

London Ambulance Service NHS Trust

Action Plan for Patient and Public Involvement 2008–2012: Review

1. Introduction

The current Action Plan for Patient and Public Involvement was produced and agreed at the beginning of 2008. This document reviews the actions within it and the progress the Trust has made with its PPI developments and activities over the last four years.

2. Development of the 2008-2012 action plan

The Action Plan for Patient & Public Involvement 2008-2012 built on previous PPI developments and brought the Trust further in line with new legislation and with best practice. Some of the context of the time, and the external drivers which contributed to the plan, are described in the following paragraphs.

2.1 An external review of the Trust's PPI arrangements had been carried out in 2007 by the NHS Centre for Involvement (NCI). Four main recommendations arose from this review:

- Making involvement a 'must':
 - Establish a culture of involvement from the top of the organisation.
 - Do not allow a focus on targets to have a detrimental effect on other activities.
 - Increase local management teams' involvement in PPI and public education.
- Remove barriers to local involvement work:
 - Free up staff time for participation in involvement work.
 - Support staff with appropriate training and development opportunities.
 - Enhance communication about involvement activities.
- Develop the role of Community involvement Officer.
- Get ready for Local Involvement Networks (LINKs).

2.2 A Learning Event was held following the review, and was attended by LAS staff, partner organisations and members of the Patients' Forum. Key priorities identified at that event were the development of local PPI leads, working with partner organisations, and improving communication about PPI activity.

2.3 In 2006 the LAS commissioned Ipsos-MORI to conduct some research into Londoners' perceptions of the organisation. This included a telephone survey, discussion groups and in-depth face-to-face interviews with homeless people.

The research findings indicated a need to increase public awareness about the Service. The research also identified a lower level of satisfaction with the LAS within some communities than in the general population. In particular, Bangladeshi people reported lower satisfaction with LAS staff than that reported overall. As a result of this finding, a project involving the Bangladeshi community in Tower Hamlets was initiated later that year.

- 2.4 The PPI structure changed nationally in April 2008, with the introduction of Local Involvement Networks (LINKs). It was hoped that LINKs would provide an opportunity for increased networking possibilities with community and social care organisations. Having relationships with the 32 LINKs in London also had the potential to form a strong basis for recruiting patients for PPI activities, and members for the Foundation Trust. These new arrangements were seen as a key driver for the activities described in the action plan.
- 2.5 Ambulance Trusts were able to apply for Foundation Trust status from April 2009. To establish a membership that was representative of Londoners was recognised as a challenge. It was therefore another key consideration within the action plan.
- 2.6 Healthcare for London, the review of NHS services across the capital, was also expected to have a significant impact on the LAS. The organisation's PPI activity was planned to reflect the key messages arising from any future NHS reconfigurations as they took place.

3. **Review against the Action Plan 2008- 2012**

There were three main components of the action plan:

- Continuation of what had already been established, including ongoing projects.
- Developments to improve how PPI activity was co-ordinated, recorded, evaluated and supported within the LAS.
- Developments to ensure that the LAS remained engaged with strategic changes in the external environment.

The following tables show activities against each of the items in the action plan.

3.1 **Continuation of existing systems and current projects:**

Action	Progress / activities
Continue to report regularly to PPI Committee, Clinical Governance Committee and Trust Board.	<ul style="list-style-type: none"> • Quarterly reports to PPI Committee. • Quarterly reports to Learning from Experience group (previously Clinical Governance Committee). • Bi-monthly reports to Trust Board.
Maintain databases of PPI activity and of patients / the	<ul style="list-style-type: none"> • Databases maintained and the quality of data recorded significantly improved by the

public involved in it.	introduction of PPI & Public Education Co-ordinators.
Maintain database of LAS staff interested in PPI and public education.	<ul style="list-style-type: none"> • Database maintained and developed by PPI & Public Education Co-ordinators. • Database now includes time spent by staff on PPI and public education, and links with reward/recognition scheme.

