

Trust Board Meeting in Public: Wednesday 17 January 2018

TB2018.17

Title	The Oxford University Hospitals NHS Foundation Trust Patient and Public Involvement Strategy, 2016-2019; December 2017 annual review
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Status	For approval
History	The Trust Patient and Public Involvement Strategy 2016-2019 was approved by the Trust Board in September 2015. An Annual review was undertaken and presented to the Quality Committee in December 2016 and then to the Trust Board in January 2017.

Board Lead(s)	Sam Foster, Chief Nurse			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. Purpose

- 1.1. This paper is an annual review of the Oxford University Hospitals NHS Foundation Trust Patient and Public Involvement Strategy 2016-2019.
- 1.2. It provides an update of achievements and work progress against the action plan for the period of January to December 2017.

2. Background

- 2.1. The Patient and Public Involvement Strategy 2016-2019:
 - Replaced the previous Public Engagement Strategy, 2008-2011 and works in parallel with the Patient Experience Strategy 2014-2016;
 - defines the six objectives of the Trust for wider patient and public involvement aligned with the Trust's Quality Priorities for Patient Safety, Patient Experience and Clinical Effectiveness;
 - seeks to work with a range of partners in the community to achieve better involvement with 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. Recommendation

The Trust Board is asked to note the following:

- Update of work progress and achievements from January to December 2017, against the objectives identified in the 2016-2019 strategy.

Patient and Public Involvement Strategy, 2016-2019

1. Purpose

- 1.1. This paper outlines the progress achieved from January to December 2017 against the three-year Action Plan.

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

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 a 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. 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. All these activities enable staff to hear, appreciate and learn from the patient's perspective.
- 2.4. 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. Progress against Action Plan

- 3.1. Progress against the three-year Action Plan is reported annually to TME, Quality Committee and the Trust Board

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. In 2017, there were 16 PPGs.
- Quality Conversation 4th June 2015 involved 50+ patients, public, FT members. Planning meetings have been held in November and December 2017 for the Quality Conversations planned for January 2018.

² For example, the OUHFT Sepsis Working Group

- 3.2. This review reports the period of January to December 2017.
- 3.3. Significant progress has been recorded in the second year of the Strategy (Appendix 5).
- 3.4. The highlights within the following six objectives identified in the action plan of strategy include:

1. A Good 'offer'³ is made to all patients and the public;
2. The Involvement offer is fully accessible to all patients and the public;
3. Patients, the Public and staff are actively supported to be involved;
4. All seldom heard people - those excluded by health inequalities are given extra support to be involved;
5. The Trust seeks out and works with stakeholders to fund, plan and deliver increased representation and involvement;
6. The Trust embeds involvement in its daily governance, policy and practice.

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

Point 1.1

- **A new Patient Experience Steering Group** was established in 2016 which has a remit to monitor progress against the PPI Strategy, develop the involvement offer and ensure appropriate reporting. Two further meetings have been held in April and October 2017; participants included the Patient Experience, Complaints and PALS teams, divisional Patient Experience Leads, lay people and governors, and it is chaired by the Deputy Chief Nurse.

Point 1.2

- **Patient and Public Forum.** Following the Trust's first Patient and Public Forum in June 2017, two Patient and Public Reference Groups (PPRG) have been established using co-production models working with staff and public stakeholders. A further meeting was held in November 2017 with 39 people attending, including patients, public and staff. The public attendees decided that one PPRG would focus on 'communication', supported by the Head of Safeguarding; the other PPRG would focus on Discharge/Bridging the Gap with other services post-discharge, and is supported by the Deputy Director of Clinical Services.

The Communication PPRG has a membership of ten which includes four members of the public and six staff. The 'Bridging the gap at discharge' PPRG has five members of the public and five staff, who are focusing on communication elements with the community and voluntary services. Both groups have met twice and their work will be reviewed in the spring of 2018.

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

³ See Action Plan on Appendix 5

Point 2.1

- The [Public Involvement](#) section of the internet has been developed, reflecting the involvement 'offer', providing staff and the public with a 'front door' for enquiries about involvement.

Point 2.2

- **The Translation and interpreting services** continue to be reviewed with a view to optimising and ensuring a good quality and value for money service. A new process started in May 2017, with the Patient Experience Team vetting all requests for face-to-face interpreters. This helps to ensure these interpreters are being used appropriately and with consideration for effective and appropriate quality and best value. Engagement with staff and in particular sisters/charge nurses is improving awareness of the use of technology as well as the option of using **telephone language interpreters**. Demographic data suggests that the demand for interpreters is increasing and that increased use of technology in the interpreting service is required. The option of using Skype-for-Business for short interpreting sessions, both for foreign language and British Sign Language is being scoped, where the interpreter needs to be visible but not necessarily present. This is especially useful in areas such as the Emergency Department and Maternity Services where short notice needs are required.

