

Trust Board Meeting in Public: Wednesday 18 January 2017
TB2017.17

Title	Oxford University Hospitals NHS Foundation Trust Patient and Public Involvement Strategy, 2016-2019 – Annual Review
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Status	For approval
History	The Trust Patient and Public Involvement Strategy: draft for Consultation, 2016-2019 was approved by Trust Board in September 2015, and this review has been presented to the Quality Committee in December 2016.

Board Lead(s)	Ms Catherine Stoddart, Chief Nurse/Deputy Chief Executive			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. Purpose

- 1.1. This paper outlines the methodology and responses to the public consultation on the Oxford University Hospitals NHS Foundation Trust draft Patient and Public Involvement Strategy 2016-2019, which was circulated for public consultation for six weeks in autumn 2015.
- 1.2. The progress achieved against the action plan to date is also outlined.

2. Background

- 2.1. The Patient and Public Involvement Strategy 2016-2019:
 - replaces the previous Public Engagement Strategy, 2008-2011;
 - works in parallel with the current Patient Experience Strategy 2014-2016;
 - defines the 'involvement offer' for the Trust's patients and public;
 - promotes 'joined up' thinking and action across the Trust's services;
 - seeks to work with a range of partners in the community to achieve better involvement from those who are 'seldom heard', or who have characteristics protected by the Equality Act 2010.
- 2.2. The Patient and Public Involvement Strategy 2016-2019 and accompanying Action Plan are on the Trust's public website [here](#), under "Patient Feedback/Get Involved".

3. Strategy development and public consultation

- 3.1. The approach to developing the Strategy was approved in April 2015 by Quality Committee and the draft Strategy was approved in September 2015 by Trust Board.
- 3.2. The draft Strategy was developed over six months through wide stakeholder engagement.
- 3.3. The Trust consulted with the public for six weeks during October and November 2015 on the Strategy, inviting views on the vision for public and patient involvement.

4. Reporting on Progress

- 4.1. This report was presented for consideration by the Quality Committee at its meeting held in December 2016.
- 4.2. Progress against the three-year action plan will be reported annually.

5. Recommendation

The Trust Board is asked to note the outcomes of the public consultation and the progress against the Action Plan.

Patient and Public Involvement Strategy, 2016-2019

1. Purpose

- 1.1. The purpose of this paper is to set out the public consultation responses for the Trust's Patient and Public Involvement Strategy, 2016-2019 following a six week public consultation during November & December 2015.

(The Strategy and the accompanying Action Plan is available on the Public Involvement page of Trust's website [here](#)).

- 1.2. This paper also outlines the progress achieved to date against the three-year Action Plan.

2. Background and Context

- 2.1. Patients have told the Trust that they want to be more involved in decisions for planning their healthcare. This is not just for personal benefit, but also to ensure that others in the same position benefit¹. This mirrors the development of a strong 'patient voice' and leadership nationally (Appendix 1). National best practice within health and social care recognises that patient involvement and leadership contributes to safe, cost-effective care outcomes.
- 2.2. There is also expectation and legal requirement to involve the public and patients (Appendix 2). The [Health and Social Care Act \(2012\)](#) reinforces Section 242 of the [NHS Act \(2006\)](#) by stating that we are required to involve patients and the public. This reflects a marked change in the relationship between professionals and the public and recognises the unique insight that is provided by feedback and inclusive dialogue with people who receive healthcare.
- 2.3. This Strategy replaces the Trust's Public Engagement Strategy (2008-2011) and takes full account of significant clinical, cultural and organisational development, within the Trust and externally within the wider health economy. It sets a clear 'direction of travel' over the next three years.
- 2.4. This work was initiated by the award of funds from Health Education Thames Valley (HETV). The vision for the strategy was generated from the Patient Partnership Groups (PPG) workshop on 17th November 2014, led by the Chief Nurse and attended by the PPG chairs and co-chairs and a Non-Executive Director.
- 2.5. Staff in the Trust actively seek their patients' views and experiences: through listening events, resulting from discussions in individual's treatment and care, participating in and learning from patient stories, acting on Friends and Family Test feedback, supporting PPGs, peer reviews, and in the co-production of the Privacy and Dignity Policy and public membership on clinical working groups².

