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| **Patient and Public Partners – Induction Plan and Checklist (template):**  The purpose of the induction plan and checklist is to provide some consistency within the recruitment and induction of Patient and Public Partners (PPPs) as we begin to develop the role further. | | |
| **Prior tasks for the recruiting Board, Committee or Workstream:** | | |
| Actioned:  **✔** | Detail: | Date |
|  | **Before you recruit PPP('s) be clear on the reason for involvement:**   * Ensure all members of the Board, Committee, or Workstream are clear on the reason for recruiting and involving PPPs and what the purpose and expectations of the role should be. * This should be included in the terms of reference if possible.   They can provide:   * Important feedback and insight around existing services and contribute to ideas and approaches for quality improvement efforts. * Improve communication between patients and health care providers, leading to improved patient and provider satisfaction. * Help health care providers embrace potential changes, as they can see them from the patient's perspectives. * Help to ensure that patients are full participants in the decisions that affect them. * Further opportunities to bring the wider patient voice and feedback into workstreams. * Contribute to meaningful changes to health care services. |  |
| **Patient and Public Partners – Interview Process (tips):** | | |
| Once the closing date has been reached and all expressions of interests have been received you will need to invite people for an interview.   * This could be in person or via MS Teams * We would ask interviews for PPPs are conducted as informally as possible.   At the start of the interview please explain/reiterate:   * What the process of the interview will be (i.e., like a bit of an agenda) * The workstream/project * The role and what will be expected.   Possible questions:   * Can you tell me more about what interests you about this role? (Explore their interests around the role this should have been written in the EOI) * What motivates you? (This is a voluntary role, so important to understand their motivation) * What would you like to achieve from becoming a PPP? * What skills do you feel you can bring to this role? * Any questions?   After the interview questions, let people know what the next steps are:   * When will you let people know if they have been successful etc. | | |
| **Below is a template list of areas to be covered during the PPPs induction. Further areas/ tasks can be added as relevant to the PPP and/ or the business area they are working within.** | | |
| **Admin tasks:** | | |
| Actioned:  **✔** | Detail: | Date |
|  | **PPP role:**   * Within the induction, ensure PPPs are clear on what their role and responsibilities are * What are the boundaries of the role? |  |
|  | **Expenses Policy:**   * Provide PPPs with a copy of the [expenses policy](https://joinedupcarederbyshire.co.uk/download/patient-and-public-involvement-ppi-payments-policy/) and determine how they would like their expenses to be paid. * If they would they their expenses to be paid via bank transfer they will need to complete an 'account set up form'. It is best to get this set up at the earliest opportunity to minimize delays with future claims (this form can be found in appendix 3 of the expenses policy). * A copy of the expenses policy can be requested through [ddicb.engagement@nhs.net](mailto:ddicb.engagement@nhs.net) |  |
|  | **Confidentiality Agreement:**   * Share this with PPPs if this applies to your meeting and you require PPPs to sign a [Confidentiality Agreement](https://joinedupcarederbyshire.co.uk/download/patient-and-public-partner-confidentiality-agreement/) due to the sensitivity of meeting papers. * A copy of this form can be requested through [ddicb.engagement@nhs.net](mailto:ddicb.engagement@nhs.net) |  |
|  | **Conflict of Interest:**   * Ensure PPPs know how to declare any interests. |  |
|  | **Initial training**   * Discuss and identify any training needs. * If any bespoke training is required for successful applicants to fulfill their role, this should be discussed and arranged at the earliest opportunity. * If the training is bespoke to the Board, Committee or Workstream, the programme will need to source this.   \*\*We are in the process of developing a training programme and will provide you with more details once this has been worked through. |  |
| **In preparation for the meetings:** | | |
| Actioned:  **✔** | Detail: | Date: |