Point 2.3

- **The Equality, Diversity and Human Rights Intranet pages** have been updated with more information on advocacy services, including contact details for SEAP (support, empower, advocate, promote) and for the Getting Heard Advocacy charity.

Point 2.4

- **Autism Oxford delivered training** to 30 members of staff in March 2017 and the session highlighted advocacy support for those with autism.

Point 2.5 and 2.6

- **The Patient Experience team, Adult Safeguarding and Learning Disabilities team** has made contact with the CEO of the Getting Heard Advocacy charity and the Trust is exploring ways to promote their services.
- **Easy Read Parking and Energy Pipe updates** have been sent to partners and community groups.

Point 2.7

- **The Accessible Information Standard (AIS) Information Group was formed**, for all areas of the Trust to work collaboratively on the changes required to ensure the Trust is meeting the AIS. The Electronic Patient Record (EPR) team continues to work on the capability to record, flag and report patients requirements for information on the EPR system.
- A survey of staff was carried out to gauge the level of knowledge about the AIS as well as current ability to provide information in other formats. This demonstrated that staff are aware of the need to provide information in other formats, but highlighted the complications with obtaining this information in

advance with the patients. This forms part of this work stream to access this information from the point of registration.

Point 2.8

- **Working with Media and Communications**, the Patient Experience Team regularly involves approximately 50 community and voluntary organisations from seldom heard communities who are invited to a range of events and meetings, e.g. Oxfordshire's Commitment to Carer's meetings, Equality Delivery System (EDS2) and Quality Conversations. This requires close collaboration with the communications team, The Foundation Trust membership and the seldom heard groups in order to facilitate access.

Objective 3: Patients and staff are actively supported to be involved

Point 3.1

- **Working in partnership with the Trust's 16 Public Participation Groups (PPGs)**. Guidance for PPGs has been developed and approved and will be launched in 2018. The groups are chaired by members of OUH staff and the public who work within their directorates to enable quality improvement through partnership working.

The Chair of the **Cardio Thoracic Patient Involvement Panel**, a PPG of the Cardiothoracic, Medicine and Rehab & Cardiac Department, reported that this PPG held four meetings in the last 12 months. They have established a process for reviewing the Oxford Heart Centre (OHC) patient communications and have provided feedback on 11 documents; responded to researcher's requests to review and provide feedback on 7 proposal/documents. The PPG raised the issues for a Trust-wide induction of volunteers and a Trust-wide Terms of Reference for the PPGs to be approved. This PPG also raised the need to promote PPG lay-chairs (co-chair with Staff) to demonstrate better, the partnership ethos between the Trust and the public. The annual meeting for PPGs has been delayed from December 2017 to February 2018; chairs will be asked to report progress and share learning.

Point 3.2

- **A Maternity Voice Group has been established, led by the Head of Midwifery**. This group will focus on improvements in the directorate and hearing from women about their experiences, as well as work in partnership to effect quality improvements.

Point 3.3 to 3.7

- **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. The Trust launched its **'My Story, My Voice'** programme in November 2017. The Patient Experience Team organised for three speakers (one young carer, one former adult carer and a specialist nurse who is also a carer) to share their experiences. The launch was attended with an audience of staff and members of the public. These events will be organised regularly in 2018 as a powerful learning tool.

- **Working in Partnership with Carers and the wider Community.** A wide range of unpaid carers and partner organisations have been involved in a project to co-produce a county-wide commitment-to-carers. The Trust, Carers Oxfordshire, Oxford Health NHS Foundation Trust, the Clinical Commissioning Group, Oxfordshire County Council and adult, parent and young carers are involved with this. The project group agreed on the title **Oxfordshire's Commitment to Carers'** and the poster was co-designed and signed off by Chief Executives of each participating organisation. The final version was voted on (out of a choice of two) by over 100 carers at the Care Matters conference in November 2017. The Commitment will be launched in early 2018 with a countywide publicity campaign.
- **OUH Carer's Trust Policy.** Carers and carer organisations were consulted with the revision of the Trust Carers Policy in 2017 which was approved by the Clinical Policy Group in November and has been uploaded onto the Staff Intranet. The Patient Experience Project Manager (PEPM) presented the policy to the Senior Nurses meeting in December. The Chief Nurse is keen to support the implementation of the policy to develop a systematic approach of identifying carers within the Electronic Patient Record system and Nursing Assessment Tools. The Patient Experience Team will work with the EPR team to take this forward in 2018.
- **Staff training on Patient Experience.** The Patient Experience Team work closely with Learning and Development to provide training to newly recruited Nursing and Midwifery staff. This training is provided every three weeks as part of their learning about the Trust's values on Patient Experience and the role staff play in seeking feedback and acting on that feedback as part of providing patient centred care.