Action	Progress / activities
Continue to support LAS colleagues organising and taking part in public events, e.g. use of risk assessments / event plans, provision of display materials.	<ul style="list-style-type: none"> • Staff supported by Co-ordinators, who hold central stocks of materials and resources. • Introduction of Public Education pages on <i>the pulse</i>. • Risk assessment procedure reviewed, revised and re-launched. • Public Events procedure (TP36) reviewed. • Five Public Education Staff Development programmes have taken place, providing skills, knowledge, support and networking for staff involved in this work.
Ensure patients and the public continue to be represented on LAS committees.	<ul style="list-style-type: none"> • Members of the Patients' Forum attend key Trust committees including the Trust Board, Learning from Experience Group (previously Clinical Governance Committee), PPI Committee, Equality & Inclusion Steering Group, Clinical Audit and Research Steering Group and Community First Responder Steering Group.
Work closely with the Patients' Forum Ambulance Services (London) Ltd., continuing the relationship already established. This includes providing meeting rooms, encouraging station visits, involvement in committees, projects and public events.	<ul style="list-style-type: none"> • Members of the Patients' Forum attend key Trust committees (listed above). • Other meetings arranged with LAS senior managers on an ad-hoc basis (e.g. Director of Corporate Services, Chief Executive). • Meeting room, refreshments and photocopying provided for monthly Forum meetings. • Speakers and presentations arranged for monthly Forum meetings. • Induction programme held for new (and existing) Forum members. • Process put in place for Forum members to take part in station visits, EOC/UOC visits and ride-outs. • BLS training provided. • Involvement offered in a range of projects.
Ensure PPI activity is in line with the Service Improvement Programme (SIP), e.g. access for deaf people, and that patients are involved in relevant projects.	<ul style="list-style-type: none"> • Patients involved in 999 text messaging project. • Patients involved in Local Involvement Network events for the London Olympics. • Public consultation formed part of FT process. • Patient experience included in evaluation of Clinical Response Model (CRM). • Patient experience information included in developments for Category C patients. • Discussions underway re. engagement about future changes, e.g. Estates Strategy. • Public Education activity relevant to SIP, e.g.

	<p>“Know your Blood Pressure” events April 2010.</p> <ul style="list-style-type: none"> • Involvement of FT members in “Clean Team” (hand hygiene) project and reviewing written materials. • Involvement of people with learning disabilities in development of staff training materials.
Action	Progress / activities
Support the introduction and development of the Community Involvement Officer role on ambulance complexes as part of New Ways of Working.	<ul style="list-style-type: none"> • Six CIOs in post and have monthly meetings. • One CIO to be recruited in first quarter of 2012, with a further eight in the following year. • Head of PPI & Public Education leads on recruitment to the posts and provides ongoing support to CIOs.
Continue the Tower Hamlets (Bangladeshi) project, ensuring key outcomes / developments are communicated.	<ul style="list-style-type: none"> • Get the Right Treatment health information pack and training package developed (with Tower Hamlets PCT). • Basic Life Support sessions regularly held at Children’s Centres in Tower Hamlets. Excellent feedback received. • Member of staff from Silvertown ambulance station completed work placement with PPI & Public Education team (Sept to Dec 2010). He developed key links in the community, and ran regular BLS and health sessions on a variety of topics for Poplar HARCA housing association residents. • New AOM at Tower Hamlets has agreed to promote the Tower Hamlets Project amongst his staff.
Continue implementation of the Public Education Strategy, taking into account the findings of the 2007 survey and public education workshops.	<ul style="list-style-type: none"> • Public Education Strategy implemented. • Interim action plan being developed for 2012/13, then any further actions to be incorporated into new Prevention Strategy. • Public Education Staff Development Programme now fully established and evaluated, with five courses having been completed. • Over 30 members of staff on waiting list; next programme being planned for autumn 2012. • Materials sub-group established to develop and oversee public education materials and resources. • Public education pages on <i>the pulse</i> introduced and regularly updated.

	<ul style="list-style-type: none"> • Risk assessment procedure reviewed, revised and published.
<p>Continued patient involvement in Patient Transport Service developments, based on the findings of the initial conference (May 2007).</p>	<ul style="list-style-type: none"> • Patients' Forum met with the Head of PTS. • Patients' Forum devised 'quality standards' for PTS providers, which were accepted by the LAS. • PTS conducts regular patient surveys. • Other patient involvement developments have been slower than hoped due to reorganisation within PTS.

Action	Progress / activities
Increase involvement of AOMs and local management teams in PPI and public education.	<ul style="list-style-type: none"> • AOMs and other members of local management teams are more involved. • Remains inconsistent across London; but all complexes have staff who are interested and involved in public education work. • Database records staff time spent on public education work and recognition is provided (certificates and gifts). • CIOs remain highly visible advocates of PPI and public education on their complexes. • Community Events being held in local areas, in line with FT constituencies. Events rely on local management team engagement.

3.2 Developments to improve coordination, recording, evaluating and supporting PPI:

Action	Progress / activities
Ensure events are properly planned (including aims and objectives), involve the right people, and that de-briefs take place afterwards.	<ul style="list-style-type: none"> • Event planning forms are available to staff on the public education resource library on <i>the pulse</i>. • Co-ordinators ensure local staff are involved in events and activities in their areas. • Evaluation forms are provided for staff to give feedback following an event or activity. • Evaluation forms are sent to organisers of events and activities. • Trust-wide events (such as Know your Blood Pressure; community events; FT events) are managed by co-ordinating groups.
Continue the development of a borough-based PPI model, with local teams liaising with LINKs, PCTs, voluntary organisations and patient groups.	<ul style="list-style-type: none"> • Staff encouraged to get involved in local events. • AOMs remain responsible for local liaison with LINKs, PCTs etc. but this activity is variable across London and depends on other pressures. • Local activities are supported by the central PPI and Public Education team.
Ensure PPI becomes a Trust priority by encouraging Board members, senior managers and others to become visible champions of involvement.	<ul style="list-style-type: none"> • Non-Executive Director now sits on PPI Committee. • Director of Corporate Services is also a PPI Committee member and is involved in the Public Education Staff Development Programme (PESDP). • The findings of the Category C Service User survey, and the action plan arising from it, have been presented to SMG, SDC and commissioners. • Director-level intervention led to the PESDP

