

Patient and Public Engagement Strategy 2014-17

Summary

Guy's and St Thomas' NHS Foundation Trust has produced a Patient and Public Engagement Strategy for the years 2014-17. The strategy sets out how the Trust will achieve its objective to strengthen patient and public engagement across the organisation. This is the final version of the strategy and includes an implementation plan with actions and responsible leads.

Document detail	
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Superseded documents	GSTT Patient and Public Involvement Strategy, 2008
Related documents	Putting patients first: a policy for involvement and consultation, 2010
Relevant external law, regulation, standards	NHS Constitution, 2009 Francis Report, 2013 Keogh Review, 2013 Transforming Participation in Health and Care, NHS England, September 2013.

Patient and Public Engagement Strategy 2014-17

1.0 Introduction and background

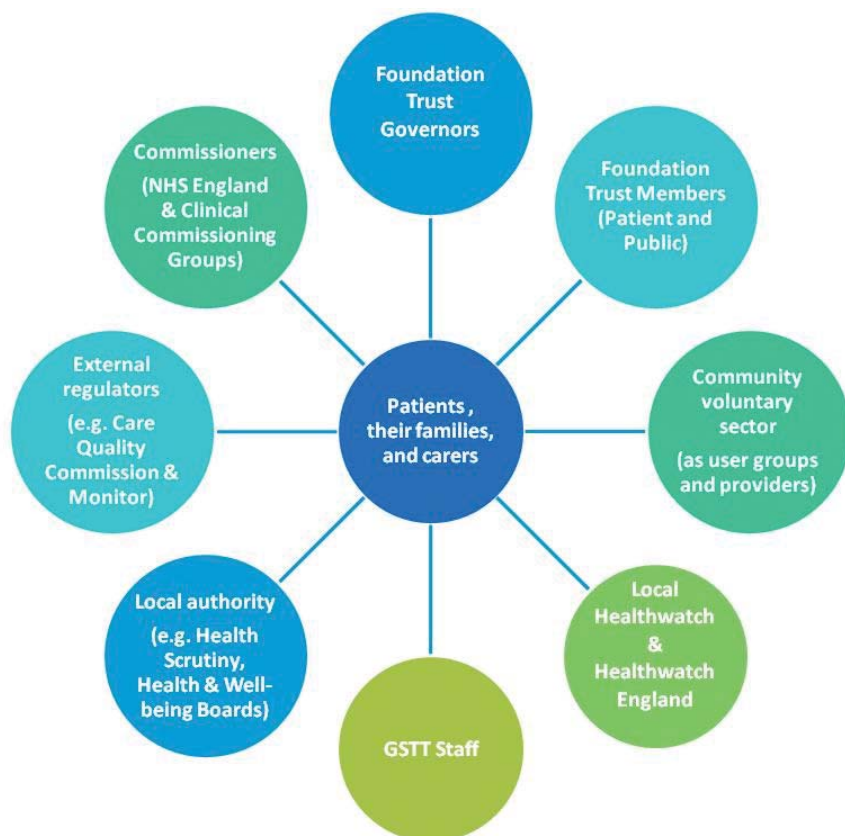
- 1.1 Recent reports about NHS care, in particular the Francis Inquiry, have made a call for *real* patient and public involvement in all that is done and a cultural change across the NHS to ensure greater openness, transparency and a duty of candour to patients. The Keogh Review established a number of ambitions and most pertinent to this strategy is *ambition 3*, which calls for patients to be *equal partners in the design and assessment of NHS services*, with the patient voice being central to those who *plan, run and regulate hospitals*.
- 1.2 The Trust has a statutory duty to involve patients and the public in its work, but our commitment goes beyond this duty. 'Put patients first', is the first of the Trust's five values. We believe there are many ways in which we can and do put this value into practice – from how we involve patients and carers in decisions about care to how we work together with patients and the wider community in developing and planning our services. However, we know there is still more we can do to ensure the voices of patients, carers and public stakeholders are at the centre of our everyday business.
- 1.3 The duty to involve patients in the development of services and in their individual care and treatment is also central to the NHS Constitution, which describes the rights of patients and public to the provision of NHS services.
- 1.4 A key Trust objective 2014-15 is to *strengthen patient and public engagement* across the organisation and this strategy describes a wide range of activities we will undertake to achieve this. It builds on existing good practice and is intended to develop new ways of working, to ensure the patient voice is at the heart of all that we do: from the recruitment, education and training of our workforce, to being the driving force of service design and delivery, and to planning and assessing the care we provide. We want our strategy to go beyond being a framework for how we receive and act upon feedback, because we believe the voice of patients should be ever-present, in all parts of our organisation.
- 1.5 This strategy has been developed by the Patient and Public Engagement Team together with staff, patient and public governors, local Healthwatch bodies and voluntary community sector stakeholders in Lambeth and Southwark. The Trust looks forward to their continued support as we implement what we believe is an ambitious strategy.
- 1.6 This document describes:
 - Who our strategy is for and the departments and services it applies to
 - The framework for our strategy
 - Our aims - what we want to achieve through our strategy
 - Our objectives – what we will do to achieve our aims
 - A three-year implementation plan, including success criteria
 - How we will resource and monitor the implementation of the strategy

