

# **A STRATEGY FOR PATIENT AND PUBLIC INVOLVEMENT/ENGAGEMENT**

**2007-2010**

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**June 2007**

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# STRATEGY FOR PATIENT AND PUBLIC INVOLVEMENT/ ENGAGEMENT

## 1. TRUST VISION

In the United Lincolnshire Hospitals NHS Trust Service and Financial Plan 2007-2010, there are seven key goals. Goal number 2 is that ***“we will meet the needs of patients more fully by involving them in the design of services and the delivery of their care”***.

Every employee of the Trust will put the patient and public at the centre of our work and be responsive and flexible to enhance the experience of all those who use our services. All staff will treat patients, colleagues and visitors with respect, dignity and empathy

The Trust welcomes the opportunity of learning from Patient and Public Involvement/Engagement and considers this to be fundamental to our philosophy. Patient and Public Involvement/Engagement is crucial to improving the quality of health services, as patients are the experts in receiving health care.

## 2. WHAT DOES INVOLVING/ENGAGING PEOPLE MEAN?

Involving and engaging patients and the public needs to operate on two levels.

- Enabling patients and the public to be involved and consulted on planning, monitoring and developing services, proposals to change services, and decisions about the way services operate.
- Involving individual patients and their carers in decisions about treatment and care and empowering them to make informed choices about their health.

## 3. WHY INVOLVE PATIENTS CARERS AND THE PUBLIC?

- It helps the Trust to assess the service they are providing, identify any gaps in service, and get to hear about any problems that are important to service users
- It can lead to greater patient satisfaction
- It demonstrates openness, accountability and can increase public confidence
- It will help the Trust take account of the concerns of patients, carers and the public when planning for the future.

#### **4. IF WE ARE TO INVOLVE/ENGAGE PEOPLE IN A MEANINGFUL WAY, THE TRUST NEEDS TO:**

##### **a) Make sure that patients are involved in decisions about their care in partnership with Trust staff by:**

- Ensuring they get enough information about both benefits and side-effects of treatment, and the chance to discuss treatments that are proposed to them
- Ensuring they are in a position to give informed consent, checking that they have received and understood information about their condition and treatment
- Ensuring that they have the right to choose whether a relative or friend is present during consultations, including the right to say that they don't want them to be present
- Ensuring that their wishes are respected, including advance directives (patients' expressed wishes regarding future treatment)
- Ensuring they have the option to request and receive copies of correspondence concerning their care
- Ensuring they know how they can access their records

##### **b) Make sure that we aim to continuously improve our service by working in partnership with patients and their carers by:**

- Undertaking Trust surveys of carers' and patients' experiences
- Ensuring staff maintain confidentiality of feedback
- Making sure that staff have the chance to give their views
- Working with the Patient and Public Involvement Forum and other patient/public groups and forums to provide feedback to help the Trust.
- Feeding back to patients, carers and the public what difference it has made by having patient, carer and public involvement.

##### **c) Make sure patients and carers know who they can turn to if they have a problem or need information, and make it easy to give their views by**

- Publicising PALS
- Publicising the complaints procedure and making sure that patients and carers have an opportunity to complain should they want to
- Publicising the Patient and Public Involvement Forum
- Promoting staff awareness of the complaints procedure
- Making sure patients are aware of the Independent Complaints Advocacy Service (ICAS)
- Having robust mechanisms for obtaining positive feedback
- Giving patients an opportunity to give their opinions in different ways, such as surveys, comments forms or email

**d) Make sure that the planning, development and organisation of services and facilities is undertaken in partnership with patients, their representatives and members of the public by:**

- Ensuring patients, carers and public preferences and priorities are sought, and translated where possible into patient led services
- Including patients, carers and the public in groups which are planning new or upgraded services
- Ensuring project teams have access to existing patient feedback on the work they are doing
- Ensuring that patients are involved in the development and review of written information about treatments conditions and
- Welcoming patients and their representatives and members of the public to meetings of the Board of Directors.

**e) Make sure that all groups using the Trust, including elderly patients, children, patients from ethnic minorities, and patients with disabilities are included in partnership activities by:**

- Making sure patients, carers and the public are aware of the different ways in which they can become involved
- Making sure the Trust has accurate information about the different groups of patients attending the hospital and their particular requirements
- Making sure the Trust has up to date information on patient support groups and hard to reach groups, and details of a named contact
- Working with different groups through the Patient and Public Involvement Forum and bearing in mind the contribution these groups can make when planning services.
- Looking at different ways in which minority groups can get involved, expressing their preferences
- Involving these groups when producing patient information to ensure their needs are met
- Involving these groups in staff training.

**f) Ensure that all user representatives who require it, receive proper briefing and support to fulfil their role on Trust committees and review groups by:**

- Developing programmes to make sure they have the necessary knowledge and skills
- Having a procedure on user representation, including guidelines on selection, reimbursement arrangements and support structures.
- Providing an appropriate budget for reimbursement of expenses.

**g) Encourage patient representation in and engagement with Trust research activity by:**

- Developing mechanisms to promote meaningful involvement of patients and carers in the design of studies, identification of research questions, and strategic planning of research
- Disseminating information about research activity/findings in a manner which makes them accessible by and comprehensible to patients and carers

**h) Use information on patient experience to enable staff to monitor their own practice by:**

- Having good systems for providing feedback to staff about patient views from comments, complaints, Patient Advice and Liaison Service (PALS) and surveys
- Using patient and carer feedback in staff training
- Using patient and carer feedback to influence what is included in the clinical audit and quality assurance monitoring programme

**i) Encourage a patient and carer focused culture amongst all Trust staff by:**

- Ensuring that all staff are aware of the mechanisms for Patient and Public Involvement/Engagement, and requirement for the Trust to consult and include patients
- Organisational commitment to put the patient and public at the centre of our work
- A programme of mandatory training in Customer Care to support a culture of treating patients and visitors with respect
- Patient and carer experience informing staff training

## 5. BACKGROUND

*“Effective patient and public involvement is fundamental to an NHS based on choice, responsiveness and equity. Delivering and designing health services around the needs of patients is key to the modernisation of the NHS and is integral to improving patients’ experiences of health services”*

Patient and Public Involvement in Health (DOH 2004)

The NHS document, **“Creating a Patient Led NHS”** (2005) has been produced to support NHS organisations in moving from a service that simply delivers services to people, to a service that is totally patient led, responding to the needs and wishes of those patients. The implications for this is that as an organisation we need to listen to and engage our local population to discover what they want from our services, and provide accurate and appropriate information to support patients in making informed choices about their health and treatment options.

