



# Patient and Public Involvement (PPI) & Community Engagement Strategy

*“We should be seeking to respond to the rising aspirations of patients and the public, and be more ambitious to help all members of our diverse population live longer healthier lives, especially those least able to help themselves.”*

*Professor the Lord Darzi of Denham FREng, KBE, Fmedsci*

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## 1 Introduction

1.1 *“We need to ensure that everyone in society has a voice that is heard. When people get involved and use their voice they can shape improvements in provision and contribute to greater fairness in service use”. White paper, Our Health, Our Care, Our Say: 2006.*

1.2 South Western Ambulance Service NHS Trust expresses its commitment to an overarching aim for Patient and Public Involvement and Community Engagement:-

*“delivering high quality, patient led services by enabling patients, carers, the public and stakeholders to contribute to the development, organisation and evaluation of services.”*

1.3 For the purpose of this Strategy, reference to patient, public and stakeholders shall be used to describe the individuals and organisations set out in Appendix ‘1’ of this document. The Strategy does not cover employee involvement as staff related involvement mechanisms are contained within the Trust’s Human Resources & Workforce Development strategies and policies. However, synergy and shared working will be harmonised if appropriate to avoid duplication of effort.

1.4 This commitment and overarching aim of South Western Ambulance Service Patient and Public Involvement and Community Engagement Strategy is viewed as integral to the delivery of equitable and accessible ambulance services.

1.5 Views will be actively sought and systematically integrated into the various aspects of service provision through the

- a) Provision and receipt of information, e.g. through campaigns, interactive website menus, appreciations, complaints, concerns, and day to day staff and patient interactions;
- b) Consultation, e.g. with emerging Local Involvement Networks (LINKs), Primary Care Trusts, the Strategic Health Authority, Overview and Scrutiny Committees, our Lead Commissioner and other relevant key stakeholder partners,
- c) Collation of interactive feedback from communities with planned events by the newly commissioned multi purpose public health and PR vehicle;
- d) Collation of interactive feedback from the Trust’s project involvement with partners in the voluntary and statutory sectors;
- e) Collation of interactive feedback from the Trust’s Equality and Diversity work programmes;
- f) Collation of patient questionnaires and surveys;
- g) Specific task focused focus groups or similar discussion forums;
- h) Working in strategic partnerships;

- i) Working with the Trust's emerging Learning from Experience group;
- j) Working with and developing the evolving Patient Membership Panel;
- k) Working with recognised union representatives;
- l) Developing a programme for undertaking discovery interviews in order to showcase the views and learning from patients and carers.

1.6 The Strategy is consistent with:

- *The NHS National Plan; 2000;*
- *The Wanless Report;*
- *'Health reform England: update & next steps: DOH Dec 2005'*;
- *Engaging patients and the public: have your say: Healthcare Commission Dec 2005'*;
- *DH Choice, Responsiveness & Equity: 2006;*
- *'Commissioning a Patient led NHS: 2006;*
- *'Now I feel tall', what a patient-led NHS feels like:DOH Dec 2005'*;
- *'Taking Healthcare to the Patient: Transforming NHS Ambulance Services: June 2005'*;
- *Choosing Health: Making healthier choices easier: DOH 2005;*
- *A Stronger Local Voice: A framework for creating a stronger local voice in the development of health and social care services: DOH 2006;*
- *The National Health Service Act 2006;*
- *Our Health, Our Care, Our Say 2006;*
- *Darzi 'Our NHS Our Future' review 2007/08;*
- *The Local Government & Public Involvement in Health Act 2007;*
- *Healthcare Commission S4BH 'Developing the annual health check in 08/09;*
- *The Operating Framework for the NHS in England 2008/09;*
- *The Operating Framework for the NHS in England Vital Signs 2008/09;*

1.7 This provides assurance that the South Western Ambulance Service NHS Trust is a continuously improving organisation that aspires to achieving the best working practices for building strong patient and public involvement and community engagement.

## **2 Trust Strategic Aims**

2.1 The Trust's strategic aims are to:

- Treat all patients and staff with respect, dignity and empathy;
- Provide the best possible care to patients, at the right time, in the most appropriate setting;
- Provide the best possible value for money in the provision of services;
- Provide a workplace for staff that is safe and environmentally friendly;
- Ensure the workforce is representative of the diversity of its patients or in possession of sufficient knowledge and experience to understand those needs.

