;
- ensure that the PPI Development Plan is also formally approved;
- reconsider the PPI link process in each directorate perhaps on a pilot basis and evaluate the effectiveness against, for example, competency 3 of the World Class Commissioning competencies; and
- ensure that future consultations engage people earlier in the process, so that people shape the nature of the consultation as well as responding to it.

### **5.2 The next steps**

This report has outlined the findings and recommendations from our work at NHS Hull. The next steps are for the Trust to consider the findings and decide how to respond to the recommendations. In the meantime, there is a need for the Trust to continue work on the service improvement project, and share their progress with the NCI. The NCI team will identify opportunities to share learning from the work and will return in one year to evaluate progress.

In the meantime, the NCI would like to wish the Trust the best of luck in its efforts to turn involvement into everyday practice.