

Public Engagement and Involvement Event to assess views on the potential benefit to the Trust of gaining 'University' status.

Event held at Stevenage Arts Centre, Roaring Meg Retail Park, Stevenage, Herts. SG1 1XN, 29th Nov 2016

Dr Phillip Smith, Associate Director Research & Development, East & North Hertfordshire NHS Trust



Purpose of the meeting

To seek views from the public on two issues:

- 1) What are the priorities that we should consider whilst we are seeking to establish a formal relationship with the University of Hertfordshire, and in so doing, gain 'University Status'?
- 2) How do we best ensure that the views of the public and patients are integral to the planning and ongoing delivery of initiatives that arise from working more closely with the University?

Background

Here at the East and North Hertfordshire NHS Trust, we are proud of the range of general and specialist services we provide across our four sites: Lister Hospital, New QEII, Herford County and Mount Vernon Cancer Centre. Our recent service configuration, which centralised a number of services at the Lister Hospital site, led to a significant improvement in patient care.

We are now working to improve our services to the point where we are delivering consistently amongst the best clinical and service outcomes in the country. We believe that that patient care will be further improved through a closer working with the University of Hertfordshire.

Approach

- 1) The approach was designed by the Trust (David Brewer and Phillip Smith) in collaboration with the University of Hertfordshire (Dr Julia Jones).
- 2) An invitation was sent out to Public members of the Trust to attend the meeting.
- 3) At the meeting an introduction and background information was provided and then two exercises, each supported by a facilitator, were completed.
- 4) Consent was taken for use of photographs.

Exercise 1 To identify priorities for the developing relationship between the Trust and the university.

- This exercise was 'outcome-based' and time limited. The idea being that the group had 20 minutes to come up with their top 4 patient priorities that relate to developments arising from a formal relationship with the University of Hertfordshire i.e. University Status.
- The group was divided into 4 tables each produced their own list of priorities. These were then shared with the wider group. At this point the group decided that each table should also compose a statement which could be used to succinctly describe why each priority was important.

- The collection priorities were categorised into 4 which were then subject to further discussion in Exercise 2.

Exercise 2 To identify the benefits, involvement opportunities and actions for each of the identified priorities.

- This exercise was ‘outcome-based’ and time limited.
- The group had 20 minutes to come up with ideas about the benefits of, and the actions needed, to ensure that the designated priority was integral to the identification, delivery and oversight of projects jointly carried out by the Trust and the University.
- Again the group was split into 4 tables, with each table discussing one of the 4 priorities. Each table had 5 minutes to produce their succinct statement for their priority and then 15 minutes to identify benefits, involvement opportunities and actions.

Attendance

- 25 members of the public attended.
- The event was designed jointly by the Trust (ENHT) and the University of Hertfordshire (UH).
- The event was delivered by Dr Phillip Smith (Trust Lead for University Status), David Brewer (Head of Engagement, ENHT), Dr Julia Jones (Reader in Patient Experience and Public Involvement, UH), Prof Ken Farrington (Renal Consultant and UH Professor, ENHT and UH), Karen Mead (Organisational Development, ENHT), Rachel Cowley (Primary Care Customer Relations Manager, ENHT), Jacqui Attrill (Non Medical Education Lead Nurse, ENHT) and June O’Sullivan (Engagement Team, ENHT).

Findings

- Exercise 1: A number of priorities were identified and these are given in Table 1.
- Group priorities. These were identified as being:
 - Patient Care, Quality and Safety.
 - Public Involvement & Engagement.
 - NHS Workforce to deliver patient care.
 - Future Planning and processes across the organisation.
- Exercise 2: The outcome of the discussions are given in Table 2.

Discussion

The message was clear:

- The Public recognised that working in partnership with the University of Hertfordshire, and the gaining of University status could deliver improved patient care.
- Public and patient engagement and involvement is an important aspect to improving patient care.
- NHS Workforce development is fundamental as an enabler of better patient care.
- Robust planning to address the future needs of patients is required as well as sound day to day leadership and management Trust staff.

Post event feedback

“I was very interested in the trust's proposal to gain university status and especially in the aspects related to management, planning and process design. I had an interesting conversation with the professor on this area during the day as well. I am more than happy to offer my knowledge, skills and experience to the Trust if you would find that helpful”.