### **3 Trust Strategic Aims and Principles for Patient and Public Involvement and Community Engagement**

- 3.1 As far as possible, and where practicable, the Trust will design all services around the needs of patients, their families and carers, rather than expecting them to fit around the organisation.
- 3.2 The Trust will
- a) Seek to empower individuals, groups and communities to shape emergency and urgent care health services;
  - b) Strive to ensure that people know how they may offer feedback and become involved in shaping services;
  - c) Seek to ensure that those who may be harder to reach also have an opportunity to express their views;
  - d) Provide ample time and opportunity for people to give their views on ambulance health care services;
  - e) Ensure that we consider and wherever possible act on the feedback that we receive;
  - f) Communicate our response to the views expressed;
  - g) Communicate openly, honestly and at the earliest opportunity about our successes and those things that have gone wrong and what action we will take to put things right;
  - h) Seek to ensure good working relationships with those with an interest in ambulance health care services locally.

### **4 Key values**

- a) Openness, honesty and mutual respect;
- b) Recognition of individual needs and circumstances;
- c) Respect for dignity and privacy;
- d) Equal opportunities;
- e) Inclusivity (and the particular need to overcome physical, language, cultural and other barriers to involvement);
- f) Joint working and learning;
- g) Active citizenship;
- h) Ethical;

- h) Flexibility.

## **5 Benefits of Involving Patients, Public and Stakeholders**

5.1 The involvement of patients, public and stakeholders in the work of the Trust will bring about sustained improvements in the planning, quality, delivery, evaluation and monitoring of services through

- a) Improved planning and decision making by incorporating different perspectives and finding common ground;
- b) More sensitive and responsive services as patients and the public have been involved in the planning, development, evaluation and monitoring of services;
- c) Increased interest in the service, leading to a wider and richer source of innovative ideas for improved service provision;
- d) More appropriate use of services and more realistic expectations of what services should and can provide;
- e) Increased confidence in the service because of greater openness, transparency and knowledge;
- f) Continued strong and high quality reputation, respect and pride of the service;
- g) Continued development of informed ambassadors who report positive patient experiences of services;
- h) A better informed public active in their own care choices leading to greater satisfaction;
- i) Greater opportunity to address health inequalities and access to services;
- j) Greater understanding of the changing face of the ambulance services
- k) Greater cooperation between all stakeholders;
- l) Improved organisational learning and memory as listening, learning and continuously improving becomes an everyday part of Trust culture;
- m) Act as one of the building blocks for Foundation Trust preparation for membership development;
- n) Greater opportunities to position the Trust nationally at the forefront of innovative changes and modernisation;
- o) Greater opportunities for rebuttal of misrepresentation or inaccurate reporting of Trust issues.

## **6 Enablers**

- 6.1 The Government has set out a framework for creating a stronger local voice in the development of health and social care services. *'A Stronger Local Voice: A framework for creating a stronger local voice in the development of health and social care services, DOH 2006'* sets a clear direction of travel for patient and public involvement and community engagement. This is supplemented by a variety of important enablers available to the Trust to ensure a greater voice and choice for service users.

## **7 Patient and Public Involvement Forum (PPIF)**

- 7.1 The PPIF is an independent statutory body introduced in January 2004. They were set up to provide independent patient and public views to NHS Trusts. The Trust's successful PPIF has actively participated in a number of Trust service developments. All PPIFs will be dissolved on 31 March 2008.
- 7.2 The Trust is committed to maintaining an open and constructive working relationship with Forum members who are continuing to participate with the Trust during transitional arrangements to the new Local Involvement Networks (LINKS), being introduced 1 April 2008. The process for this is set out within the Trust's Just Reward and Recognition Policy. This has been formally agreed by the Trust's Board.

