

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

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