2.0 How the views of patient-public stakeholders have informed the development of the strategy

- 2.1 Our patient-public stakeholders have been involved since the start of the strategy development process. Over 20 representatives from community and voluntary sector organisations attended a workshop in December 2013, and Healthwatch Southwark and Healthwatch Lambeth were members of a working group along with staff and Governors which helped develop the implementation plan in Annex A.
- 2.2 In April 2014, Healthwatch Lambeth and Healthwatch Southwark held a joint public meeting to gather the views of their members on how the Trust could more effectively engage patients and the public. At the meeting, their members expressed support for the Trust's ambition to make patient and public engagement part of everyday business, however two key points frequently raised were:
- The Trust needs to publicise more widely how it is listening to patients and demonstrate how it acts to make changes. This will help build momentum around getting involved as a worthwhile activity
 - Local community groups have a valuable role to play in helping the Trust reach seldom heard patient groups, and building links with them can provide 'soft intelligence' and early warnings about where patients have concerns about care or services.

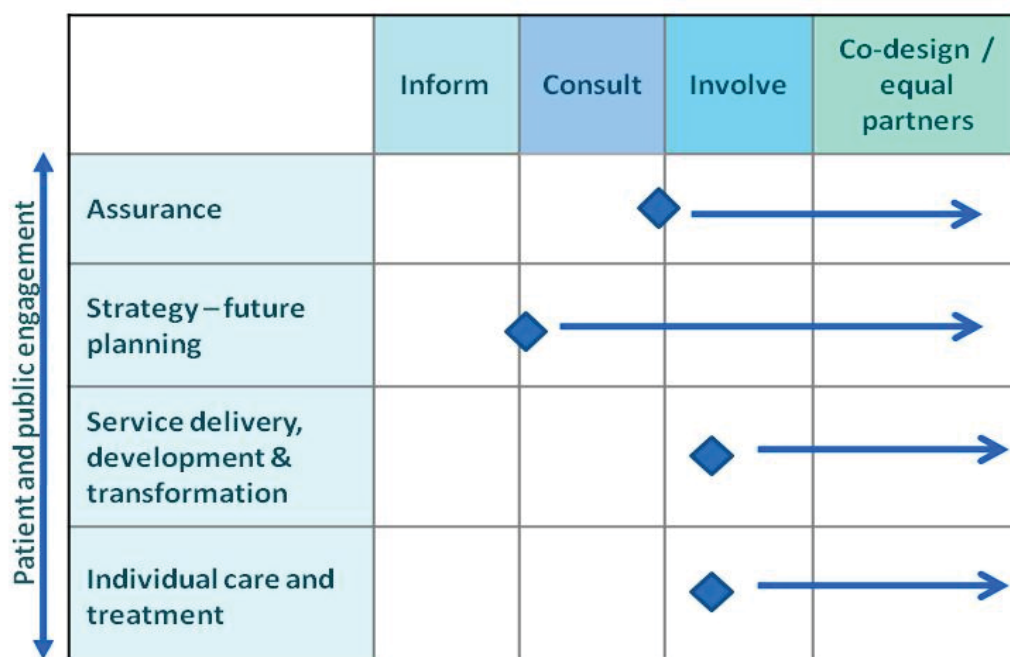
3.0 Who is our strategy for and who does it apply to?