Section 11 of The Health and Social Care Act (2001), places a statutory obligation on the Trust to involve and consult patients and public members in service planning and delivery, and in the development of proposals for change. The expectation is that each Trust should have a strategy for supporting Patient and Public Involvement/Engagement throughout the organisation in place. This strategy will outline what all staff should be doing to build a culture of involving patients, (and their relatives and carers) as partners in their care, learning from patient experiences, and engaging patients and the wider public in making evaluating and planning change in existing services, planned and when developing new services.

## 6. KEY CHARACTERISTICS OF GOOD ORGANISATIONS

The Trust will have in place a robust Patient and Public Involvement/Engagement infrastructure demonstrating the key characteristics of good organisations:

- a) Patient and Public Involvement Operational Lead and Executive Lead at Board level.
- b) Ongoing Patient and Public Involvement/Engagement Monitoring and evaluation of activity.
- c) Approved Patient and Public Involvement/Engagement Strategy in place with implementation plan.
- d) Clear lines of accountability for Patient and Public Involvement/Engagement and strategic alignment with organisational decision making structure.
- e) Patient and Public Involvement/Engagement integrated into Human Resources processes including induction, staff appraisal/Knowledge and Skills Framework and objective setting, recruitment and selection.

- f) Ongoing Patient and Public Involvement/Engagement staff and board level workforce and leadership development programme.
- g) Patient and Public Involvement/Engagement impact assessment included in all Board papers relating to service change and improvement to meet the statutory requirements of Section 11 of the Health and Social Care Act.
- h) A range of approaches for engaging patients and the public across diverse communities.
- i) Clear mechanisms to engage with voluntary, community and statutory partners.
- j) Mechanisms for organisational learning from user/public feedback.
- k) Mechanisms for feedback and responding to patients and the public.
- l) Annual Patient and Public Involvement/Engagement Report.
- m) Active and well resourced Patient Advice and Liaison Service.
- n) User Expenses Policy and ring fenced resources.
- o) Good practice guidelines for Patient and Public Involvement/Engagement.
- p) User/Public Engagement Steering Group.

## **7. STRENGTHENING ACCOUNTABILITY**

Section 11 of the Health and Social Care Act (2001) places a statutory duty on the Trust to make arrangements to involve, engage and consult patients and the public in:

- i. planning services they are responsible for;
- ii. developing and considering proposals for changes in the way those services are provided;
- iii. decisions to be made that affect how those services operate.

This duty strengthens the Trust's accountability to the local community and to create patient responsive services.

The Trust will ensure that the organisation fulfil it's statutory responsibility in ensuring that patients/users, carers and the public are consulted and involved in the development, planning and operation of services. It will do this by:

- Building infrastructures, systems and processes to develop robust and systematic involvement and engagement of a wide range of patients/users, carers, citizens and communities in all aspects of the organisations work including:
  - Service planning, design, development, delivery, evaluation and improvement at all levels from ward/department level to strategically.
  - Governance, regulation and inspection
  - Recruitment and selection
  - Training

- Audit and clinical effectiveness
  - Research
  - Capital building projects and other relevant building or structural work
- Developing appropriate proactive approaches to involving individuals and groups that often do not have a voice in the organisation to ensure that the Trust is responsive and accountable to all sections of the Lincolnshire community. Whilst this includes groups that are often considered “seldom heard” groups, such as those from black and minority ethnic groups, individuals with physical and learning disabilities, elderly and children etc, it should also look at others such as people that are working during the week or have care responsibilities and find it difficult to access engagement activities held Monday to Friday, 9am-5pm.
- Developing and maintaining an open two-way ongoing engagement with patients/users, citizens and communities to identify opportunities, challenges and options for change. This includes but is not limited to:
  - Consulting and involving from the outset of any reconfiguration or service changes at the initial discussion stage, not when proposals have been drawn up.
  - Creating an honest and open dialogue about the potential impact of public preferred options on the organisation’s ability to meet their financial governance responsibilities.
  - Demonstrating active engagement in tackling discrimination and prejudice in relation to race, disability, religion and belief, gender and sexual orientation within the organisation.
  - Engaging of patient/public forums and relevant groups in the development of development of the Trust Equality Scheme and associated action plans.
- Publish as part of the Trust Annual Report outlining what the organisation has done differently as result of patient/public feedback and explaining why some suggestions might not have been taken forward. This should include details of what has been done in responding to the needs of minority and discriminated against groups.
- The Trust will ensure that no user or public member who is asked to travel to a venue in a Patient and Public Involvement/Engagement type role will be left financially out of pocket from this voluntary work. The Trust will have a ring fenced expenses fund and will provide mileage and public transport costs in line with the Lincolnshire Health Community policy. This will include other expenses such as car parking and provision of refreshments.

## **8. LINCOLNSHIRE HEALTH OVERVIEW & SCRUTINY COMMITTEE (OSC)**

The Lincolnshire Health Overview and Scrutiny Committee may review and scrutinise any matter relating to the planning, provision and operation of health services in the area of its local authority i.e. Lincolnshire. United Lincolnshire Hospitals NHS Trust will:

- Continue to build upon it's strong relationship with the Lincolnshire Health Overview and Scrutiny Committee.
- Provide the Lincolnshire Overview and Scrutiny Committee with evidence in relation to:
  - How local people have been involved in decisions and prioritising.
  - How the Trust has met its duty to involve, consult and respond.
  - How the Trust supports patients and carers to make a fully informed choice about their care and that once they have made that choice, they are able to access the full range of services appropriate to their medical needs.

## **9. PATIENT AND PUBLIC INVOLVEMENT FORUM (PPIF)**

The role of the Patient and Public Involvement Forum is to act on the patient/public's behalf to ensure that the Trust is providing the high quality level of care in which it is commissioned to provide. They have the power to investigate any aspects of a Trust that has an impact on patient care, such as cleanliness, catering, environment and organisation of services. They should be consulted in any plans to change or reconfigure services. The ULHT PPI Forum works closely with the Trust whilst maintaining its independence. The Trust welcomes the input of the Forum in helping to ensure that the organisation is operating in the best interests of it's patients and the public. The Trust will continue to maintain it's excellent relationship with the Patient and Public Involvement Forum and the Local Involvement Network that will replace them.