## **8 Local Involvement Networks (LINKs)**

- 8.1 LINKs will be established for every Local Authority area with Social Services responsibilities from 1 April 2008. These networks will be able to provide flexible ways for communities to engage with Health and Social Care organisations in ways that best suit the communities and local people. They will build on the best work of PPIFs by creating a strengthened system of user involvement and will promote public accountability in Health and Social Care through open and transparent communication with Commissioners and Providers. LINKs will establish a specific relationship with Overview and Scrutiny Committees (OSCs) and have the power to refer matters to the OSCs, and to receive a response.
- 8.2 The functions of LINKs include
- Gathering information from a wide range of people and sources – both about needs and experiences;
  - Analysing information and passing on trends and concerns;
  - Providing a means for Commissioners, Providers, OSCs, Local Strategic Partnerships and regulators to access local views;
  - Being involved in the discussions for service developments;
  - Monitoring service developments.

## **9 Compact and the Voluntary Sector**

- 9.1 The Compact is a partnership agreement, which aims to clarify and develop the relationship between the statutory, voluntary and community sectors. The Trust recognises the value and skills of the voluntary and community sector and believe that communities will be better served by everyone working together. The South Western Ambulance Service NHS Trust Board will be asked to formally endorse working with the South West Regional Compact in the March 2008 Board meeting.
- 9.2 Voluntary support groups have close contact with patients both individually and collectively. To date the extent of engagement between the ambulance service and voluntary support organisations has tended to depend on the nature of the voluntary service and the number of people affected. For example, the Exeter Deaf Forum project. The Trust values the services and specialist information that voluntary groups can offer, particularly in helping to hear the voices of vulnerable groups. The Trust will set up a Patient Membership Panel to include representatives of these different groups to help explain and seek views on the Trust strategic direction, corporate objectives and action plans.
- 9.3 The Trust will explore further opportunities for working alongside community and voluntary organisations. This has already proven effective with producing patient information by gathering views at focus groups.
- 9.4 The Trust has set up a 'Learning from Experience' group to gather, monitor and analyse trends of patient and carer feedback. This valuable information will help develop an 'organisational memory' so the Trust can take action on areas which may need improving and embed the learning into service developments.

## **10 New Legal Duties to Involve and Consult**

- 10.1 Section 11 of the Health and Social Care Act 2001 placed a duty on NHS organisations to make arrangements to involve and consult patients and the public in
- Planning of service provision - not just when a major change is proposed, but in the ongoing planning of services;
  - Development of proposals for changes -not just in the consideration of a proposal, but in the development of that proposal;
  - Decisions about changes to the operation of services. In decisions about service delivery - not just decisions about major changes.
- 10.2 The National Health Service Act 2006 consolidates much of the current legislation concerning the Health Service. It came into force on 1 March 2006. Section 11 of the Health and Social Care Act 2001 is now Section 242 of the consolidated NHS Act 2006.
- 10.3 The duties to involve and consult will be simplified and strengthened by the implementation of the changes within the National Health Service Act 2006. Commissioners are required to have arrangements in place for engaging service

users and the public. There will be a new duty on Commissioners to respond to what patients and the public have said and this will be in force from 1 May 2008.

## **11 Overview and Scrutiny Committees (OSCs)**

11.1 The former Health and Social Care Act 2001 previous explicit powers for Local Authorities to form committees to scrutinise services provided by the NHS is now covered within the NHS Act 2006 Section 244.

11.2 OSCs will focus their attention on the work of Commissioners of Health and Social Care Services, ensuring that services commissioned reflect community health needs and public priorities.

### **11.3 The role of NHS Overview and Scrutiny is to:**

- Ensure that all elements of the community's health needs are properly addressed;
- Scrutinise whether services are accessible to all parts of the community;
- Ensure that patients receive the same level of healthcare wherever they live.

11.4 OSCs began to operate in 2003 and good, open working relationships have been established with all nine County Council OSCs that cover the Trust's large operational area of four counties. Formal and informal links have been made and these continue to be strengthened, with the Chief Executive, Non Executive Directors, the Director of Operations and the Head of Strategic Communications and Public Relations being key links, attending meetings and maintaining regular contact. Other senior and middle managers attend meetings when required to support this corporate commitment. The Trust is actively committed to continuing these strong and mature working relationships.

11.5 The Trust will ensure that issues likely to lead to substantial development /variation in services, which will result in formal consultation, are discussed at the earliest opportunity with partner agencies and the OSCs.

11.6 The Trust will adhere to a new clearing house process governed by the NHS South West Strategic Health Authority to ensure consultations meets required specifications.