|  | **Main functions of Microsoft Teams:**   * Ensure PPPs are familiar with and know how to use MSTeams. * We have a [Microsoft Teams Joining Instructions and User Guide](https://joinedupcarederbyshire.co.uk/download/microsoft-teams-joining-instructions-and-user-guide/) * We also have a [4 page presentation](https://joinedupcarederbyshire.co.uk/download/virtual-meetings-functions-and-house-rules/) that covers the main functions of MSTeams and can be used at the start of meetings, this can be requested by contacting [ddicb.engagement@nhs.net](mailto:ddicb.engagement@nhs.net) * You could open the meeting up 15 minutes before to allow people time to log on. |  |
|  | **Timing:**   * Timing i.e., how much time will be required for meeting preparation, and what is the length and frequency of the meetings? |  |
|  | **Location:**   * Location i.e., where are the meetings held, are they virtual, face-to-face or a mixture? |  |
|  | **Structure:**   * Structure i.e., what does a typical agenda look like? |  |
|  | **Governance structure of meetings:**   * Governance i.e., where does this meeting sit and what does this feed into? |  |
|  | **Meeting papers:**   * Explain how papers are shared for the meeting and see if there are any accessibility requirements (i.e. are they happy to receive papers via email, or hard copies, print size etc) * How far in advance will PPP receive their papers? |  |
|  | **Acronyms:**   * Be mindful of using acronyms and try to reduce this as much as possible * Provide PPP with a list of [abbreviations and acronyms](https://joinedupcarederbyshire.co.uk/download/abbreviations-and-acronyms/) |  |
|  | **Dedicated time on the agenda for contributions:**  Ensure the meeting is structured in a way that will allow time for PPPs to effectively contribute to the business of the meeting i.e. this might mean allowing specific time on the agenda for them to contribute, or ensuring they feel comfortable to raise questions, or make comments, and actively encourage this. |  |
|  | **Getting to know others contributing to the meeting:**   * Ensure PPP is introduced to all * Provide PPP with a contact list (if appropriate) * Explain who is involved, and what their involvement is, so PPP can get a sense of who is involved in the work. |  |
| **Support for PPPs:** | | |
| Action  ✔ | Detail | Date |
|  | **Lead contact:**   * Provide PPP with a main point of contact including details of how to contact them. |  |
|  | **Reason for involvement:**   * Ensure PPP is clear about their reason for involvement (this should already be included in the Terms of Reference for the meeting). |  |
|  | **Pre-meet and de-brief sessions:**   * Provide time before and after meetings i.e., 15 minutes before and after, to run through the agenda with PPPs and after to ensure all questions/queries are addressed. * Also enables PPPs to get to know one another (if more than one recruited). |  |
|  | **Provide information on the Peer Support Network:**  All PPPs will be invited to join the quarterly Peer Support Network, this is not mandatory but it is a great opportunity for al PPPs across the system to come together to:   * Get to know other PPPs * Share experiences of being a PPP * Discuss what is working well, and what may not be working so well * Discuss generic training and learning that could be arranged (for example, an introduction to the ICS).   To make sure we can invite everyone to join the network, please ensure you ask if it is ok to share their details with the ICB Engagement Team who facilitate the network when you make your appointment: [ddicb.engagement@nhs.net](mailto:ddicb.engagement@nhs.net) |  |
|  | **Reasonable adjustments:**   * Identify whether there are any access or communication needs. |  |
|  | **1:1s and review sessions:**   * All PPPs must be offered 1:1's, to enable the PPP to discuss with their lead how they are finding the role etc. * This is also an opportunity to discuss the level of involvement and whether PPPs feel their skills and knowledge are being utilised i.e., further opportunities for PPPs to bring the wider patient voice and feedback into workstreams. * It is important to agree on the process and frequency. |  |
| **Mandatory Training:** | | |
| **Completed**  **✔** | **Mandatory Training:**  This is still under development – please email [ddicb.engagement@nhs.net](mailto:ddicb.engagement@nhs.net) for more information. |  |
| **Optional training:** | | |
| **Completed**  **✔** | **Optional training:**  [Training Opportunities for Patient and Public Partners](https://joinedupcarederbyshire.co.uk/download/training-opportunities-for-patient-and-public-partners/) |  |
| *This has been developed following feedback from all current PPPs and workstream leads, if you would like to suggest any amendments or have any comments please email:* [*ddicb.engagement@nhs.net*](mailto:ddicb.engagement@nhs.net) | | |