The Trust will support the Patient and Public Involvement Forum to fulfil their statutory obligation to monitor services in order to improve the patient experience. This will include allowing all appropriate access to Trust premises and by facilitating two way communication between the Trust and Forum. The Forum will be invited to Board Meetings, Clinical Directorate Management Meetings and other relevant high level management meetings as appropriate. The Forum should be consulted extensively in any service reconfigurations or other proposed changes. The Trust will receive the recommendations of the Forum.

## **10. LOCAL INVOLVEMENT NETWORKS (LINKs)**

Local Involvement Networks will replace the existing Patient and Public Involvement Forums in April 2008. There will be one Involvement Network for the whole of the Lincolnshire Health and Social Care community. It is not clear yet what the mechanisms are for working effectively with the Local Involvement Network, but the Trust will:

- Learn from the lessons of other providers in the pilot sites for Local Involvement Networks.
- Support the introduction of the Local Involvement Network
- Build up positive relationships with the Local Involvement Network ensuring good two way communication exists.

## **11. HEALTHCARE COMMISSION (HCC)**

Organisational performance will be assessed against the Healthcare Commission Core Standards against which the Trust makes an annual declaration concerning its compliance with the standards. The Trust will work with the Lincolnshire Health Overview and Scrutiny Committee and the Patient and Public Involvement Forum to facilitate comments from both on the Trust's declaration. The Trust will address the Patient and Public Involvement/Engagement issues in all of the Core and Developmental Standards.

## **12. PATIENT ADVICE AND LIAISON SERVICE (PALS)**

The Patient Advice and Liaison Service has an important role the Trust to:

- deliver and maintain a customer care/education/support function at the user/public interface.
- provide valuable organisational intelligence on user/customer/public experiences, preferences and needs to inform continuous service improvement.

PALS in Lincolnshire is hosted by Lincolnshire Primary Care Trust on behalf of the whole health community, and as such the two organisations need to work collaboratively to ensure the service meets the need of the Trust and all of its users. Working together, Lincolnshire Primary Care Trust and United Lincolnshire Hospitals NHS Trust need to strengthen and develop the capacity of PALS to ensure the Department of Health PALS Core Standards are met:

- PALS is identifiable and accessible to the community served by the Trust.
- PALS is seamless across health and social care.
- PALS is sensitive and provides a confidential service that meets individual needs.
- PALS has systems that make their findings known as part of routine monitoring in order to facilitate change.
- PALS enables people to access information about health and social care service/provision and issues.

- PALS plays a key role in bringing about culture change in the NHS and social care, placing patients at the heart of service planning and delivery.
- PALS will actively seek the views of service users, carers and the public to ensure effective services.

As PALS is a remote service, the Trust needs to ensure that an effective collaborative model is achieved.

- Raise awareness with all Trust Staff of the service offered by PALS and how to signpost.
- Raise profile of PALS throughout the hospital for staff, patients, carers, visitors and other customers.
- PALS to link directly with relevant service in seeking resolution. If this cannot be achieved or issue is complex then initial contact is via Patient and Public Involvement Manager.
- Mechanisms in place to ensure that service level agreement is met and operational issues are addressed.
- The Trust is responsive to contacts from patients and public made through PALS.

### **13. INDEPENDENT COMPLAINTS ADVOCACY SERVICE (ICAS)**

United Lincolnshire Hospitals NHS Trust will work in collaboration with ICAS to ensure that patients feel empowered to complain about their experiences when informal resolution has not been possible. The Trust and ICAS will ensure that the service is promoted throughout the hospital sites.

### **14. COMPLAINTS**

Complaints are a valuable method of getting user feedback when things have gone or have been perceived to have gone wrong. Every service user has the right to complain if they are dissatisfied and The Trust supports this philosophy through the Trust Complaints Policy. Complaints will be dealt with sensitively and in the timescales set down by the national guidelines. The Trust will endeavour to learn from its mistakes and share the lessons through the governance committees at Clinical Directorate level and across the Trust through the Integrated Governance Committee and the Sharing the Lessons Learned Committee. Staff will be given training in dealing with difficult situations, seeking resolution and handling complaints as part of the customer care training programme.

## **15. PATIENT/USER/PUBLIC FEEDBACK**

The Trust will continue to develop organisational mechanisms to collect , analyse, interpret and learn from patient/user and public feedback to inform and drive:

- strategic planning and organisational development
- marketing of services
- reputation/relationship management
- services so that they are patient led and responsive to local need

## **16. LEADERSHIP AND WORKFORCE DEVELOPMENT**

The Trust will ensure that the workforce, leaders, Executive and Non Executive Directors have the required awareness, skills, competencies and capacity to develop and maintain systematic and consistent responsiveness and accountability to patients, users and the public across all aspects of organisations and service provision.

- The Trust will establish ongoing development programmes in Patient and Public Involvement/Engagement for organisational leaders and Trust Board.
- Patient and Public Involvement/Engagement will be built into staff performance appraisals and individual objectives linked to the Knowledge and Skills Framework.
- Patient and Public Involvement/Engagement will be built into organisational Human Resources processes e.g. induction, recruitment and selection.
- Board papers relating to service change/improvements to include evidence and impact assessment of consideration of the level of Patient and Public Involvement/Engagement that is required.

## **17. PATIENT CHOICE**

Patients need to be able to make choices about their health. They need to choose potential treatment providers, location, and treatment options that are the most appropriate for them. The Trust will support patients in making choices by:

- providing appropriate and accessible information and support tailored to meet individual needs and using preferred methods of communication.
- providing written information produced in accordance with Trust guidelines. It will be evidence based and up to date, and written in a patient friendly manner. Users will be involved in the early stages of development and then all draft leaflets will be submitted to the Trust Readers' Panel.
- providing information in alternative formats to support individual needs, e.g. in languages other than English relevant to the community of Lincolnshire, pictorial

information for users with learning disabilities, and large print/taped information for users who are partially sighted/blind.

- o ensuring that information is provided in a timely manner and is offered at an appropriate time in the patient's journey e.g. pre assessment, pre admission, pre procedure/operatively, post procedure/operatively and post discharge.

## **18. COPYING LETTERS TO PATIENTS**

The Trust is committed that all patients that access Trust services who would like a copy of the letter sent between two clinicians about them and their care, will receive a copy. The process to follow is outlined in the Trust Copying Letters Guidelines.