- 3.1 The scope and framework of this overarching strategy encompasses all **acute hospital and community services for adults and children**. It includes many departments whose roles may not be patient-facing, for example workforce and education, as well as all those which have direct contact with patients and visitors, for example clinical services providing care and treatment and services such as portering and telephony.
- 3.2 We recognise that children's services will require a different approach to implementing the strategy and we have started work with the Evelina London Children's Directorate to develop a bespoke action plan.
- 3.3 The diagram below reflects the broad range of patient and public stakeholder groups to whom this strategy applies. This is not intended as an exhaustive list and the extent to which the different stakeholder groups are involved often depends on the issue being addressed.
- 3.4 At the very centre of our strategy are our patients, their families and carers. It is their individual and collective experiences and knowledge of care and services that should influence the way we design, deliver and assess the quality of the care and services we provide.
- 3.5 For the purposes of this strategy, *patients and public stakeholders* are identified as service users and other stakeholders who have an interest in the services we provide. They may not necessarily be direct or current service users, but may have knowledge about and be able to reflect the experiences of patients.



4.0 The framework for our strategy

- 4.1 It is important to distinguish what we mean by the terms ***patient experience*** and ***patient and public engagement (or involvement)***. The term '***patient experience***' is used to describe a patient's or carer's personal knowledge of the quality of care and services they receive. We use different methods of collecting continuous feedback to monitor the quality of care and services and act upon this feedback to improve services.
- 4.2 The term ***patient and public engagement (or involvement)*** is a process of working together with patients, carers and other stakeholders (e.g. relatives, carers of patients, advocates and governors) to design and develop services and the Trusts future plans.
- 4.3 The strategy has been shaped around a framework, shown below. In the left-hand column are the four broad areas of Trust activity in which the patient and public voice needs to be present.
- 4.4 The top row of the diagram is the '*involvement continuum*', which describes the *type* or *intensity* of patient and public engagement activity. The markers indicate our position as a Trust now. We aspire to achieve Keogh Ambition 3, with patient and public stakeholders being co-designers and equal partners in our work, with engagement becoming part of everyday business. However, it is important to recognise that involvement should be tailored to the activity, so we will use different parts of the continuum. A small number of activities to date, such as the Cancer Centre, reflect a co-design approach to service development.



5.0 Our aims: what we want to achieve through our strategy

5.1 This strategy has five aims, four of which incorporate the areas of Trust activity outlined in the framework. The fifth aim is our statutory and regulatory obligations that we must continue to fulfil. The activities of this strategy will enable the Trust to meet its obligations and reach beyond these duties.

1. Involvement in individual care and treatment

Patients will feel supported by the full range of Trust services. Services will involve patients and carers in decisions about their care at all stages of the patient journey, whether in our hospitals or services and facilities in the community and patients' homes, and the Trust will actively encourage feedback on how all services perform.

2. Service delivery, development and transformation

The Trust will actively seek the views and involvement of patients, their carers, our Foundation Trust members and the wider community in the design and delivery of all services. Their views will play a central role in monitoring and driving improvements in the quality, safety and efficiency of our services.

3. Strategy

Patients, our Governors, Foundation Trust members, the local community and our stakeholders will have a greater opportunity to inform the development of Trust planning and strategic development.

4. Assurance

The Trust Board of Directors and our Council of Governors will actively seek demonstrable evidence that Trust services are listening to, learning from and acting upon the views of patients, carers and stakeholders regarding the design, quality, safety and efficiency of the care and services we provide.

5. Meeting our statutory and regulatory obligations

The Trust will continue to meet its statutory and regulatory obligations in respect to:-

- the involvement of patients and the public, under section 242 (duty to involve) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012);

- Healthwatch and;
- Local authorities' health overview and scrutiny committees

6.0 Our objectives: what we will do to achieve our aims

- 6.1 The table below summarises our objectives, which we will deliver over the lifetime of this three year strategy. A more detailed three-year implementation plan can be found at the back of this strategy document.