¹ OUH Trust Patient feedback

- Seldom Heard Groups Meeting, June 2015 attended by 20 individuals from seldom heard community groups. Over 50 groups were contacted by phone, email and face to face for informative conversations.
- Patient Partnership Group workshops in 2014 and 2015, attended by staff and patients from 11 PPGs, the Chief Nurse and a non-executive director.
- Quality Conversation 4th June 2015 involved 50+ patients, public, FT members

² For example, the OUHFT Sepsis Working Group

All these activities enable staff to hear, appreciate and learn from the patient's perspective.

- 2.6. A national driver also comes from Healthwatch England and Healthwatch Oxfordshire who have statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. There are also mandatory requirements for jointly commissioning health and social care services (Appendix 3). The Trust must comply with these requirements.

3. Strategy development and public consultation

- 3.1. The approach to developing the Strategy was approved by Quality Committee in April 2015. The draft Strategy was developed over six months through wide stakeholder engagement with the Trust's Public Partnership Groups (PPGs), voluntary, community and statutory partner organisations, Foundation Trust (FT) members and staff; it had the support of a range of key internal and external stakeholders.
- 3.2. Following the Trust Board's approval of the draft Strategy in September 2015, the Trust consulted widely on the draft Strategy for six weeks during October and November 2015, inviting a wide range of individuals and groups to participate in the consultation – Foundation Trust members, patients, carers, stakeholder groups, groups supporting and led by people of seldom heard communities, partner organisations, staff and the public.³
- 3.3. Members of the Trust's 15 PPGs were invited to a consultation event to discuss the content and outcomes of the Strategy in November 2015. Thirty-one people attended from the PPGs, there were 20 lay members, a personal assistant and ten members of staff. The Chief Nurse attended for a question and answer session.

4. Consultation feedback

- 4.1. Feedback was constructive and helpful. The public respondents were thanked for their comments.

The Strategy was amended to incorporate the key points:

- Some patient engagement opportunities are held at inconvenient times for the working population or those who cannot afford to take time off work to attend.
- Governors and Foundation Trust members need to be kept fully informed of the Strategy and have opportunities to be involved with public engagement activities.
- There is a gap in PPGs in women's and maternity services.⁴

³ The draft Strategy was publicised via the staff intranet, and the public via the internet, email and letter. It was distributed directly to key stakeholders: Oxfordshire County Council, Oxfordshire Clinical Commissioning Group, Carers Oxfordshire and over 60 further organisations representing Seldom Heard Groups, and research partners such as National Institute for Health Research (NIHR) Oxford Biomedical Research Centre who were, in turn, asked to publicise it via their membership mailings.

⁴ The Head of Midwifery is leading on widening engagement particularly in seldom heard communities.

- There is a need to change the wording 'patient voice' in the strategy to the 'voice of the patient' to avoid confusion with the Oxfordshire 'Patient Voice' Group.
- Infrequent public transport to the John Radcliffe Hospital on a Sunday makes accessing services for those unable to drive impossible.
- The revision of the Trust's Clinical Strategy and other key strategies should include patient involvement throughout.
- The Strategy should work in conjunction with the Trust's Quality Priorities to ensure they are informed by patient involvement.

4.2. Changes were made to reflect Trust Board⁵ comments that:

- The role of the Patient Experience Team in delivering the Strategy needs to be made more explicit;
- The interface with clinical research in the strategy needs to be made more explicit;
- The inclusion of seldom heard people and those protected by the Equality Act 2010's nine protected characteristics in the strategy needed to be more explicit.

4.3. PPGs asked the Board to note that their perception is that the Trust previously gave higher levels of resources to patient engagement which for a time diminished. Patient representatives wanted reassurance that this would not be the case in the future to ensure and facilitate the full implementation of the Strategy and Action Plan.

