

Trust Board Paper R

To:	Trust Board										
From:	Mark Wightman, Director of Marketing & Communications										
Date:	26 September 2013										
CQC regulation:	All Applicable										
Title:	Update on Patient Advisor Recruitment										
Author/Responsible Director:	Karl Mayes, PPI & Membership Manager / Mark Wightman, Director of Marketing & Communications										
Purpose of the Report:	To update the Trust Board on recent recruitment of new Patient Advisors										
The Report is provided to the Board for:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td>Decision</td> <td><input type="checkbox"/></td> <td>Discussion</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Assurance</td> <td><input checked="" type="checkbox"/></td> <td>Endorsement</td> <td><input type="checkbox"/></td> </tr> </table>			Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>
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Summary / Key Points:	The paper provides an update to the Trust Board on the recent recruitment of new Patient Advisors. The recruitment will bring the total number of Patient Advisors active within the Trust to 17. It has also significantly improved representation within the group in terms of gender, ethnicity and disability.										
Recommendations:	The Board is asked to note the expansion of the Patient Advisor group and the increased representation that this recruitment has created.										
Previously considered at another corporate UHL Committee?	The Director of Marketing and Communications was asked to consider the management of Patient Advisors in the run up to FT at a previous Board.										
Board Assurance Framework: -----	Performance KPIs year to date: -----										
Resource Implications (eg Financial, HR):	New Patient Advisors will be eligible to claim expenses and a sessional payment (Capped at 6 per month) for their participation.										
Assurance Implications:	The paper provides assurance for the Trust Board that actions discussed in the May Trust Board meeting have been successfully followed up.										
Patient and Public Involvement (PPI) Implications:	The recruitment of 6 new Patient Advisors has increased the Trust's capacity to involve members of the public in its day to day activity. It has also strengthened and diversified the group which will improve its effectiveness as a consultation forum.										
Stakeholder Engagement Implications:	Some of the new Patient Advisors are involved in other networks and groups. Their association will help the Trust to engage with these stakeholders.										
Equality Impact:	The recruitment has had a positive equality impact on the Patient Advisor group. Prior to the recruitment there were no patient Advisors from minority ethnic backgrounds, just three female Advisors and no representation from disabled people. The new Patient										

Advisor demographic now includes representation from these groups.

Information exempt from Disclosure:

No

Requirement for further review?

No

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: Trust Board

REPORT BY: Mark Wightman, Director of Marketing & Communications

AUTHOR: Karl Mayes, PPI & Membership Manager

DATE: September 26th 2013

SUBJECT: Update on Patient Advisor Recruitment

1. Introduction

1.1. The aim of this paper is to provide an update to the Trust Board on the recent recruitment of new Patient Advisors. The recruitment brings the total number of Patient Advisors active within the Trust to seventeen. The process has also significantly improved representation within the group in terms of gender, ethnicity, carer status and disability.

2. Background

2.1. In June 2011 the Trust Board made the decision to terminate the Patient Advisor role once the Trust had been authorised as a Foundation Trust. However, an interim commitment was made to retain the role until our public governors had been elected. At the time the Trust was underway with the FT application process and elections for public governors were anticipated within a year of this decision. Since then, the FT timetable has been rescheduled twice, extending the period in which Patient Advisors will remain active in the Trust. As things stand, Patient Advisors will continue in their role for a minimum of two years.

2.2. At the April 2013 Trust Board meeting the Director of Marketing and Communications was asked to make some recommendations regarding the Trust's approach to, and engagement with its Patient Advisors in the run up to Foundation Trust authorisation. One of our Non Executive Directors reflected at the time on the poor representation (in relation to ethnicity, disability and gender etc.) among our current Patient Advisors. A commitment was made to try and address this by recruiting new Patient Advisors to join the group.

3. Recruitment process

3.1. The intention to recruit new members was shared with the existing Patient Advisor group. They agreed that the group would benefit from a greater diversity of its members but recommended an open and inclusive process which offered the opportunity to all. Following this consultation with Patient Advisors the vacancies were promoted to the Trust's public members. The wording of the advertisement left the role open to all applicants. However, a statement encouraging and supporting applications from people from under represented groups was included.

3.2. Eleven people asked for further information about the role and registered their interest. Of these, six came forward for interview. Interviews were conducted in late July / early August 2013. Martin Caple, Chair of the Patient Advisor group and Karl Mayes, PPI & Membership Manager comprised the interview panel. All of the candidates interviewed for the role were judged to have been suitable and were offered the opportunity subject to satisfactory Disclosure and Barring checks.

3.3. All six candidates have now accepted the offer and are beginning the process of obtaining the necessary Disclosure and Barring checks. It is anticipated that all six will be in post by November 2013.

4. Composition of the new Patient Advisor group.

4.1. The new Patient Advisors come from a range of backgrounds and have a disparate set of skills and experience to offer the Trust. Among the group are individuals with education, retail, local authority and social work backgrounds. Four are from Black and Minority Ethnic (BME) backgrounds and two are wheelchair users which will bring some useful first hand experience to the organisation. Five are younger than sixty with one new Advisor in her twenties. Three of the new recruits are also carers and are keen to explore how the Trust works with and supports this group.

Protected Characteristic	Prior to recruitment	After recruitment
Gender		
Male	8	10
Female	3	7
Ethnic Background		
White British	11	13
BME	0	4
Disability		
With a disability	0	2
Carer status		
Carer	0	3
Age		
> 60yrs	11	12
< 60 yrs	0	5
Total Advisors	11	17

Fig 1. Table comparing the composition of the Patient Advisor Group before and after recruitment.

5. Summary

5.1. The recent round of recruitment has significantly improved representation among the Patient Advisor group. While the group is still not fully representative of the population we serve it is much closer than it was before the recruitment. It is anticipated that a more diverse Patient Advisor group may encourage candidates from under represented groups to come forward as and when future vacancies arise.

5.2. Subject to satisfactory Disclosure and Barring checks the new Patient Advisors should be in place by November 2013.

5.3 Although unintended, the timing of this recruitment is good as it coincides with the roll out of the new clinical management structure. Patient Advisors were recently consulted on how this might affect the deployment and use of PAs within the Trust. During the discussion it was suggested that the Trust move to a model that attaches “clusters” of Patient Advisors to each new CMG. Such a model would allow the new Advisors to work alongside more experienced members of the group. Further consultation on this model will take place as the CMG leads are identified.

Karl Mayes
Patient and Public Involvement / Membership Manager
September 2013