## **19. DIVERSITY**

United Lincolnshire Hospitals NHS Trust will ensure that the services it provides will be accessible to all irrespective of their background. The Trust has published its Race, Disability and Gender Equality Schemes. The Trust has developed a joint action plan to address the areas where it has assessed that further work is needed to ensure there is equal access for all.

The Trust has set up both strategic and site based diversity groups to take forward this work. The Trust will ensure that there is good service user input to ensure the agenda is patient led.

Lincolnshire has not traditionally had a diverse ethnic mix, although there are small pockets of well established communities in areas around the City of Lincoln. However, in recent years, Lincolnshire has seen an influx of new arrivals from particularly Portugal, Poland and other Eastern European countries that are member states of the European Union. These new arrivals are attracted to Lincolnshire by the large volume of employment vacancies, particularly in agricultural and food industries.

The Trust will work in partnership with other public, voluntary and statutory bodies to ensure the health needs of the new arrival communities are being met and that they are able to access secondary health care when it is appropriate. Although some work has been done to engage these communities in giving their opinions on health care, it has become clear that there needs to be further work done first on ensuring these communities are registered with primary care, and that they are aware on how to access health services appropriate to their needs.

The Trust will endeavour to meet the language needs of people who need to access secondary care by providing effective interpreting services and ensuring that patient leaflets are provided in other languages relevant to Lincolnshire e.g. Portuguese, Polish, Russian, Lithuanian, Latvian and Chinese. Acknowledging that translation of leaflets has a large cost

implication, the Trust will commence by addressing the hospital sites and services that the new arrival communities access primarily, e.g. Maternity, Accident and Emergency, Sexual Health, Paediatrics etc.

## **20. SHARING GOOD PRACTICE AND LESSONS LEARNED**

The Trust recognises that there are pockets of good practice going on around the Trust and that other services can learn from these approaches:

- Each Clinical Directorate will ensure that “Patient Focus” is a standing agenda item at all its Clinical/Integrated Governance meetings.
- Each Clinical Directorate will identify and support a representative to attend and contribute to the Trust Patient and Public Involvement/Engagement Steering Group.
- Each Clinical Directorate will contribute to and regularly update the Trust Intranet based database of Patient and Public Involvement/Engagement database.
- Each Clinical Directorate will contribute appropriate examples of Patient and Public Involvement to the Trust Sharing the Lessons Learnt Committee.
- Each Clinical Directorate will develop an action plan for Patient and Public Involvement/Engagement and provide evidence on how they are progressing in meeting these actions. These action plans will be available for access by all.
- Each Clinical Directorate will report on their progress with Patient and Public Involvement/Engagement and Patient Focus performance measures as part of the Trust Integrated Governance Performance Framework.

## **21. NATIONAL PATIENT SURVEYS**

United Lincolnshire Hospitals NHS Trust will participate in the annual National Patient Survey and other mandatory interim surveys as set out by the Healthcare Commission. The results will be presented to the Integrated Governance Committee, Patient and Public Involvement and the Patient and Public Involvement Steering Group. Each Clinical Directorate, Facilities and other relevant corporate departments will be expected to formulate an action plan to address the relevant issues arising from the survey and report on their progress against the action plan.

## **22. CUSTOMER CARE TRAINING**

The Trust will embrace a culture of excellence in customer care for all internal and external customers. The Trust will aim to reduce the volume of complaints about staff attitude and poor communication.

A Customer Care Training programme has been available since April 2005, and from June 2007 will be made mandatory for all relevant staff.

Customer Care Training is also an integral part of the Foundation in Management Course and the Patient Well Being Champion Project.

The Trust will continue to make Customer Care Training available on its 4 main sites but examine ways to make it more accessible to more staff i.e. through E Learning. All Clinical Directorates will support their staff to access Customer Care Training and will have in place a strategy to ensure that all relevant staff receive training.

### **23. READERS' PANEL**

Staff will ensure that all newly produced leaflets and those that have substantial changes made to them during the review process will be sent to the Reader's Panel. The Trust will support this by meeting the postage costs to send out the leaflets and the comments returned using a Freepost address. The role of the Readers' Panel is to offer the perspective of the public on all the Trust leaflets as, after all, it is the public that the leaflets are aimed at.

### **24. PATIENT AND PUBLIC INVOLVEMENT/EXPERIENCE STEERING GROUP**

The Trust will support the work of the Patient and Public Involvement/Engagement Steering group. This group promotes and drives forward Patient and Public Involvement/Engagement within the organisation. All Clinical Directorates are represented as are other relevant corporate departments. There are also patient/public representatives. The prime roles of this group are to share the learning of the experiences of services in their involvement work, and disseminating relevant information that has originated nationally, regionally and locally to each of the services.

### **25. TRAINING**

Patient and Public Involvement/Engagement introductory training is available to staff on request to staff groups and at Audit Governance sessions. Patient and Public Involvement/Engagement Training is also an integral part of the Patient Well Being Champion Project.

Informal training is also available to patient/public volunteers to prepare them for their role.

### **26. PATIENT WELL BEING CHAMPION**

The Trust supports the implementation and further development of the Patient Well Being Champion Project.

The implementation of Patient Well Being Champions throughout the organisation will help to ensure that the views and experiences of patients and carers are actively sought and taken into consideration and changes

made to improve the patient journey. An identified person in each area that will be focused on improving patient experiences is a key role of the Patient Well Being Champions.

## **27. IDENTIFYING VOLUNTEERS**

Services will be responsible for identifying their own patient/public members. Advice can be sought from the Trust Patient and Public Involvement Manager.

A register of interested volunteers and their areas of interest will be maintained by the Patient and Public Involvement Manager, and an ongoing volunteer recruitment campaign will be in place to support this. Areas of expressed interest and the details of relevant volunteers will be communicated to service leads.

No volunteer who is asked to give up their time to be involved should be financially worse off as a result of doing so in line with the Public Involvement Policy.

## **28. PATIENTS' COUNCIL**

United Lincolnshire Hospitals NHS Trust will set up a Patient's Council to provide a formal way for the views of patients and the public to be included in the design and development of services.

The Patients' Council will act as a critical friend to the trust. A Chair and Vice Chair will be elected from the group. It is expected that the Council will meet 6 times a year.

Recruitment will take place and the aim will be to recruit 20 volunteers who will be representative from the local population of Lincolnshire. It is anticipated that the Council will meet for the first time in October 2007.

The Trust will be represented at the Council by the Chief Executive and/or Chief Nurse and the Patient and Public Involvement Manager.