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

Points 4.1 and 4.2

- **Children and Young People's Involvement.** The significant increase and quality of involvement of Children and Young people continue to gather strength since the introduction of a Children's Patient Experience Project Lead and providing the necessary support for the further development of the **Yippee (Young People's Executive) Group.**

In November 2017, the Children's Patient Experience Project Lead provided a seminar on Service User Involvement with Oxford Brookes University for their second year Children's Nursing undergraduates, which was attended by twenty Nursing undergraduates and four members of the group. Initial feedback suggests the seminar was well received with students expressing that they thought the session would have been helpful before they went for their placements.

Four of the Yippee members attended a course on Facial Palsy to enable them to understand the condition and provide support to children and young people with the condition who are currently undergoing treatment.

Take Over Challenge – In December 2017, the Children's Patient Experience Project Lead organised a whole day event involving three Yippee members visiting the Children's wards to identify ways to improve

the response rate and quality of feedback from patients and their parents/carers. They spoke with patients and staff on how they preferred to give feedback and to staff on how they sought feedback. They also spoke to a Non-Executive Director on the value that the Trust puts on patient feedback. They presented their findings and recommendations to senior staff within the Children's Directorate. This event resulted in the development of an action plan for the Children's directorate to improve feedback and increase the FFT response rates. There are plans to recruit more members of Yippee. Since the successful relaunch, there are currently 30 members of Yippee. Two young people share the role of Young Person's Governor and now sit on the Council of Governors.

Points 4.3 and 4.4

- **The Equality Delivery System (EDS2)** grading panels were held in 2016, and involved people representing all nine protected characteristics including people who are transgender, with disabilities and from black and minority ethnic (BME) groups. It is anticipated that the Trust's next panel will be held in 2018.
- The OCCG Equality and Diversity Lead attended the Equality Delivery System 2 (EDS2) panels.

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

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.

Point 5.2

- **Working with the stakeholders and the wider community.** A meeting with Healthwatch Oxfordshire was held in December 2017 and attended by the new OUH Patient and Public Involvement (PPI) Manager and the PALS/Complaints Manager to establish communication arrangements for Healthwatch and for a presence at the JR once a month, with a view to reporting feedback they receive about the OUH Hospitals' services. Healthwatch was invited to attend the Patient Experience Steering Group and report to this group which can then be cascaded to the Patient Safety & Clinical Risk Group and to other relevant reporting system including the Quality Committee.

Point 5.3

- **Working with Volunteers.** 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. Following an internal patient experience survey related to the Eye Hospital, (two hundred and five respondents in July 2017), it was agreed that dedicated volunteers, with a specific role description, be recruited to help guide and support patients within the department. Four new volunteers were recruited to work on the busiest clinic days. The Patient and Public Involvement Manager

and the Deputy Chief Nurse visited the department in December 2017 to understand how staff were working with the volunteers, ensure that staff recognise the valuable role of volunteers, and that volunteers are given the relevant support to enable them to work effectively as part of the team within the department.

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

Point 6.1 to 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.
- A member of the Patient Experience Team attends the Clinical Policy Group with a particular remit to review Equality Impact Assessments (EIAs).

Point 6.3 to 6.6

- **Data from a range of sources is used to monitor, evaluate and report on patient experience.**
- **Friends and Family Tests (FFT) and the Board Quality Report (BQR) -** FFT feedback is analysed on a monthly basis and reported as part of the Board Quality Report.
- In March 2017, significant changes were made on the reporting process and learning from the FFT feedback, in order to improve the meaningfulness of the data and relevance to clinical staff in their areas.
- The Patient Experience section of the Board Quality Report now highlights one area for excellent feedback and one for constructive feedback each month according to criteria, identifying themes in patient comments. Teams are asked to provide context to the feedback and relevant action taken to address the feedback, as well as what positive improvements they have made as a team. A summary of themes and actions from the feedback is reported in the Board Quality Report on a monthly basis. This new approach has received positive responses from staff and the Trust Board.
- The Patient Experience Manager will explore the feasibility of meeting each directorate to discuss feedback and how these are being acted upon.
- **Survey Programmes** – Data from the national survey programmes is used to inform Trust-wide priorities and localised projects for improvement. The Patient Experience Team has worked with the Quality Improvement Team and evaluated interventions on six wards during the summer of 2017, in relation to responsiveness to call bells and reducing noise at night.
- **Complaints and Pals.** All complaints are reported on a monthly basis within the Board Quality Report. The report details the complaints by Division, grading and subject code(s) over the past six months, which provides an oversight on the trends and themes. The report also details key repeated

themes, which are disseminated to Divisions/Directorates for them to address. However overall strategic approaches are required by the Trust at executive level to address and lead on the issues highlighted.