4.4. Feedback from the consultation asked that the public version of the Strategy included a concise summary and pictogram showing its governance and reporting procedures⁶.

4.5. The Equality and Diversity Steering Group requested that The Seldom Heard Project key recommendations and suggested future practice be placed in the Action Plan.

4.6. The three year Action Plan was developed following consultation feedback and discussions with relevant staff.

5. Progress against Action Plan

5.1. Progress against the three-year Action Plan will be reported annually to TME, Quality Committee and Trust Board

5.2. Year one reporting is for the period of January to December 2016.

5.3. Significant progress has been recorded in the first year of the Strategy (Appendix 4).

5.4. The highlights include:

- Objective 1⁷

⁵ Trust Board, September 2015

⁶ The Patient Experience Steering Group will discuss the reporting structure at its next meeting in early 2017. Point 4.4 will then be taken forward.

- Point 1.1:
 - A new Patient Experience Steering Group has been established which has a remit to monitor progress against the PPI Strategy, develop the involvement offer and ensure appropriate reporting. Two meetings have been held; participants included the Patient Experience, Complaints and PALS teams, divisional Patient Experience Leads, lay people and governors.
- Objective 2:⁸
 - Point 2.1:
 - There has been development of the [Public Involvement](#) section of the internet, reflecting the involvement 'offer', providing staff and the public with a 'front door' for enquiries about involvement. Significant improvements are still required and are planned for December 2016.
 - Point 2.2:
 - Translation and interpreting services have been reviewed and new suppliers are in place. Guidance for staff as to how to use the available services has been updated on the intranet and usage has considerably increased due to higher levels of publicity.
 - Staff members have been surveyed about helping patients to access advocacy.⁹ This information is being analysed to inform a review of access to advocacy services.
 - The Intranet pages have been updated with more information on advocacy services.
 - The Autism training in March 2017 will highlight advocacy support (see Objective 3, point 3.7 for more details on training).
 - Point 2.3:
 - Easy Read Parking and Energy Pipe updates have been sent to partners and community groups.
 - Point 2.5:
 - Staff have been given guidance on the Accessible Information Standard (AIS). Meetings have been held with the Electronic Patient Record (EPR) team to increase the number of flags on the system which highlight communication difficulties. In addition, reporting on AIS has been agreed internally and with the Oxfordshire Clinical Commissioning Group (OCCG).

⁷ Objective 1: A good involvement offer is made to all patients and the public

⁸ Objective 2: The involvement offer is fully accessible to all patients and the public

⁹ This was as part of the Carers Identification and Support survey. 134 members of staff across the 6 divisions responded.

- Point 2.6
 - Working with Media and Communications, the Patient Experience Team regularly involve approximately 50 community and voluntary organisations from seldom heard communities who are invited to a range of events, e.g. Carer's Charter meetings, Equality Delivery System (EDS2) and Quality Conversations.
- Objective 3:¹⁰
 - Point 3.1:
 - Working in partnership with PPG members, a Guide for PPGs is being developed which will be launched at the Annual PPG meeting on 16th December.
 - Point 3.4:
 - A new Maternity Services Group has been established, led by the Head of Midwifery. This group will focus on improvements in the directorate and hearing from seldom heard women.
 - Point 3.5 and 3.6:
 - Working with patients, carers and the public, patient story films have been produced as powerful learning tools to train staff, e.g. on sepsis, dementia and autism.
 - A wide range of unpaid carers and partner organisations are involved in a project to co-produce a county-wide commitment to carers (through the development of a Carers' Charter). Involved in this work are the Trust, Carers Oxfordshire, Oxford Health NHS Foundation Trust, and the Clinical Commissioning Group, Oxfordshire County Council and young carers.
 - The Equality Delivery System (EDS2) panels held in February and May 2015 involved people representing all nine protected characteristics¹¹ including people who are transgender, with disabilities and from black and minority ethnic (BME) groups.
 - Point 3.7:
 - Autism Oxford and individuals who are autistic will deliver training on 2nd March 2017 for staff from OUH, the OCCG and Oxford Health.
- Objective 4:¹²
 - Points 4.1 to 4.3:
 - The involvement of children and young people has been greatly increased by the introduction of a Children's Patient Experience Project Lead, funded by Health Education Thames

¹⁰ Objective 3: patients, the public and staff are actively supported to be involved.