“I was extremely impressed with the workshop yesterday afternoon. As my attached feedback says (which I unfortunately forgot to hand in before leaving), it was very well organised and very informative. The members were extremely knowledgeable and very keen to improve the care of patients. Look forward to meeting again in the future”.

Table 1: Identified priorities for the developing relationship between the Trust and the university (Exercise 1)

<p style="text-align: center;">Group 1</p> <ul style="list-style-type: none"> • Recruitment & Retention of staff • Improving experience of existing workforce • Are we clear about outcomes • Policy development– STPs? • Transparency – public funding 	<p style="text-align: center;">Group 2</p> <ul style="list-style-type: none"> • Protect and improve patient care • Increase customer services for all staff including medics • Increase knowledge and skills of staff • Dedicated time to study / training • Attracting international (world class) staff • Not to become complacent because of having ‘University Status’ • Look into merging services e.g. IT / HR for efficiency
<p style="text-align: center;">Group 3</p> <ul style="list-style-type: none"> • Training & Development of NHS Staff • Communication between different professional groups • What is the overarching / strategic aim / goal of this? • Need clear outcomes • How to measure • What will success look like? • Identify what the benefits are for both sides <ul style="list-style-type: none"> ○ Reputation ○ Areas of expertise • Managing expectations of everyone • Preventative care • IT and Computer Science improvements e.g. System 1 – GP surgeries in Stevenage 	<p style="text-align: center;">Group 4</p> <ul style="list-style-type: none"> • Safety – Patient safety , Policy & Practice emphasised • Internal clinical engagement • Sharing outcomes of research with the public & patients • Monitoring implementation of best practice • Workforce development & planning – University teaching staff to be involved clinically
<p style="text-align: center;">Identified Priorities</p> <p style="text-align: center;">Patient Care, Quality and Safety Public Involvement & Engagement NHS Workforce to deliver patient care Future Planning and processes across the organisation</p>	

Table 2 Discussion around the identified benefits, involvement opportunities and actions for each of the identified priorities (Exercise 2)

<p style="text-align: center;">Patient Care, Quality and Safety</p> <p style="text-align: center;"><i>“Working together to ensure consistent high quality care”</i></p> <ul style="list-style-type: none"> • Communication <ul style="list-style-type: none"> ○ Understanding ○ Person-centred ○ Patience with patients ○ Internal & external • Continuous improvement • Collaborative working • Consistency and after-care • Communicating what high quality care looks like – patients, carers, family and friends • Sharing what it is like for patients / careers/ families etc – what is consistency for them? • Training for carers/ family • Reinstate ‘partnership meetings’, multi-agency & patients / carers • Continuous Professional Development • Innovations / developments as outcomes of research 	<p style="text-align: center;">Public Involvement and Engagement</p> <p style="text-align: center;"><i>“No Decision without us”</i></p> <ul style="list-style-type: none"> • Critical thinking • Continual improvement • Upping the game of patient care • Sharing expertise knowledge and information • Existing clinical hospital data - How to share all this information and data • Patient Participation Groups • Who do we want to engage with? • Staff (University, NHS) • Patient & Public involvement in research - happens in the University, why not the Trust? • Involving Healthwatch, GP Practices
<p style="text-align: center;">NHS Workforce to deliver patient care</p> <p style="text-align: center;"><i>“Partnership in Learning, Partnership in Development, Learning together, Partnership in Health, getting better together”</i></p> <ul style="list-style-type: none"> • Qualifications but also... • How can we develop skills / soft skills • Peer mentoring – staff involved in improving workplace / resolving workplace problems • Talent Management • Public / patient / Staff champions 	<p style="text-align: center;">Future Planning and processes across the organisation</p> <p style="text-align: center;"><i>“A partnership to achieve the best possible outcomes for patients”</i></p> <ul style="list-style-type: none"> • Efficient use of money / resources e.g. efficient use of transport • Senior management training / leadership • IT systems – integration • Expansion of training unit • “Joined up working” - IT systems • Joint ownership of issues / challenges, problems • Avoid duplication • Quality management, accountability