Involvement in individual care and treatment

Patients will feel supported by the full range of Trust services. Services will involve patients and carers in decisions about their care at all stages of the patient journey, whether in our hospitals or services and facilities in the community and patients' homes, and the Trust will actively encourage feedback on how all services perform.

Objective 1: Listening to our patients – implement Trust Francis pledges, including involving patients and carers in decision-making about their care from admission to discharge

- Continue to action our Francis pledges, including hourly comfort rounds, SAGE & THYME training for staff working with distressed patients
- Make changes to the way we plan care with and involve patients in decisions about their care
- Pilot the Health Foundation's Making Good Decisions in Collaboration (MAGIC) programme

Objective 2: Listening to our patients – implement the 'Duty of Candour' and ensure the voice of patients, their families and carers inform continuous improvement to the quality and safety of patient care

- Improve the ways we involve patients, their families and carers in the review of cases of moderate and serious harm through user-friendly root cause analysis
- Identify opportunities for Governors and patients to be involved in Trust patient safety forums

Objective 3: Involve patients, their carers and families in the development, delivery and evaluation of education and training for clinical and non-clinical staff which enable teams to continue to provide safe, high quality care

- Extend involvement of 'patient educators' to include their views in the design and delivery of education and training
- Expand patient involvement in simulation training for our clinicians

Objective 4: Valuing staff – develop ways to involve patients and carers in staff performance appraisal and recognise the relationship between staff and patient experience

- Involve patients and carers in the appraisal of staff using a variety of different methods
- Use the findings of Staff Friends and Family Test to understand and improve staff and patient experience

Service delivery, development and transformation

The Trust will actively seek the views and involvement of patients, their carers, our Foundation Trust members and the wider community in the design and delivery of all services. Their views will play a central role in monitoring and driving improvements in the quality, safety and efficiency of our services.

Objective 5: Recruit staff based on our values and behaviour and identify ways of involving patients and carers in the recruitment process for relevant roles

- Recruit and train patients and carers to get involved in the recruitment process and develop guidance to support these activities
- Develop and test a range of different ways of involving patients and carers in the recruitment of relevant staff positions

Objective 6: Value and support the effective engagement of our patients and public stakeholders

- Review and update our involvement and consultation policy
- Regularly update our service users about our patient and public involvement activities through Trust publications

Objective 7: Listen to our patients to improve their experience - Improve staff understanding of and responsiveness to patient feedback received through surveys, Patient Advice and Liaison Service (PALS) and complaints

- Extend near-time patient feedback to additional community services
- Provide information to staff / team leaders about the different sources of patient feedback available
- PALS to support Directorates to respond to and act upon patient feedback received, including digital media (e.g. NHS Care Connect)
- Directorates will develop action plans in response to feedback that will be monitored through performance reviews

Objective 8: Build capacity for patient and public engagement – develop a range of materials and resources to enable staff / directorates to involve patients, their families and carers in the ongoing delivery and improvement of services

- Support staff to involve patients and carers in their work, through development of a Patient Engagement Peer Network and by providing advice, support tools and training
- Review and simplify the patient and public involvement toolkit

Objective 9: Support directorates (clinical and non-clinical) and all those departments providing patient-facing services to develop a consistent and strategic approach to engaging, listening and responding to the views of patients and other public stakeholders

- Support directorates to develop an annual plan of patient and public involvement activities and monitor progress through directorate performance review process

Service delivery, development and transformation

The Trust will actively seek the views and involvement of patients, their carers, our Foundation Trust members and the wider community in the design and delivery of all services. Their views will play a central role in monitoring and driving improvements in the quality, safety and efficiency of our services.

Objective 10: Ensure the voices of seldom heard groups influence the design and delivery of Trust services

- Revise information about how to plan involvement activities and include equalities impact assessments and stakeholder mapping
- Include methods to reach seldom heard groups in patient and public engagement support tools

Objective 11: Involve patients and the public in all aspects of research conducted at GSTT

- Support willing patients to become active in research and for all of our patients to have the opportunity to be involved in research
- Continue to set up speciality user groups to help researchers gather lay input for all stages of the research cycle
- Deliver a training programme in patient engagement for lay people and researchers

Objective 12: Ensure the views of patients and service users inform the development and delivery of Trust transformation and capital programmes *(Note: the actions relating to this objective will change from year to year depending on Trust priorities)*

- Leads will identify opportunities for patients and user groups to be involved in programmes including, in 2014/15, the Cancer Programme, Emergency Care Pathway Transformation Programme and Outpatient service improvement (Fit for the Future).