¹¹ This refers to the nine protected characteristics under the Equality Act 2010.

¹² Objective 4: All seldom heard people and those excluded by health inequalities, are given extra support to be involved

Valley. This post is in place for two years from September 2015 to September 2017.

- The Young People’s Executive (YiPpEe) relaunch has been successfully managed by the Project Lead and YiPpEe now has 30 members.
- Two young people share the role of Young Person’s Governor and now sit on the Board of Governors.
- Children’s feedback via the Friends and Family Test has also increased since the introduction of the Project Lead post.
- Objective 5:¹³
 - Point 5.1: The Patient Experience and Public Engagement Team has engaged with a wide range of stakeholders on several projects, including Carers Oxfordshire, Healthwatch, Alzheimer’s Society and Age UK.
 - The OCCG Equality and Diversity Lead attended the Equality Delivery System 2 (EDS2) panels.
 - Point 5.2
 - The Patient Experience Team and Clinical Leaders are working collaboratively with GP Locality Forums, Healthwatch, Patient Voice and a range of staff to deliver improvements to the patient experience at the Oxford Eye Hospital.
- Objective 6:¹⁴
 - Point 6.2:
 - The Equality, Diversity and Inclusion Annual Report for 2015-16 reported progress to the Trust Board on activities relating to seldom heard groups and is available on the Trust’s public website.
 - Point 6.4:
 - A member of the Patient Experience Team attends the Clinical Policy Group with a particular remit to review Equality Impact Assessments (EIAs).
 - Point 6.11
 - Data from a range of sources is used to monitor, evaluate and report on patient experience.

6. Conclusion

- 6.1. The public and other stakeholders were consulted throughout the process of developing the Strategy.
- 6.2. Progress has been made on the action plan as outlined above.

¹³ Objective 5: The Trust seeks out and works with stakeholders, to fund, plan and deliver increased representation and involvement

¹⁴ Objective 6: The Trust embeds involvement in its daily governance, policy and practice

7. Recommendation

- 7.1. The Trust Board is asked to note the outcomes of the public consultation and endorse the Trust's Patient and Public Involvement Strategy in its review against the 2016-2019 strategy and action plan.

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APPENDICES

Appendix 1

Patient voice and leadership

- National Voices: People Shaping Health and Social Care
<http://www.nationalvoices.org.uk/engagementprogramme>
- National Centre for Patient Leadership - <http://www.centreforpatientleadership.com/>
- Healthwatch England, Healthwatch Oxfordshire
- I Want Great Care- <https://www.iwantgreatcare.org/>
- Patient Opinion - <https://www.patientopinion.org.uk/>
- National Association for Patient Participation <http://www.napp.org.uk/>

Appendix 2

Statutory requirements

- The Health and Social Care Act 2012 introduced significant amendments to the NHS Act 2006. This guidance supports two legal duties, requiring Clinical Commissioning Groups (CCGs) and commissioners in NHS England to enable: patients and carers to participate in planning, managing and making decisions about their care and treatment, through the services they commission; the effective participation of the public in the commissioning process itself, so that services provided reflect the needs of local people.
- NHS Act 2006 (as amended): Duty to Involve: Chapter 2, Section 242 (applicable to NHS)
- Trusts and NHS Foundation Trusts)
- The Local Government and Public Involvement in Health Act 2007 (as amended by section 184 Health and Social Care Act 2012)
- Equality Act 2010
- The United Nations Convention on the Rights of the Child 1989
- The Human Rights Act 1998
- Mental Capacity Act 2005
- Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