	<p>being reinstated when it was put at risk due to operational pressures.</p> <ul style="list-style-type: none"> • Deputy Director of Operations now routinely considers patient involvement / public education in operational initiatives.
Action	Progress / activities
Remove barriers to local involvement work: ensuring that local management teams are held accountable for engaging with local people, and are supported by the organisation to do so.	<ul style="list-style-type: none"> • Local management teams are supported by the central PPI and Public Education team. • Although local engagement is within the AOM job role, it remains variable across London depending on other pressures and the individuals concerned. • Local managers took responsibility for organising the Know your Blood Pressure events, including releasing and supporting staff to take part. • CIOs lead on involvement activities in their complexes. The number of CIOs is increasing from 6 to 15 in the next year.
Build on existing networks for PPI leads across ambulance services nationally and other Trusts in London.	<ul style="list-style-type: none"> • The national PPI Leads group no longer meets. Other national networks continue, however, including the Foundation Trust group and the Communications group. • The LAS has hosted a number of visits from PPI leads in other ambulance trusts. • The PPI groups in London NHS Trusts no longer hold regular meetings. There has been a great deal of reorganisation which has affected these networks. • Experience of these groups has shown that the LAS is better resourced and recognised for PPI than is the case in other Trusts.
Introduce a PPI bulletin to communicate PPI activities across the Trust.	<ul style="list-style-type: none"> • Regular newsletters are produced by the PPI & Public Education Co-ordinators. • PPI and public education activities are also publicised through the public education resource library on <i>the pulse</i>. • The Trust informs staff and the public about events using social media (Facebook and Twitter).
Develop mechanisms to prioritise PPI activity, based on e.g. health needs, the number of people affected,	<ul style="list-style-type: none"> • Prioritisation tool written and agreed by PPI Committee and Public Education Strategy Group.

government priorities, public feedback.	
Develop a common reporting system for PPI and public education activity, including evidence of evaluation and priority audiences reached.	<ul style="list-style-type: none"> • Completed by PPI & Public Education Coordinators (and ongoing). • Evaluation system introduced, both for staff involved and for external partners.
Produce a calendar of PPI opportunities in ambulance station complex areas (to encourage forward-planning).	<ul style="list-style-type: none"> • Database includes forthcoming activities, is available on the public education resource library, and can be sorted by complex. • <i>The Pulse</i> provides information about key forthcoming events, to invite participation. • CIOs take responsibility for planning PPI and public education events in their areas.

Action	Progress / activities
Ensure that PPI activity is evaluated appropriately, according to the nature of each activity. This should include an evaluation of the impact of the involvement.	<ul style="list-style-type: none"> • Staff evaluation system has been introduced. • Evaluation forms (e.g. for Tower Hamlets BLS sessions) are regularly used. • Evaluation system introduced for external partners (event organisers).
Improve the organisation's understanding of the challenges faced by external organisations and individuals that wish to engage with the LAS. Develop an understanding of any barriers to involvement and help individuals to develop the knowledge, skills and understanding they require to help them engage.	<ul style="list-style-type: none"> • Two induction programmes have been held for Patients' Forum members wishing to engage with the Trust. • Foundation Trust membership strategy includes methods of engaging with members/governors and ensuring they contribute as fully as possible. • Regular engagement events are held for FT members, with separate events for those wishing to become more involved (i.e. standing as governors). • Support and training will be provided to FT governors.