Objective 13: Monitor and report on patient and public engagement activities relating to large scale service improvement, transformation and capital developments

- Activities will be monitored and reported by responsible departments via the patient and public engagement team

Objective 14: Involve patients, carers, Governors and Foundation Trust members and Healthwatch in monitoring the quality of patient services

- Support involvement in Call Quality Assessors and Mystery Shopping Programme and develop a patient-led forum to monitor and suggest actions for improvement
- Develop a pool of patient assessors to monitor Trust services through PLACE and Safe in Our Hands accreditation

Objective 15: Develop a strategic approach to patient and public engagement across local health and care

- Share and develop good practice tools and approaches to patient and public engagement across local health and care partners

Strategy

Patients, our Governors, Foundation Trust members, the local community and our stakeholders will have a greater opportunity to inform the development of Trust planning and strategic development.

Objective 16: Develop plans to ensure the constitution of the Foundation Trust membership is representative of the populations served by the Trust

- Review the profile of our Foundation Trust membership and where possible, recruit members from under-represented populations

Objective 17: Develop mechanisms that maximise the involvement of members in Trust activities

- Research the views of existing members to find out how they wish to be involved in our work
- Develop and publicise the range of different ways in which members can be involved in our work

Objective 18: Continue to support Governor involvement in the quality and safety agenda through a variety of existing mechanisms

- Through existing working groups, support our Governors to contribute their views regarding the quality, patient safety, patient experience and engagement agenda
- Hold a 'patient safety seminar' for Governors to increase their understanding of Trust activities

Objective 19: Continue to build stronger relationships between the Trust and its stakeholders including Governors, Foundation Trust members, community voluntary sector, local Healthwatch and Overview & Scrutiny Committees

- Improve our knowledge of voluntary community sector organisations and ensure networks receive information about Trust activities through the range of Trust publications
- Support Governors to engage with Foundation Trust members through Health Seminars and the Board's annual accountability session

Objective 20: Contribute to the development of a Patient and Public Engagement Strategy for King's Health Partners

- Work together with King's Health Partners to identify shared objectives and align approaches to patient and public engagement, wherever possible

Assurance

The Trust Board of Directors and our Council of Governors will actively seek demonstrable evidence that Trust services are listening to, learning from and acting upon the views of patients, carers and stakeholders regarding the design, quality, safety and efficiency of the services we provide.

Objective 21: The Trust Board is informed of patient and public engagement plans and activities and how these have improved services and the quality of care

- The Board receives a biannual report on directorates' patient and public engagement plans and activities
- An annual patient and public engagement impact report is submitted to the Board and Council of Governors demonstrating how the views of patients, carers and stakeholders have impacted on the design, quality, safety and efficiency of the care and services we provide

Objective 22: Continue to develop a transparent and open approach to sharing information about the performance of the Trusts clinical services, with our patient and public stakeholders

- Launch and publicise the online 'Information Hub' that includes important information about Trust performance for patients and public stakeholders
- Make important Trust Board reports easier to understand and proactively share these with those who monitor and scrutinise our services