Appendix 3

Mandatory requirements and guidance

- NHS Constitution
- The NHS Mandate: A Mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015 (Department of Health, November 2013)
- Everyone Counts: Planning for Patients 2013/14 (NHS England June 2013)

- Changing Care, Improving Quality (Academy of Medical Royal Colleges, NHS Confederation and National Voices, April 2013)
- Putting Patients First: The NHS England business plan for 2013/14 – 2015/16
- NHS Patient Experience Framework (Department of Health, February 2012)
- Commissioning for Quality and Innovation (CQUIN) Payment Framework - Draft Guidance 2013/2014

Appendix 4

Patient and Public Involvement Strategy Action Plan, 2016-2019

This three year action plan includes the key recommendations and suggested future practices which emerged from the Seldom Heard Project Group in 2015.

The majority of actions take place within the first two years because a number of these actions are already underway and others can be integrated into core business without additional resources. The action plan will be revised annually and year 3 actions will be included by the end of year 1.

It is based on the assumption that the Patient Experience Team dedicates a part-time staff member (0.5 WTE) at least a day a week to lead on this project for 3 years.

Year 1 reporting Jan-Dec 2016

	Six key objectives and high level actions	Lead	Timescale	Year 1 progress Jan - Dec 2016
Objective 1	A good involvement offer is made to all patients and the public			
1.1	Develop an 'involvement offer' for every involvement opportunity within the Trust which clearly articulates what the Trust needs and what it can offer in return – so that patients know what they will gain from gifting their time, energy and commitment to involvement with the Trust.	Patient Experience Team	Year 1 ongoing	A new Patient Experience Steering Group has been established with a remit to monitor progress against the PPI Strategy, develop the involvement offer and ensure appropriate reporting. Two meetings have been held; participants included the Patient Experience, Complaints and PALS teams, divisional patient experience leads, lay people and governors.

				Improvements to the Trust's public website Public Involvement section have been undertaken. Further development will take place and will be completed by 31 December 2016.
1.2	As part of the involvement offer provide patients who want to be involved with clear guidance on the expectations, influence and impact of their role through clear role descriptors, polices for travel, and replacement care costs.	Patient Experience Team	Year 1	The PPG (Public Partnership Groups) Toolkit has been developed with PPG members, providing clear guidance on participating in PPGs. This will be launched in Dec 2016.
Objective 2	The involvement offer is fully accessible to all patients and the public			
2.1.	Provide a 'front door' for staff and public enquiries about involvement – i.e. a named contact with an email, telephone number and postal address can be posted on the public website.	Patient Experience Team	Year 1	Improvements to the Public Involvement Section of the Trust's website involvement section have been undertaken. Further development will take place and will be completed by 31 December 2016.
2.2.	Review advocacy, translation, interpreting services in the Trust to ensure they are meeting the needs of seldom heard groups.	Patient Experience Team	Year 1/Year 2	Translation and interpreting services have been reviewed. A new provider is in place with improved service agreements and new quarterly reporting to the Patient Safety and Clinical Risk Committee and OCCG (Oxfordshire Clinical Commissioning Group) is in place. Staff have been issued with new guidance via the internet and sent follow up

				<p>reminders.</p> <p>Staff have been surveyed about helping patients to access advocacy. This information is being analysed to inform a review of access to advocacy services.</p> <p>The Intranet pages have been updated with more information on advocacy services. Staff intranet pages have been updated with advocacy information.</p> <p>The Autism Training in March 2017 will highlight advocacy support.</p>
2.3.	Ensure key policies and reports are made accessible to seldom heard groups.	Patient Experience Team	Year 1 ongoing	<p>The Patient and Public Involvement strategy is available on the Trust's internet.</p> <p>Easy Read Parking and Energy Pipe updates have been sent to partner and community groups.</p>
2.4	Update public website to reflect all involvement offers across the Trust including: routes through to clinical research, volunteering onwards, work experience, fundraising, YiPpEe!, Public Partnership Groups (PPGs), Foundation Trust membership, staff training, peer review and all other opportunities which arise or need exploring.	Communications Team	Year 2	This is programmed for Feb-March 2017 when a new staff member in Patient Experience Team responsible for communications is in post.
2.5	Ensure the website content meets the legal requirement to comply with the NHS Accessible Information Standard for patients which will be implemented on 31st July 2016 .	Communications Team	Year 2	The intranet site provides clear guidance for staff on the Accessible Information Standard. Meetings have been held with EPR team to increase the number of flags on the system which highlight

