

**To:** Board

**For meeting on:** 22 March 2018

**Agenda item:** 7

**Report by:** Ruth May, Executive Director of Nursing  
Ashfa Slater, Head of Patient, Public and Carer Voice

**Report on:** NHS Improvement's Statement of Intent to embed patient, public and carer voice as part of business as usual across the work of the organisation.

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### **Purpose of this paper**

1. To seek NHS Improvement Board approval on this statement of intent to embed patient and public voice (PPV) as business as usual across all directorates through a coherent, strategic approach to PPV design and delivery.

### **Introduction**

2. Responsibilities and accountabilities for the delivery of this statement of intent will be as follows:
  - a) The Executive Director of Nursing is the executive lead.
  - b) The Head of Patient, Public and Carer Voice will be the senior operational lead responsible for overseeing the delivery of this work reporting directly to the Head of Patient Experience in NHS Improvement and aligning practice to NHS England's PPV policy.
  - c) Staff across the whole organisation will be responsible for adopting working practices to ensure that PPV is embedded, where appropriate, across NHS Improvement.
3. The importance for NHS Improvement to be active in this area and for a coherent strategy are:
  - a) Across the organisation hearing from patients and engaging them directly will enable better decision-making, improve effectiveness and support effective and more sustainable system transformation.
  - b) It is in line with the NHS Five Year Forward View and it is one of the objectives in the Department of Health and Social Care's remit letter to NHS Improvement.
  - c) It will establish NHS Improvement's position nationally with respect to PPV alongside other national NHS organisations.

- d) NHS Improvement must comply with specific legal duties which include securing that people who use health care services and other members of the public are “involved to an appropriate degree in decisions that Monitor makes about the exercise of its functions” (though not decisions it makes about the exercise of functions in a particular case).
- e) NHS Improvement should role model this way of working for trusts and for STPs and integrated care systems.

### **Current practice to develop public participation in the development of NHS services**

- 4. The public participation team at NHS England has developed a suite of tools for use with NHS England staff, commissioners, and PPV partners including: policies and frameworks, guidance, rota to deal with internal queries, training and a database to record PPV partners. This all sits alongside the NHS Citizen programme which focuses on three interrelated areas: people (population engagement, participation and coproduction); patients (insight and learning from the experience of patients, families and carers in quality and service improvements); and voluntary sector (partnerships to add value and widen the scope of service delivery). NHS Citizen has already been supporting NHS Improvement through the Learning from Deaths programme.
- 5. NHS Improvement will benefit from a coherent approach to PPV. There are individual examples of pilot work (in Improvement) or where staff have included patients, patient representatives from the voluntary sector or members of the public to varying levels of success (Patient Safety, Nursing). There is a lack of support on offer to enable good practice. Existing practice has lacked diversity in PPV partners and staff often reverted to a small number of individuals known to them. This approach does not necessarily lead to engagement of the most suitable individuals.
- 6. NHS Improvement has a PPV group, originally developed as an interest group of staff from across the organisation who recognised the need for NHS Improvement to develop their practice in this area further. This group is now sponsored by the Executive Director of Nursing and supported by a Non-Executive Director.

### **Recommendation**

- 7. The Board supports the development and maintenance of an effective corporate infrastructure to ensure NHS Improvement meets its legal duties, and to facilitate meaningful participation throughout the organisation.

### **Proposed approach**

- 8. A detailed operational plan will be developed to align with the business plan, where PPV has been included under ‘Improvement Capability Development’ as a discrete project and across work programmes /areas. The operational plan will

outline SMART objectives, milestones, expected outputs and outcomes and will ensure alignment with NHS Improvement's values and behaviours, recognising their role as a building block for systematic change. It will also reflect the objectives outlined in the Department of Health and Social Care's remit letter to NHS Improvement.

9. The role of the PPV advisory and implementation group will be developed to support the delivery of PPV across NHS Improvement. This group will help to deliver some of the tasks from the operational plan and will champion the importance of working collaboratively within the organisation to integrate PPV into other workstreams and align with workforce development, improvement and leadership development.

### **Areas of focus for implementation**

10. Three organisational policies will be developed to inform the approach to working with patients and the public:
  - a) The first two will be publicly available resources to outline how NHS Improvement intends to work with PPV partners in a supportive and inclusive manner and an expenses guide. Effort will focus on ensuring the final products align with NHS England's existing practice to provide consistent messaging to the public. The existing NHS England guidance was developed through a considered process, in partnership with PPV partners, Healthwatch and NHS England staff from different teams.
  - b) The third will be internally focused for NHS Improvement staff. This policy will align with the business plan, operational plan and remit letter and will outline the internal requirements, including governance and support available.
11. In order to provide direct support to NHS Improvement staff, a range of resources will be developed. These will include:
  - a) Training and guides to support NHS Improvement staff in working in partnership with patients, families, carers and the public. Existing material including training, which could be adapted, is available from the public participation team at NHS England.
  - b) Training to PPV partners to support meaningful engagement with NHS Improvement. This will build on the experience of NHS England's public participation team.
  - c) Development of links with the NHS Citizen programme to maximise opportunities and support available for meaningful patient and public engagement across the health system.
12. Alongside staff resources, the NHS England central bank of publicly available resources ([Involvement Hub](#)) will be reviewed, updated and co-branded where possible. If necessary, the suite of material will be expanded to include resources for NHS providers.
13. Continuous improvement will be fundamental to the design and delivery of the PPV work. Ongoing monitoring and review of activities will be informed by proven improvement methodologies and good practice from other ALBs.

14. There will be continued development and maintenance of links with other ALBs to ensure alignment, share resources, tools, policies, training resources and guidance to work towards a consistent system-wide approach to involvement.
15. There will be collaboration with the Stakeholder Engagement Lead to develop meaningful working relationships with NHS Improvement stakeholder organisations that represent people who use services, including Healthwatch England, National Voices and Patients Association.
16. Throughout all areas of focus outlined below, existing resources available from other ALBs, and NHS England in particular, will be adapted for NHS Improvement use as much as possible.
17. The Head of Patient, Public and Carers Voice at NHS Improvement is currently seconded from NHS England's Public Participation team. This arrangement is positive as it enables collaborative working between both organisations and a sharing of resources (staff and materials) and experience and expertise. Both organisations will continue to explore where functions and programmes may be aligned or connected to streamline delivery.

## **Next steps**

Main milestones to be achieved following Board approval:

### Quarter 1 (April to June 2018)

- Production of a PPV operational plan for 2018/19.
- Production of NHS Improvement Public Participation Policy.
- Production of NHS Improvement Public Participation guidance and support documents for staff.

### Quarter 2 (July to September 2018)

- Publication of approved NHS Improvement Public Participation Policy.
- Development of NHS Improvement Public Participation training plan.

### Quarter 3 (October to December 2018)

- Implementation of NHS Improvement Public Participation training plan.
- Co-production of additional guidance material for NHS providers.
- Development of support materials to enable all directorates to undertake informed assessment of the need for patient/public engagement in their programmes of work.

### Quarter 4 (January to March 2019)

- Patient/ public engagement to be included in business planning across NHS Improvement directorate programmes.
- Review of PPV resource needs to support effective implementation of this way of working across NHS Improvement.