## **29. LINCOLNSHIRE PUBLIC INVOLVEMENT NETWORK (Lincs PIN)**

The Trust will work in partnership with the other organisations in the Lincolnshire Health and Social Care Community to explore ways to effectively engage patients and the public to develop health and social care delivery that reflects the needs of the local population throughout the patient journey. This will be done in conjunction with the Lincolnshire Public Involvement Network (Lincs PIN). The Trust is represented at the Lincolnshire PIN by the Patient and Public Involvement and the Deputy Chief Nurse (Clinical Governance and Risk).

### **30. SCOPE**

This strategy is aimed at all staff employed by United Lincolnshire Hospitals NHS Trust and contractors who are operating on behalf of United Lincolnshire Hospitals NHS Trust.

### **31. CONCLUSION**

Patient and Public Involvement is clearly not just about structures and committees, it is about making user involvement an ingrained part of the Trust's culture and organisation. Patient and Public Involvement needs to be an integral part of the Trust's business and not seen as an add on or luxury when there is time.

Adopting a strategically driven and structured approach to Patient and Public Involvement will ensure that it becomes embedded in the Trust's everyday practice and culture, leading to a fully patient led organisation.

Patient and Public Involvement is a continuing process of listening, learning and improving and it is essential that this approach is adopted in everything the Trust does in the future.

**Appendix 1**  
**Patient and Public Involvement Implementation Plan 2007-2010**

<b>Element</b>	<b>Drivers</b>	<b>Current situation</b>	<b>Plans/Actions</b>	<b>Responsibility</b>	<b>Timescale</b>
1. <b>Mandatory Customer Care Training for appropriate staff</b>	<p><b><u>Healthcare Commission Standards – C13</u></b>  <i>“Are staff given training to ensure that all patients, carers and relatives are treated with dignity and respect? Is attendance monitored?”</i></p> <p><b><u>Feedback from complaints</u></b>            Complaints often centre around way that patients and carers have been spoken to by staff. Also issues around lack of information.</p> <p><b><u>Feedback from PALS</u></b>            PALS contacts often centred around way that patients and carers have been spoken to by staff. Also issues around lack of information.</p> <p><b><u>National Patient Survey</u></b>            Relatively low satisfaction with information giving.</p> <p><b><u>ERIC Returns</u></b>            10% of staff have had customer care training.</p> <p><b><u>ULHT Financial and Services Plan 2007-2010</u></b></p>	<p>Ongoing programme of one day training at all sites, publicised in Trust Training Manual.</p> <p>All attendees are recorded on Trust Training Database and recorded by Patient and Public Involvement Manager.</p> <p>Evaluation summaries for each course are produced.</p> <p>Attendance and evaluation summaries are sent to Chief Nurse and Training Department for information.</p> <p>Shorter taster sessions are available to be delivered on request by PPI Manager.</p>	<p>Put in place a plan to ensure that mandatory Customer Care training is made available widely to all appropriate staff.</p> <p>Each Clinical Directorate and Corporate Department to put in place plans to ensure that appropriate staff attend Customer Care Training. Consideration should be given to putting forward trainers who can deliver the programme locally.</p> <p>Explore the options for Customer Care Training being accredited by an educational establishment against NVQ qualifications and similar.</p>	<p>Training Department/PPI Manager</p> <p>General Managers/PPI Manager</p> <p>Training Department/PPI Manager</p>	<p>June 2007</p> <p>October 2007</p> <p>April 2008</p>

	To ensure that all appropriate staff being to receive mandatory customer care training from June 2007				
<b>2. Equal access to healthcare and user engagement for diverse groups</b>	<p><b><u>Healthcare Commission Standards – C13</u></b>  <i>"...appropriate provision to meet specific needs and rights of different patient groups with regard to dignity and respect...."</i></p> <p><i>"...staff behaviour takes into account different interpretations of dignity and respect to people with different faiths, cultures, generations and genders."</i></p> <p><i>"Are steps taken to ensure that people with language or communication support needs are adequately supported in the consent process?"</i></p> <p><b><u>Healthcare Commission Standards – C14</u></b>  <i>"Does the healthcare organisation provide information about the complaints system in formats and languages relevant to its local population?"</i></p> <p><b><u>Healthcare Commission Standards – C16</u></b>  <i>"Does the healthcare organisation ensure that the information it</i></p>	<p>Disability Awareness Training as part of Customer Care Training.</p> <p>Some information available in languages other than English. Some leaflets available in large print and taped versions. Template available on intranet to convert leaflets in word format to large print.</p> <p>Signs at Lincoln County and Pilgrim developed in conjunction with users with disabilities.</p> <p>Telephone interpretation services provided via Language Line.</p> <p>Engagement with disabled users and limited users from BME groups.</p> <p>Trust has Diversity Group and then site based Diversity Groups at</p>	<p>Leaflet paper to Board to outline funding required to provide written information in foreign languages and taped leaflets in English for users with visual impairment.</p> <p>Clear process and guidelines for staff to follow when requiring interpreter services.</p> <p>Explore and implement methods of actively seeking the views of users from "hard to reach" groups to evaluate and shape hospital services.</p> <p>Develop information source for new arrival communities about accessing Lincolnshire health services in conjunction with partner organisations.</p>	<p>PPI Manager/Clinical and Patient Information Officer</p> <p>Diversity Officer/PPI Manager</p> <p>PPI Manager/Lincolnshire Public Involvement Network</p> <p>PPI Manager/Lincolnshire Public Involvement Network</p>	<p>June 2007</p> <p>September 2007</p> <p>Ongoing</p> <p>December 2007</p>