				<p>communication difficulties. In addition, reporting on AIS has been agreed internally and with OCCG.</p> <p>The internet will provide information for the public from March 2017 when a new staff member responsible for communications is in post.</p>
2.6	Deliver a pro-active internal and external media campaign to flag the ways in which the public can be involved in the work of the Trust.	Communications Team	Year 2	<p>Working with Media and Communications, the Patient Experience Team regularly involve approximately 50 community and voluntary organisations from seldom heard communities who are invited to a range of events, e.g. Carer's Charter meetings, Equality Delivery System (EDS2) and Quality Conversations.</p> <p>Further work on publicising involvement opportunities is programmed for summer 2017 when a new staff member responsible for communications is in post.</p>
2.7	Develop an online consultation tool for public consultation available through the Trust's website.	Communications Team	Year 3	Start work January 2018.
Objective 3	Patients, the public and staff are actively supported to be involved			
3.1	Develop an online 'toolkit' for PPGs which provides guidance on the process of representation from seldom heard groups, and those with protected characteristics	Patient Experience Team	Year 1	Toolkit has been developed with PPG members and due for release in Jan 2017, with a soft launch on 16 Dec 2016 at the

				PPG annual meeting.
3.2	Appoint a co-ordinator for PPGs to support their development.	Patient Experience Team	Year 1	Currently this role is undertaken by the Public Engagement Manager. A new Patient Experience Officer starting in November will develop this role.
3.3.	Establish an agreed route for involvement enquiries with key staff teams, so staff members have a consistent point of contact in the Trust.	Patient Experience Team	Year 1	Improvements to the staff intranet are programmed for March 2017 when new PE Officer in post.
3.4	Develop at least one new PPG a year in services in the Trust where patients are not well represented.	Patient Experience Team	Years 1, 2, 3	<p>A new Maternity Services Group has been established, led by the Head of Midwifery. This group will focus on improvements in the directorate and hearing from Seldom Heard women. A first planning meeting was held in November which included two lay representatives.</p> <p>The December meeting will focus on exploring the evidence from feedback and agreeing themes for the group to focus on.</p> <p>A job description for recruitment of additional members is being written with a view to recruiting at least one father onto the group.</p>
3.5	Develop films about patient journeys from seldom heard groups and those with protected characteristics for staff training.	Patient Experience Team	Year 1 ongoing	In 2015/16 patient stories involved patients and carers with arrange of experiences, conditions and circumstances including cancer treatment, Motor Neuron disease, diabetes, autism, end of life care and

				<p>sepsis.</p> <p>Stories have been heard from those with the following protected characteristics: age, disability, gender, and race.</p>
3.6.	<p>Invite patients wishing to be involved in the Trust's work to actively contribute to <i>monitoring and driving</i> improvements in the quality, safety and efficiency of the services focussing on those who are seldom heard and those with protected characteristics.</p>	<p>Patient Experience Team</p>	<p>Year 2</p>	<p>Patient story films have been produced as powerful learning tools to train staff, e.g. on sepsis, dementia and autism.</p> <p>The Seldom Heard Project involved community representatives from a range of seldom heard communities.</p> <p>A wide range of unpaid carers, and representatives from carers' support services and charities, are involved in a project to co-produce a county-wide commitment to carers (Carers' Charter). The Trust is working in partnership with Carers Oxfordshire, Oxford Health NHS Foundation Trust, the Clinical Commissioning Group and Oxfordshire County Council on this work.</p> <p>The Equality Delivery System (EDS2) panels held in February and May 2015 involved people representing all nine protected characteristics including people who are transgender, with disabilities and from black and minority ethnic groups.</p>