11.7 The OSCs may report an issue to the Secretary of State in writing if it is not satisfied

- With the content of the consultation or that sufficient time has been allowed;
- Or, that the reasons given for not carrying out the consultation are inadequate.

11.8 The Secretary of State may require the NHS body to carry out further consultation with the OSC and depending on the outcome of this consultation the NHS body may need to reconsider any decision relating to the proposal in question.

11.9 The OSC may also make a referral to the Secretary of State where it considers a proposal is not in the best interests of the health service in its area.

11.10 LINKs will have powers to refer matters to OSCs and receive a response.

## **12 Formal Consultation**

- 12.1 In the event of substantial development or variation in service, the Trust will ensure it follows all legislation and best practice guidance in relation to carrying out formal consultation. The Trust will work with partners and give stakeholders ample opportunity to comment, feedback and shape proposals from the earliest possible stage. Key stakeholders to be engaged with are the nine OSCs, the nine emerging LINKs, the Patient Membership Panel, existing community and voluntary groups, staff, and other members of the public.
- 12.2 As part of any consultation process, a log of all feedback and responses will be kept (telephone calls, emails, letters and faxes), along with transcripts of meetings. The consultation document and subsequent report will be publicised and made widely available, in a timely manner.

## **13 Engaging with individuals**

- 13.1 The Trust aims to learn from patient experiences of ambulance services whether good or bad. Reports on the work of the Patient, Advice and Liaison Service (PALS), Complaints, Appreciations and Adverse Incidents (AIs) teams, together with the feedback we receive from MP letters on behalf of their constituents, will assist the Trust in changing and developing services in response to the expressed needs of individuals. This will be managed through the Trust's 'Learning from Experience' group of which recognised union representatives form part of the membership.

### **13.2 Patient Advice and Liaison Service (PALS)**

- 13.3 PALS provides on the spot help for patients and carers via:
- Provides information to patients, carers and families about health and health services locally and puts patients in contact with relevant voluntary organisations and support groups;
  - Where possible, resolves problems and concerns quickly, before they become more serious;
  - Informs people of the complaints procedure and puts them in touch with specialist, independent advocacy services when they wish to complain formally;
  - Acts as an early warning system for the ambulance service, by monitoring problems arising, highlighting gaps in services and staff training, and submitting information for the Board quarterly patient experience reports.
- 13.4 This service is running effectively within the ambulance service and has placed it in a strong position to take forward the Healthcare Commission and Department of Health's latest changes to handling complaints and concerns. The consultation document called '*Making Experiences Count, June 2007*' set out a clear direction of change to enable more local resolution for patients and carers closer to the source of the issue. The Trust is to become part of an early adopter site for this newly planned legislation governing the handling of complaints and concerns which will

see one seamless system covering both Health and Social Care. The legislative changes will come into force in 2009.

## **14 Appreciations**

- 14.1 The feedback the Trust receives from thank you letters and plaudits will be analysed and trends identified to share best practice and showcase areas of outstanding achievement. The Trust will strengthen this function in 2008/09 to ensure this data is equally considered with all other feedback. Paying particular attention to what the Trust does well will be as invaluable a resource of learning as the lessons identified when things go wrong.

## **15 Complaints**

- 15.1 The feedback the Trust receives from complaints is a key source of information to help improve services. The Trust will seek to ensure that people have access to easy and effective ways to complain when services have not been good enough. The Trust will aim to ensure that complaints handling happens quickly and effectively but the focus will be on thorough investigation procedures and explanations that provide complainants with comprehensive answers. People who wish to complain have access to support through the Independent Complaints Advocacy Service (ICAS).
- 15.2 The Trust will employ Clinical Advisors who are practising GPs to undertake investigations into complex complaints to ensure a vigorous and robust approach to patient and carer issues is embedded within the organisation.
- 15.3 The Trust's Medical Director will also provide medical expertise into complex cases and will offer local resolution meetings.

## **16 Independent Complaints and Advocacy Service (ICAS)**

- 16.1 ICAS focuses on helping individuals to pursue complaints about the NHS. It aims to ensure complainants have access to the support they need to articulate their concerns and navigate the complaints system, thereby maximising the chances of their complaint being resolved more quickly and effectively. The level of service required is determined by the patient's needs. Therefore if advice is all that is needed the service delivers this, but if the individual needs advocacy in terms of writing letters, attending meetings to speak on their behalf, then the service will also provide this.