	<p><i>provides on its services is available in a range of languages and formats relevant to its local population?"</i></p> <p><b><u>SHA PPI Performance Framework</u></b></p> <p><b><u>Trust Race Equality Scheme</u></b></p> <p><b><u>Trust Disability Equality Scheme</u></b></p>	<p>Lincoln, Pilgrim and Grantham.</p> <p>A&amp;E at Lincoln has done some work with users with Learning Disabilities.</p> <p>Trust Diversity Manager in place.</p>			
<p><b>3. All patients offered copies of letters written about them</b></p>	<p><b><u>Department of Health</u></b> Implementation to achieve by April 2004. Pilot project by DOH supports the belief that patients believe copying letters to patients improves the patient experience.</p> <p><b><u>SHA Performance Framework</u></b> Trust will be performance managed by Strategic Health Authority to ensure compliance.</p> <p><b><u>Trust Policy Statement</u></b></p>	<p>Most areas have implemented. However, many using "Leicester Model" where patients have to request copy. Uptake using this approach small.</p> <p>Trust Policy Statement and Guidelines published and available electronically for all staff.</p> <p>Patient information leaflets and posters produced electronically for services to print off and use.</p> <p>From 2006 National Inpatient Survey: Grantham 25%, Lincoln 44%, Louth 62% and Pilgrim 25% of patients</p>	<p>Copying letters performance indicator as part of the Clinical Directorates Integrated Performance Framework.</p> <p>Trust guidelines to be reviewed. Consider standard Trust approach to seeking and recording consent.</p> <p>.Audit uptake of Copying Letters to Patients in each Clinical Directorate.</p>	<p>Deputy Director of Clinical Governance</p> <p>PPI Manager/Medical Director</p> <p>Clinical Directors</p>	<p>May 2007</p> <p>July 2007</p> <p>Annually</p>

		said that they received copies of their letters.			
<p><b>4. Developing high quality patient information literature. Ensure patients are involved in developing patient information literature.</b></p>	<p><b><u>Department of Health</u></b> Toolkit for producing patient information (2003).</p>	<p>Readers' Panel established (currently 25 members).</p>	<p>Clinical Directorates to identify Patient Information Leads.</p>	<p>General Managers</p>	<p>Sept 2007</p>
	<p><b><u>Healthcare Commission Standards – C16</u></b> <i>"Elements of the standard – The healthcare organisation provides patients (and where appropriate, carers) with sufficient and accessible information on their individual care, treatment and after care."</i></p>	<p>Checklist to assist Readers' Panel has been developed and is in use.</p>	<p>Clinical Directorates to ensure that existing leaflets are reviewed and updated in a timely manner.</p>	<p>Patient Information Leads/Clinical and Patient Information Officer</p>	<p>Ongoing</p>
	<p><b><u>National patient survey</u></b> Inpatient survey suggest that some patients believe that they are given inadequate information at various stages of the patient journey.</p>	<p>Clinical and Patient Officer recruited and in place until April 2008.</p>	<p>Patients/service users to be involved in the development and review of patient information.</p>	<p>Patient Information Leads/Clinical and Patient Information Officer</p>	<p>Ongoing</p>
	<p><b><u>Trust Guidelines</u></b></p>	<p>Database in place on intranet and leaflets being added.</p>	<p>All new and updated information to be reviewed by Readers' Panel. Consideration should be given to patient information being produced in other formats, such as foreign languages, large print, taped information, diagrammatic for people with learning difficulties etc.</p>	<p>Patient Information Leads/Clinical and Patient Information Officer Patient Information Leads/Clinical and Patient Information Officer</p>	<p>Ongoing Ongoing</p>
		<p>Newly produced leaflets are being allocated a catalogue number for version control, and production and review dates recorded.</p>	<p>The most common patient information leaflets will be professionally reproduced.</p>	<p>Clinical and Patient Information Officer/PPI Manager</p>	<p>Ongoing</p>
		<p>Patient Information area on Trust Intranet.</p>	<p>Leaflets for the top conditions and procedures to be published on the Trust Internet site.</p>	<p>Clinical and Patient Information Officer/PPI Manager</p>	<p>Ongoing</p>

			<p>All Patient information will be ratified by a Patient Information Forum .</p> <p>Patient information section of the Intranet to be continually developed to support staff in the production of patient information.</p> <p>Services should use nationally available leaflets where appropriate e.g. NICE, Charities, Royal Colleges etc. Where not possible, leaflets should be pan Trust wherever possible.</p>	<p>Clinical and Patient Information Officer/PPI Manager</p> <p>Clinical and Patient Information Officer</p> <p>Patient Information Leads</p>	<p>Sept 2007/ Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
<p><b>5. Review each Clinical Directorate's current level of Patient and Public Involvement activity. Support and advise Directorates to ensure that services are changed to reflect this involvement. Share examples of good</b></p>	<p><b><u>Healthcare Commission standards – C17</u></b>  <i>"The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services"</i></p> <p><b><u>Section 11 Health and Social Care Act 2001</u></b>  <i>"The Health and Social Care Act places a legal duty on NHS organisations to involve and consult patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate."</i></p> <p><b><u>NHS Plan 2000</u></b></p>	<p>Each service is at different levels of involving patients and the public.</p> <p>Training in PPI available on request and as part of Customer Care Training.</p> <p>Some sharing of good practice locally and across the Trust via PPI Steering Group.</p>	<p>Each Clinical Team to develop a PPI Action Plan and report progress against action plan.</p> <p>All managers and clinicians to consider involving patients/public when monitoring, planning or changing services and demonstrate how these views have been taken into account.</p> <p>Services to populate Trust PPI electronic database in a timely manner.</p> <p>Clinical Directorates to provide a PPI written/verbal report to the PPI Steering Group every quarter.</p> <p>Relevant PALS contacts, PPI feedback and complaints to be fed into the Trust Sharing the Lessons Learnt Group.</p>	<p>Directorate PPI Rep/General Managers</p> <p>All staff</p> <p>Directorate PPI Rep/General Managers</p> <p>Directorate PPI Rep</p> <p>PPI Manager/ Directorate PPI Rep</p>	<p>Sept 2007/ Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Quarterly</p> <p>Quarterly</p>

practice across the organisation	<u>SHA PPI Performance Framework</u>		Patient and Public Involvement to be promoted through the Patient Well Being Champion.	PPI Manager	April 2007/ Ongoing
6. Development of a database of users/volunteers and of a Patients Council	<u>SHA PPI Performance Framework</u>	<p>A small number of users have registered interest in PPI activities and their names are kept by the PPI manager for when services request a patient representative.</p> <p>Standard letter and form available to be sent to interested patients/users/public members.</p>	<p>Recruitment of interested volunteers via website and leaflets.</p> <p>Set up of Patient Council</p>	<p>PPI Manager</p> <p>PPI Manager/Chief Nurse</p>	<p>Nov 2007/ Ongoing</p> <p>Feb 2008</p>
7. Effective use of PALS as a feedback mechanism and avoidance of complaints	<u>SHA PPI Performance Framework</u>	<p>PALS awareness training on Induction and on Customer Care Training.</p> <p>PALS link directly with relevant service in seeking resolution. If this cannot be achieved or issue is complex then initial contact is via Patient and Public Involvement Manager.</p> <p>Patient and Public Involvement Manager</p>	<p>Continue to raise awareness of Trust staff of PALS role in seeking early resolution of issues and avoiding complaints where appropriate.</p> <p>Raise profile of PALS throughout the hospital for staff, patients, carers, visitors and other customers.</p> <p>Relevant issues shared with Complaints Manager by the Patient and Public Involvement Manager.</p> <p>Lessons learnt from PALS contacts shared at Clinical Directorate</p>	<p>PALS Team Leader/PPI Manager</p> <p>PALS Team Leader/PPI Manager</p> <p>PPI Manager</p> <p>General Managers</p>	<p>August 2007/ Ongoing</p> <p>August 2007/ Ongoing</p> <p>June 2007</p>