3.7	Develop and deliver a training and induction programme for staff showcasing the resources available to engage and involve seldom heard groups – using patients from seldom heard communities to help deliver the training.	Organisation Development Team and Patient Experience team	Year 2	Delivered jointly with E&D Workforce lead from summer 2016 with new Patient Experience E&D post member. Autism Oxford and individuals who are autistic will deliver training on 1 March 2017 for staff from OUH, the OCCG and Oxford Health.
Objective 4	All seldom heard people and those excluded by health inequalities, are given extra support to be involved			
4.1	Relaunch YiPpEe! with 20 members.	Children's Patient Experience Lead	Year 1	YiPpEe! (Young People's Executive) has been relaunched and has 30 members
4.2	YiPpEe! to nominate a young person to join the Trust's Board of Governors.	Children's Patient Experience Lead	Year 1	Two Young People are now on the Board of Governor.
4.3	Develop a range of opportunities for children and young people to be more involved in the Trust, including those who are seldom heard and those with protected characteristics.	Children's Patient Experience Lead	Year 1	Children and Young People were involved in the Quality Conversation, staff interviews for a paediatric consultant post, and advising on a surgical research study – in addition to other projects.
4.4.	Task the co-ordinator for PPGs to show PPGs how to actively increase representation from people who are seldom heard and those with protected characteristics.	Patient Experience Team	Year 1 ongoing	This will be rolled over into year 2 and delivered by the new Patient Experience Equality and Diversity Manager
4.5	Develop a digital/online presence to identify and develop new engagement opportunities for children and young people.	Children's Patient Experience Lead	Year 2	Children's Patient Experience Lead will take this forward
4.6	Examine patient feedback from seldom heard groups e.g.	Patient	Year 2	Feedback was examined as part of EDS2

	Patient Advisory Liaison Service (PALS), the Complaints Service to establish baseline data around complaints and concerns from Seldom Heard people.	Experience Team		<p>from complaints, PALS, Datix, FTT and inpatient surveys. A review in 2017 will analyse changes in the experience of people from protected characteristics.</p> <p>The Equality Delivery System (EDS2) panels held in February and May 2015 involved people representing all nine protected characteristics including people who are transgender, with disabilities and from black and minority ethnic groups. Support was provided where needed.</p>
Objective 5	The Trust seeks out and works with stakeholders, to fund, plan and deliver increased representation and involvement			
5.1	Work with key partners such as Healthwatch Oxfordshire, NHS England, primary care providers (including GP practices), voluntary organisations, local authorities, and clinical research colleagues to share information, capture feedback and develop initiatives to involve seldom heard communities.	Patient Experience Team	Year 1 ongoing	<p>The Patient Experience Team engaged with a range of groups across a range of projects, including Age UK, Carers Oxfordshire, and Guideposts Trust. Alzheimer's Society and Oxfordshire County Council, Healthwatch.</p> <p>The OCCG Equality and Diversity Lead attended the Equality Delivery System (EDS2) panels.</p> <p>Members of the public from all the protected characteristics attended the EDS2 panels in February 2016.</p>