## **17 National and Local Patient Surveys**

- 17.1 Obtaining feedback from patients and taking account of their views and priorities is vital for bringing about improvements in the quality of care. The Trust will continue to undertake surveys and ensure that subsequent action plans are produced. These action plans will be developed with the involvement of patients and the public.

- 17.2 Patient questionnaires will be handed out and collated at community events and the Trust will seek user views on these questionnaires and review the effectiveness of the data as a source of feedback to inform decisions.

## **18 Patient and Public Involvement Resource Centre, Social Care Institute for Excellence and Care Service Improvement Partnership**

- 18.1 These national resource organisations will be accessed to provide specialist advice and guidance to support the Trust to continuously get better at patient and public and community engagement.

## **19 Empowering Patients**

- 19.1 twentyfourseven newsletter

- 19.2 The Trust's successful quarterly newsletter will continue to be developed as a proactive method of communicating with all key stakeholders.

- 19.3 It will

- Provide a focus for debate on local needs, performance of services and help explain the changing face of the ambulance service;
- Be an important vehicle for public accountability;
- Be an important vehicle for showcasing Trust innovations and help continue to uphold the Trust's strong and respected reputation;
- Be published on the ambulance service website and partner agencies such as voluntary and statutory organisations e.g. Devon County Council.

## **20 Copying Letters to Patients**

- 20.1 To meet with the NHS plan and the Kennedy report, clinicians had to be in a position to offer their patients copies of letters to other health care professionals, as of right, by 1st April 2004. Whilst there has been good progress in introducing this initiative within some health care settings, there has been limited compliance in the acute hospital sector and among GPs.

- 20.2 The Trust will continue to raise awareness among patients of their right to receive copies of letters where applicable to an ambulance service.

## **21 Staff Engagement**

- 21.1 The Trust recognises that staff are an important source of information on how patients' experience services. The Trust will ensure that where patient and public involvement and community engagement activities are undertaken, there will be opportunities to work with staff and also to hear their views. This will be led by the Trust's Human Resources and Workforce Development Directorate within their strategies and policies eg the annual staff survey with strong collaborative working between Directorates.

## **22 Priority Areas for Development**

22.1 The Trust is aware that there is much work to do to ensure that local communities and individuals are involved in the long-term development of the NHS. The following priority areas form the basis of the Trust's Patient and Public and Community Engagement Forward Action Plan

- a) To focus on groups who are vulnerable and hard to reach. This also means that information needs to be tailored to the needs of individuals;
- b) To develop a rolling programme of public engagement and communication;
- c) To embed patient and public involvement within all key functions of the Trust;
- d) To develop a systematic and rigorous approach to capturing and acting on feedback from a range of sources including the LINKs, Overview and Scrutiny Committees, PALS, appreciations, complaints, patient surveys, Patient Membership Panel and local engagement work;
- e) To give people feedback on the difference that their views have made and develop mechanisms for sustained and ongoing two way feedback;
- f) Improve communications, making information publicly accessible, continuously improving methods of capturing data about the patient and carer perspective of ambulance services and effectively sharing lessons learnt from patient and public feedback;
- g) Promote understanding and awareness of public involvement and community engagement and how it meets the Trust's strategic goals and corporate objectives;
- h) Promote understanding and awareness of the synergy between patient and public involvement, community engagement, public health and equality and diversity ;
- i) To build capacity and capability in the staff who engage with local communities and in supporting members of the public who give their time to help the Trust develop patient centred services;
- j) To develop mechanisms for ensuring that our engagement work is accountable, open and transparent;
- k) Participate and organise public meetings and question sessions;
- l) Set up stakeholder meetings;
- m) Exploit new technology, such as the Internet and Intranet to engage with emerging social network communities;

- n) To develop a calendar of focus groups;
- o) Carry out planned surveys and audits for communications;
- p) Host the Trust's Patient and Public Involvement and public health multi purpose vehicle in the community for face to face interviews and surveys to gather views from the grass roots;
- q) Build stronger relationships with print and broadcast media to ensure understanding and accurate reporting of service changes; enabling swift rebuttal of misrepresentation or inaccuracies;
- r) Monitor our policy for payment to users and carers to ascertain if this is removing barriers to participation and providing an ethical approach to involvement.