		meets with PALS once a month for a breakdown of all contacts for United Lincolnshire Hospitals NHS Trust. Any unresolved issues from the previous month dealt with.	<p>Governance Meetings along with complaints, incidents and other user feedback.</p> <p>Selected examples submitted to the Trust Sharing the Lessons Learnt Committee.</p> <p>PALS Team Leader invited to Trust Patient and Public Involvement Steering Group and contribute as appropriate.</p> <p>PALS Team Leader and Patient and Public Involvement to meet quarterly to discuss operational issues between the two organisations.</p> <p>Quarterly reports.</p>	<p>PPI Manager</p> <p>PALS Team Leader/PPI Manager</p> <p>PALS Team Leader/PPI Manager</p> <p>PALS Team Leader</p>	
<b>8. Patient and Public Involvement integrated into HR processes including induction, staff appraisal/KSF and objective setting,</b>	<b><u>Characteristics of a good organisation</u></b>	Some examples of PPI being part of job description and in appraisals.	<p>All new job descriptions and KSF outlines indicate PPI as part of the job role and defines the level of responsibility.</p> <p>Appraisal and goal setting should set out Patient and Public Involvement related objectives.</p> <p>Induction training should cover PALS, ICAS, Complaints and PPI.</p>	Human Resources/ PPI Manager/ Training Department	

recruitment and selection.					
9. Ongoing Patient and Public Involvement staff and board level workforce and leadership development programme	<u>Characteristics of a good organisation</u>	<p>PPI Training session delivered on a request basis to groups.</p> <p>Some PPI input on the Clinical Governance e Learning packages</p> <p>Customer Care Training has a PPI awareness element to it.</p>	Develop and run a programme of PPI Training for staff at all levels. Consider use of e Learning as most effective method.	PPI Manager/ Head of Training	April 2008
10. Annual PPI Report	<u>Characteristics of a good organisation</u>	Currently no annual PPI report.	Provide PPI annual report as part of the Trust Annual Report and Annual Public Meeting including highlighting examples of PPI activities that have led to service improvement.	PPI Manager/Head of Communications	Sept 2007 and annually
11. Results of National Patient Surveys are used for learning and drive service improvement	<u>National Patient Survey</u>	Survey results widely disseminated and some action planning carried out.	Development of Action Plans and report progress against these plans.	General Managers/ Head of Facilities/ PPI Manager	Sept 2007 and annually
12. Patient and Public Involvement impact assessment included in	<u>Characteristics of a good organisation</u>	Currently not in place.	Review of Board Paper submissions to take place. To include PPI Impact Assessment.	Trust Board Secretary/PPI Manager	Sept 2007

<p><b>all Board papers relating to service change and improvement to meet the statutory requirements of Section 11 of the Health and Social Care Act.</b></p>					
<p><b>13. Utilise the Trust website as a communication tool for involving patients and the public.</b></p>		<p>Some information on Trust website currently.</p>	<p>Provide information to the public on what involvement is and on ways they can get involved.</p> <p>Provide a mechanism for the public to give positive and negative feedback about services and make complaints.</p> <p>Provide contact details for ICAS and PALS</p> <p>Provide top information leaflets on the website to download. Include those in other formats.</p>	<p>PPI Manager/ Head of Communications/ Webmaster</p> <p>PPI Manager/ Head of Communications/ Webmaster/ Complaints Manager</p> <p>PPI Manager/ Head of Communications/ Webmaster</p> <p>Clinical and Patient Information Officer/ PPI Manager/ Head of Communications/ Webmaster</p>	<p>January 2008</p> <p>January 2008</p> <p>January 2008</p> <p>August 2008</p>

**APPENDIX 2**  
**Guidelines for Patient and Public Involvement**

AREA	PROS	CONS	WHAT'S REQUIRED
<b>Giving information</b>	<ul style="list-style-type: none"> <li>Useful when just informing and when people's views are not being sought or will not affect outcome.</li> </ul>	<ul style="list-style-type: none"> <li>No chance for public to give their views.</li> <li>Public may feel frustration at not being able to give their views.</li> </ul>	<ul style="list-style-type: none"> <li>Decide on how to give information i.e. patient information leaflets, media, specific event, using already existing forums.</li> <li>Liaise with Communications for advice especially if using media.</li> <li>Identify budget required.</li> </ul>
<b>Patient surveys/questionnaires</b>	<ul style="list-style-type: none"> <li>Useful when patients unable to commit to more time consuming engagement</li> <li>Useful when the views of a large number of subjects need to be sought</li> <li>Can identify specific areas that require user views.</li> </ul>	<ul style="list-style-type: none"> <li>Patients maybe reluctant to complete questionnaire as they feel their views may harm their care in some way.</li> <li>If asking to do at discharge, may not fill in survey accurately as keen to get away.</li> <li>If asked to send in by post, high risk of non compliance.</li> </ul>	<ul style="list-style-type: none"> <li>Check Trust guidelines on intranet.</li> <li>Find out if other similar surveys have been done to avoid duplication of effort in producing survey.</li> <li>Liaise with PPI Manager and Clinical Effectiveness for advice on production of survey.</li> <li>Decide upon sample size and appropriate response rate to provide meaningful results.</li> </ul>
<b>Suggestion boxes/books</b>	<ul style="list-style-type: none"> <li>Useful for getting feedback for smaller issues when users feel they do not want to make a fuss.</li> <li>Useful for positive as well as negative feedback.</li> <li>Effective and labour efficient method of obtaining views.</li> </ul>	<ul style="list-style-type: none"> <li>People may be reluctant to leave views if they feel they can be seen posting suggestions or leaving comments.</li> <li>Box or book need to be accessible and visible.</li> <li>Need to ensure constant supply of pens and paper.</li> </ul>	<ul style="list-style-type: none"> <li>Identify person to take responsibility for emptying box/recording views and to ensure supply of paper and pens.</li> <li>Identify suitable location. Needs to be visible and accessible, but also a degree of privacy will be required.</li> </ul>