- **Patient Stories-** A patient or staff story is presented to the Trust Board/Quality Committee every month to enable the Board to examine the key themes highlighted as well as the learning. The stories presented to the Board are available on the Trust's intranet site. Patient stories provide invaluable insights into an individual's experience of Trust services.
- A reflection of key learning is provided by the former Patient and Public Engagement Manager about obtaining Patient Stories and the issues and challenges involved in the process are summarised on appendix 4.

4. Conclusion

4.1. The public and other stakeholders were consulted throughout the process of developing the 2016-2019 Strategy.

4.2. Progress has been made on the action plans as outlined above.

5. Recommendation

5.1. The Trust Board is asked to note the achievements outlined and approve the 2017 annual review of Trust's Patient and Public Involvement Strategy 2016-2019 against the objectives and the action plan identified in the strategy.

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With contributions from:

- Patient Experience Team:
 - Ella Reeves, Patient Experience Manager
 - Olivia Galloway, Patient Experience Project Manager
 - Naomi Roberts, Patient Information Officer
- Katie Harris, Complaints and PALS Manager
- Scott Lambert, Children's Patient Experience Project Lead
- Joanna Wilson, Staff Chair of PPG – Cardiothoracic, Medicine, Rehab and Cardiac Department

Date: 17th January 2018

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 story review

The Trust has undertaken a practice to provide patient stories each month for the previous 4 years.

They are presented to Quality Committee or Trust Board each month. The purpose is to help the Board reflect on the patient experience, and to put the individual patient/carer experience of care at the centre of business. The Board encourages stories that reflect both positive and learning aspects of care. They provide an in depth insight into the patient/carer/relative journey and what really impacts on their experience.

All patient stories are uploaded onto the intranet so they can be used for learning. Trust Board papers and films are on the internet for public viewing. Stories are usually written papers but sometimes films/audio- recordings. The films have had quite a significant and powerful impact and are used for training purposes including ones on topics such as: sepsis, dementia, transgender and autism. There has been a range of conditions/circumstances that have included patients with Motor Neurone Disease, Parkinson's disease, Cancer, Sepsis, requiring elderly care, or the impact of having dementia, about issues concerning being a carer, or young carer. Also about those who have experienced bereavement or end of life care, a physical disability, experienced elective and emergency surgery pathways, Emergency Department experiences, and the insights of junior nurse's and doctor's stories.

Issues arising from stories are varied and individual but there are common themes arising from these stories which are used for learning. They include:

- the importance of good communication,
- person centred/holistic care, family centred care/communication,
- excellent compassionate care,
- joined up working between departments in OUH and other community services,
- support for relatives.

The stories are sourced through: PALS, complaints, feedback emails from patients/carers, staff patients and staff friends.

The 'My story, my voice' presentations by carers was organised for the first time by the Patient Experience Team in December 2017. It was a very impactful way of undertaking stories, as it enabled staff to listen about a topic in which the carer/patient talk about their care and any issues that arose in the way that their care was provided. They also highlight

the learning and insights that could be gained as well as the excellence of care and how they felt at the time as a result of their experiences.

Learning points:

- 1 It is often a very helpful experience for patients / carers. They usually want to do it because they want to either say how good the care was or they want to share their experience, so that it could be used for learning but do not want to make a complaint.
- 2 Most stories do not come through staff therefore the staff are not necessarily expecting involvement in a story. It is best if staff can be involved in partnership with the patient story interview so they can listen to the patients directly and can then take back the learning to their department or service area. Staff often wonder why the patient didn't raise the issues at the time, and wish they had done so, so that their experience could have been improved at the time.
- 3 Patient stories take a significant resource of the Patient Experience team – and it is not always possible to anticipate to what extent the story telling takes as each story is so different. Sometimes a simple story can unravel into something very complex. Sometimes both the patient and staff can find it difficult and the Patient Experience team member needs to work closely, tactfully and sensitively with all parties to ensure that individuals (patient and staff) leave the process with constructive learning and a cathartic experience, as well as the effective use of the patient/staff experience for service improvement.

Rachel Taylor
former Patient and Public Engagement Manager

8 December 2017

Appendix 5

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, policies 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

				<p>guidance via the internet and sent follow up 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

				<p>on the system which highlight 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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