5.2	Engage with the OCCG Public Locality Forums to share intelligence and identify 'bubbling up' issues and joint projects.	Patient Experience Team	Year 1 ongoing	<p>The Patient Experience Team is working collaboratively with GP locality forums, Healthwatch, Patient Voice and a range of staff to deliver improvements to the patient experience at the Oxford Eye Hospital.</p> <p>The Patient Experience Steering Group agreed that a Patient Forum (including locality forums, Patient Voice, Healthwatch, individuals and voluntary sector representatives) would be established from March 2017 and meet 3 times a year. This Forum will listen to "bubbling up" issues from patients and the public and agree on a priority for the Trust to focus on.</p>
5.3.	Produce an online directory and map for staff of key internal and external contacts and resources (e.g. community leaders and professionals, websites) for reaching seldom heard communities.	Patient Experience Team	Year 2	The data for this directory has been collected and is available via the Patient Experience team. It will be made available to staff via the intranet during 2017.
Objective 6	The Trust embeds involvement in its daily governance, policy and practice			
6.1	Establish an overarching Strategic Patient Involvement Group with defined links to the Trust's Board and Governors, responsible for overseeing the delivery of the PPI Strategy and Action.	Patient Experience Team	Year 1	<p>Two meetings of the Patient Experience Steering Group have taken place involving divisional patient experience leads, lay people and governors.</p> <p>A key message from lay members is the need for improved feedback and profile to patients and the public on improvements to</p>

				<p>patient experience.</p> <p>The Patient Experience Annual Report was presented at Quality Committee in October. An abbreviated public version will be presented to Trust Board in January 2017 and made available on the website.</p> <p>A quarterly newsletter showcasing best practice and improvements will be produced from first quarter of 2017.</p>
6.2	Report to Trust Board via the Quality Account and Equality and Diversity Strategy the activities and outcomes relating specifically to seldom heard groups.	Patient Experience Team	Year 1 ongoing	The Equality, Diversity and Inclusion Annual Report for 2015-16 reported progress to the TB on activities relating to seldom heard groups and is available on the Trust's public website.
6.3.	Provide feedback (via the Patient and Public Involvement Report) to the Governing Body public meeting on a six monthly basis and share this progress on the Trust's website.	Patient Experience Team	Year 1 ongoing	The Patient Experience Annual Report was presented at Quality Committee in October. An abbreviated public version will be presented to Trust Board in January 2017 and made available on the website.
6.4	Seek public involvement in the Trust's Clinical Strategy revision during 2016.	Patient Experience Team	Year 1	A member of the Patient Experience Team sits now sits on Clinical Policy Review Group with particular remit to review Equality Impact Assessments
6.6	Ensure the Council of Governors are clearly linked into the work of the PPGs and patient involvement opportunities via governor support services.	Patient Experience Team	Year 1 ongoing	Governors have been invited to the EDS2 panels in Feb and May 2016 and took part and the Trust's Quality conversation in xxx 2016. They gave positive feedback on the

				event to other Governors.
6.7	Review the demographics of Foundation Trust membership to identify gaps and increase under represented areas.	Foundation Trust Team	Year 1 ongoing	FT has reviewed its membership demographics during 2016 and Membership, Patient Experience and Quality Committee is developing a strategy to increase FT membership from ethnic groups.
6.8.	Ensure FT members are kept fully informed of all opportunities to be involved and that there is targeted support to encourage seldom heard groups to sign up for membership.	Foundation Trust membership	Year 1 ongoing	FT members have been invited to the EDS2 panels in Feb and May 2016 and took part and the Trust's Quality conversation in 2016.
6.9.	Ensure OUH Charitable Funds are invited to patient involvement training events and updated on issues of concern to PPGs.	Patient Experience Team	Year 2 ongoing	Patient Experience Team will ensure this takes place.
6.10	Invest in the training and development of managers, by developing tools with seldom heard groups who wish to support trust services.	Organisation Development Team	Year 2	This will be taken forward by the Equality and Diversity Officers for Patient and Experience and workforce during 2017.
6.11.	Use a range of existing measures and tools available to help monitor and evaluate progress of individual participation; including the national Patient Reported Outcome Measures (PROMS) and the National Inpatient survey, and the Friends and Family Test Survey.	Patient Experience Team	Year 2 Ongoing	Data from a range of sources is used to monitor, evaluate and report on patient experience. The National Inpatient Survey results of 2015 showed improvements on Call Bell response times following a Trust-wide intervention. Work has commenced on finding new and

				more sophisticated ways of analysing and using the data, combining a range of measures including staff satisfaction and staffing levels with data from patient experience.
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