## **23 Priority focus on Commissioning**

- 23.1 Commissioning is the process by which the health and care needs of local people are identified, priorities determined and appropriate services purchased. The voices of local people are vitally important in improving the process of commissioning. Primary Care Trusts (PCTs) lead commissioning of health care services and they are legally obliged to engage with the local population to develop a thorough understanding of the population's needs, experiences and preferences.
- 23.2 There is also a need to focus on ensuring effective user engagement through practice based commissioning and to undertake engagement jointly with Local Authorities and partner agencies.
- 23.3 The Trust is deemed a 'partner agency' and will fully cooperate in these processes. The Trust will look to develop and strengthen involvement in PCT processes to improve involvement in commissioning and subsequent joint needs assessments as set out in the NHS Operating Framework 2008/09.
- 23.4 People's voices will be most effective if they directly affect how resources are used and we will play an active role in stimulating and capturing this rich source of influence.
- 23.5 The Trust will require any providers of healthcare services, through Service Level Agreements (SLAs), to undertake active and effective public engagement. This will apply to both NHS and independent sector providers. This ensures full compliance with the Trust Board's Financial Standing Orders.

## **24 Accountability**

- 24.1 The Trust will aim to ensure that all levels of staff contribute and are responsible for patient and public involvement and community engagement work. A framework will be established to embed this requirement. Significant roles tasked with delivering the objectives outlined in this strategy comprise of

- Chief Executive;
- All Directors;
- Service Development Lead;
- Head of Integrated Governance;
- Head of Strategic Communication and Public Relations;
- Heads of Operations East and West;
- Operational Locality Managers;
- Clinical Support Officers;
- Clinical Effectiveness Leads;
- Emergency Care Practitioners;
- Head of Training and Training Manager West;
- Recruitment Manager;
- HR Business Manager lead for Equality and Diversity
- Risk department;
- Strategic Communication and PR department.

## **25 Monitoring and Evaluation**

- 25.1 The Trust will monitor progress with Patient and Public Involvement and Community Engagement through Standards for Better Health, regular patient experience reports to the Strategic Communication and PR reporting assurance matrix and the Patient Membership Panel.

## **26 The following standards are particularly relevant:**

- 26.1 **C16** Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive, and where appropriate inform patients what to expect during treatment, care and aftercare.
- 26.2 **C17** The views of patients, their carers and others are sought and taken into account in designing, planning and improving health care services.
- 26.3 The Trust will aim to be assessed at level four by the Audit Commission's Annual Local Enquiry (ALE). This Strategy will contribute to the Trust's evidence for:
- **Communication and Media** - The Trust can demonstrate that its Communication and Media Strategy is being implemented effectively and has used a variety of methods for engaging with specific communities and diverse groups to identify their needs.
  - **Patient feedback** - The results and impact of patient feedback on provided and commissioned services and resulting action plans for improvement are reported to the Board.
  - **Engaging with 'hard to reach' groups** - The Trust can demonstrate that it consults with a wide range of user groups, including those which it has defined as 'hard to reach', and that feedback is used in the design and commissioning of services.

- **Strategic Partnerships** - The Trust can demonstrate that financial performance of partnerships is regularly reviewed, risks are identified and assurances provided to manage the risks with all these results regularly shared with partners.
- **Relationship Management** - The Trust can demonstrate that partnership agreements are in place, monitored and reviewed.

## 27 Review

27.1 The Trust will review this Strategy in March 2009 through the Trust's Board, Governance Committee and Patient Membership Panel.

### Relevant Trust Policy documents;

Complaints  
PALS  
Significant Untoward Incidents  
Learning from Experience  
Governance  
Race Equality Scheme  
Disability Equality Scheme  
Gender Equality Scheme  
Equality and Diversity  
Equal opportunities  
Being Open  
Communication & Media  
Communication and Media Forward Action Plan  
SWAST Strategic Plan  
SWAST Business Plan  
Just Reward & Recognition  
Training and Development  
Business Continuity