<b>Users reviewing documents at home (e.g. policies, guidelines, patient information etc)</b>	<ul style="list-style-type: none"> <li>• Can be done at a time suitable to user.</li> <li>• User does not have to commit to travel into meetings.</li> </ul>	<ul style="list-style-type: none"> <li>• Incur the cost of postage and stationary.</li> <li>• Users have to work alone without support, and may have a different view if not seen in the desired context.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide clear guidelines, state target audience and the intention of the document.</li> <li>• Provide envelope, address and correct postage for return of comments.</li> </ul>
<b>Consultation events</b>	<ul style="list-style-type: none"> <li>• Obtain a wide range of views and ideas.</li> <li>• Ensure that decisions take user's views into account.</li> </ul>	<ul style="list-style-type: none"> <li>• Can be time consuming in arranging event, conducting event and collating and acting upon feedback.</li> <li>• Can occur expenses in hiring venue, refreshments, expenses etc.</li> <li>• Patients need to commit to travel and give up their time.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure event is held in accessible venue. Consider disabled access. Decide if venue should be on hospital premises or at a neutral venue.</li> <li>• Identify resources for event, i.e. room hire, refreshments, travel expenses and car parking.</li> <li>• Ensure refreshments provided as appropriate for the time of day. If food is to be provided, then check dietary requirements of attendees.</li> </ul>
<b>Patient experience events</b>	<ul style="list-style-type: none"> <li>• Good for getting wide range of views about patient experience.</li> <li>• Can be structured or allow public members to dictate direction of topics.</li> </ul>	<ul style="list-style-type: none"> <li>• Can be time consuming in arranging event, conducting event and collating and acting upon feedback.</li> <li>• Can occur expenses in hiring venue, refreshments, expenses etc.</li> <li>• Patients need to commit to travel and give up their time.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider the time of the event depending on the targeted patients. Avoid school run times, not too early. Perhaps think about evening or weekend events to target those that work or have other commitments during the week.</li> </ul>
<b>Patient/Public members present at meetings, working groups, committees etc.</b>	<ul style="list-style-type: none"> <li>• Useful to ensure user involvement early on in decisions and processes.</li> <li>• Help to focus group on the needs of patients, and ensure services are patient led.</li> <li>• Problem solving takes place with the help of the additional perspective of the users.</li> </ul>	<ul style="list-style-type: none"> <li>• Professionals need to accept the views and ideas of users and to be challenged.</li> <li>• Health professionals have to be prepared to constantly explain concepts, jargon and abbreviations.</li> <li>• Patient/public representative have to make a commitment to attend meetings regularly.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that invited patients are representative of target sample. Consider users that are young, with mental illness, learning disabilities, physical disabilities and sensory impairment, and from ethnic minorities.</li> <li>• Invites should be targeted to users that are willing to give feedback</li> </ul>

		<ul style="list-style-type: none"> <li>• Patient/public representatives have to be assertive enough to make meaningful contributions to the group.</li> </ul>	<p>that will not be overtly positive about the service. At the other extreme, avoid using people that have an unresolved complaint outstanding as they may concentrate on a single issue. Attendees should be informed that they are there to give their views on the whole of their experience and not to focus on single issues.</p>
<p><b>It is essential that the way that views and ideas from patients and the public are used to shape and change services are fed back to them so that they can see that their involvement has led to improvements. This will help them see that their views are valued and encourage people to get involved in the future.</b></p>			

## Appendix 3

<b>CHECKLIST TO ASSIST PLANNING AN EVENT TO INVOLVE PATIENTS, CARERS AND PUBLIC MEMBERS IN DECISION-MAKING</b>		
<b>At the beginning</b>	<b>Yes</b>	<b>No</b>
Have you a clear view about the reason for holding event?		
What are you trying to achieve?:		
Have you informed Patient and Public Involvement Manager you are holding the event?		
Have you identified where you want to hold your event?		
Have you identified a budget? For the venue, for refreshments, for travel expenses		
Have you a copy of the patient and public involvement out of pocket expenses policy?		
Have you agreed who will attend?		
Have you agreed how you will recruit people to participate? From general public, from support groups, from volunteer databases, from patient lists, etc		
Do you need to support from the communications team to promote your event?		
Do you need support from anyone else?		
Do you need support to recruit people?		
Do you need support to book venue?		
Do you need support on the day? Admin, facilitation, other		
<b>Preparation</b>		
Disability access and awareness of any disabilities/special requirements (e.g hearing limitations) of audience		
Plan refreshments. Special diets catered for.		
Make it clear to attendees start time & where refreshments available from		
Knowledge of who will unlock/lock building Who is setting out furniture etc		
Book venue and ensure there is a table to put power point projector and laptop on, power point projector, laptop, projector screen, extension lead and rubber covering, flipchart stand and paper, display boards		
Arrange travel costs from petty cash		
Work out mileage for participants		
Attendance list / Expenses sheet or receipt book for participants to sign to show travel costs have been paid		
Order Petty Cash		
Photocopy supply of Travel expense forms if not issuing expenses on the day and supply of prepaid envelopes		
Supply of flipchart pens, notepads / paper / pens		
Photocopies handouts for presentations / event pack		
Check if large print copies required		
Evaluation form		

<b>On the day</b>	<b>Yes</b>	<b>No</b>
Check you have:		
Phone number of venue/caretaker: Tel:		
Power point projector & associated leads Lap top and associated leads Projector screen Password for laptop if there is one Copies of presentation Handouts of presentation / event packs Extension lead and rubber covering Flipchart stand Flipchart paper Flipchart pens Display boards and display material Velcro or Blutac to attach material Petty cash float Attendance and expenses sheets Calculator Stationery Being prepared to allow between a third and a quarter of the time for questions/comments/contributions from audience Refreshments Evaluation forms		
<b>Post event</b>		
Return <ul style="list-style-type: none"> <li>✓ copy of expenses sheet with signatures to General Office and Patient and Public Involvement Manager</li> <li>✓ Copies of evaluation forms to Patient and Public Involvement Manager</li> <li>✓ All equipment</li> </ul>		
Let participants have copies of any reports from the event and let them know how they have contributed to any decision-making, and what changes have been made to services as a result of their input		
Complete PPI database form and return to Patient and Public Involvement Manager		