3.3 Responding to the external environment and strategic changes:

Action	Progress / activities
Create closer links with other pan-London organisations e.g. NHS London, GLA.	<ul style="list-style-type: none"> • Links formed with Local Involvement Networks co-ordinator for London (no longer in post). • Greater involvement in PPI and public education by commissioners. Lead commissioner now a member of PPI Committee. • Worked with the GLA on a project considering the future of the LAS Museum. • Worked with NHS London and PCTs on FT consultation and "know your blood pressure" day. • Work regularly with Transport for London, the Metropolitan Police and London Fire Brigade on road safety initiatives. • Work regularly with Metropolitan Police and other organisations on knife crime initiatives. • Seeking advice from NHS London on engagement required for Estates Strategy and other changes.
Introduce a local model for LAS involvement in LINKs, with local management teams responsible for engaging with the LINKs in	<ul style="list-style-type: none"> • Paper written (2008) describing LAS approach to LINKs; recommends local model. • Some LINKs meetings and events have been held in which local LAS managers have been involved.

their areas.	<ul style="list-style-type: none">• Others have been more topic-based, and supported by central teams, e.g. Olympics.• Tower Hamlets LINK representative on Tower Hamlets Project group.
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Action	Progress / activities
With the Patients' Forum, consider the development of a pan-London Forum of LINK members, to share information and consider London-wide issues.	<ul style="list-style-type: none"> • Membership of Patients' Forum is largely made up of LINKs representatives. • Discussions were held with London LINKs leads (DH) to try and facilitate pan-London information-sharing. This person is no longer in post. • Some LINKs have appeared reluctant to engage with the LAS or with pan-London issues, focusing more on local issues (e.g. hospital closures). • Further attempts have been made to engage with London (DH) lead and consider future arrangements as LAS moves towards FT status.
Consider the introduction of a service user forum for each ambulance station complex.	<ul style="list-style-type: none"> • This has been considered, and it is felt that it can only be fully achieved once all CIOs are in post. • CIOs are engaging with groups in their areas. • As part of the Estates Strategy local engagement methods will be used. • Local "community events" are being planned for all LAS FT constituencies.
Prepare the membership arrangements as part of the LAS application for Foundation Trust status.	<ul style="list-style-type: none"> • A Membership Manager was appointed early on in the process of applying for FT status. • The Membership Strategy describes how membership will be developed and what activities are planned for members. • The Head of PPI & Public Education is a member of the Membership Group. • The FT Membership Manager is a member of the PPI Committee and the two teams work closely together on planned events.
Identify risks / issues raised by patients and the public and report them to the Complaints Committee, PPI Committee, Clinical Governance Committee and Trust Board for action.	<ul style="list-style-type: none"> • Some of these committees have changed since the action plan was written, e.g. Complaints committee and Clinical Governance Committee. • The new structure allows for reporting of risks and issues raised by patients and the public. These are discussed in the relevant committees and action plans are developed and monitored.
Adapt the model of involvement to better respond to community voices, developing a more sophisticated approach to obtaining patient feedback.	<ul style="list-style-type: none"> • Additional methods of eliciting patient feedback are being introduced, e.g. SNAP survey software, website, FT members etc. • The introduction of Making Experiences Count, and other developments in the Patient Experiences Team, have improved the quality of feedback. • The CQUINs for 2012/13 include three areas for eliciting information about patients' experiences:

	<p>drugs and alcohol, mental health, and sickle cell.</p> <ul style="list-style-type: none">• Feedback is also requested following all public education activities.
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Action	Progress / activities
<p>Ensure that issues affecting London as a whole, or large numbers of patients and the public, are addressed in partnership with other organisations and by involving patients and the public in those developments, e.g. developments within Patient Transport Services, hospital reconfigurations, patients with long term conditions, major incident management and the Olympics.</p>	<ul style="list-style-type: none"> • Patient and public involvement forms part of all major service changes within the LAS. Efforts are made to ensure PPI is part of joint multi-agency projects, where LAS is in a position to advise on this. • The work on hospital reconfigurations included patient involvement and consultation. • There are long-standing and robust patient involvement mechanisms for patients with long term conditions, cardiac problems etc. • Patients have been involved in plans for the Olympics, with a series of events being held in the Olympic boroughs and more local, focused activities in specific areas.

4. **Next steps**

The Trust has clearly made significant progress against all areas identified in the Action Plan. The introduction of the PPI & Public Education Co-ordinator, Community Involvement Officer and FT Membership Manager roles have led to significantly increased capacity for the Trust to deliver against the plan. High-level support is evident, with regular reports being discussed by the Trust Board and Learning from Experience Group. More colleagues now routinely consider patient involvement and patient experience as part of their planned activities. The Public Education Staff Development Programme provides support and education for staff who take part in this important work.

Some aspects of the plan have not developed as expected; for example the introduction of LINKs has not delivered the robust local method of engagement that we expected. Operational pressures on the Service have always impacted on our PPI and public education work, and this continues. However, despite those pressures, the Trust took part in over 700 PPI or public education events or activities during the calendar year of 2011. This is a testament to those staff who give their time, often free of charge, to take opportunities to engage with the public. This is a great strength of the organisation.

The next step is to produce a new PPI Action Plan for 2012-2015, to bring the timescales in line with the Integrated Business Plan. It has been agreed that the PPI Action Plan will 'sit' within the overall Communication & Engagement Strategy in future, although reporting lines and the committee structure will remain as they are now. This new plan should be written and agreed by April 2012.

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