7.0 Who is responsible for putting our strategy into action and how will we report our progress?


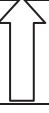



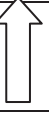


- 7.1 *Everyone* is responsible for patient and public involvement across the Trust and staff will have wide and varying roles in supporting the implementation of this strategy. However, there are a number of key roles whose contributions are pivotal to the successful implementation of this strategy.
- 7.2 The implementation plan in Annex A identifies named leads but implementation will also involve directorate management teams and will be tracked through the Performance Review framework. Their progress will be reported biannually to the Patient and Public Engagement team and reported to the Board.
- 7.3 The Trust Patient and Public Engagement Manager will provide support and advice, where required, to implement activities of the named leads. They will also provide biannual progress reports.
- 7.4 Patient and public engagement must be part of everyday business and it is anticipated that implementation of this strategy will be supported by relevant teams within existing resources and project budgets. However, we recognise that this is a growing agenda and resource requirements will need to be considered as part of the Trust's annual planning cycle.
- 7.5 The 3-year implementation plan is attached in Annex A, denoting those actions that commence in each year. Some actions form part of existing programmes of work and are already ongoing. An annual implementation plan will be approved by the Board of Directors and Trust Management Executive each year. Progress will be monitored through regular reports as follows:-
- Biannual report to the Board of Directors and Council of Governors
 - Biannual report to Trust Management Executive
- 7.6 The full strategy will be reviewed and updated every three years.


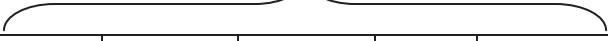




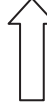


Andrea Carney
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Patient and Public Engagement Strategy 2014 – 2017
Implementation Plan Years 1 to 3







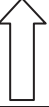


Aim: Involvement of patients, their families and carers in individual care							
Actions	Success criteria	Timescale by Year			Lead	Other strategies	
		1	2	3			
Objective 1: Listening to our patients – Implement Trust Francis pledges including involving patients and carers in decision-making about their care from admission to discharge							
a) Continue to deliver Trust Francis pledges, including: <ul style="list-style-type: none">Our commitment to ensuring the fundamentals of care (pain management, clean environment, protection from abuse)Hourly comfort rounds to ensure patients needs and concerns are regularly identified and addressedClinical services to review how they include patients and carers in decision makingContinue to support 'SAGE & THYME' training to ensure staff are well equipped to support and involve patients who are in distressContinue to develop pilot of 'Making Good Decisions in Collaboration' (MaGiC) to improve shared decision making in care, between clinicians, patients and carers.	Improved / consistent national and local inpatient survey results Documented in patient notes Evidence of directorate activities Training delivered MAGIC pilot completed					Francis Pledges, NHS Constitution Katrina Cooney	
b) Directorates where relevant will identify opportunities to extend the use of tools such as patient passports, across specialities that care for patients who have long-term conditions and learning disabilities	Evidence of directorate activities						Caroline Spencer
c) Continue to develop and implement changes to care planning / patients assessment of need to ensure patients are more actively involved and informed about their journey of care	Care planning tool / process developed and rolled out						Katrina Cooney
d) Continue to develop a scheme for carers of patients with dementia, including ongoing implementation of a carer questionnaire to understand their needs and the patient's needs.	Results of carers questionnaire reported and evidence of actions in response						Debbie Parker









Actions	Success criteria	Timescale	Lead	Other strategies
Objective 2: Listening to our patients – implement the ‘Duty of Candour’ and ensure the voice of patients, their families and carers inform continuous improvement to the quality and safety of patient care				
a) Involve patients and their families in the development of a user-friendly Root Cause Analysis, following cases of moderate and serious harm and involve patients and families in evaluating the revised process	User friendly RCA implemented and case studies providing evidence of patient, family and carer involvement		Patricia Snell	<i>Duty of Candour</i>
b) Involve patients, their families and carers in the ongoing review / development of the doctors handover process	Patient involvement activities undertaken and documented		Mark Kinirons	
c) Identify opportunities for patient & public / Governor involvement in key Trust patient safety forums, e.g. medicines safety forum, patient safety and improvement forum	Patient / public Governor attendance evidenced in meeting notes / minutes		Patricia Snell	
Objective 3: Involve patients, their carers and families in the development, delivery and evaluation of education and training for clinical and non-clinical staff which enable teams to continue provide safe, high quality care				
a) Extend involvement of ‘patient educators’ to include their views in the design, delivery and evaluation of education and training	Patients involved in designing, delivering and evaluating training and new ways for them to participate		Amanda Price	<i>Education Strategy</i>
b) Expand Involvement of patients in simulation training	New ways for patients to participate in simulation training		Peter Jaye	<i>Education Strategy</i>
Objective 4: Valuing staff - develop ways to involve patients and carers in staff performance appraisal and recognise the relationship between staff and patient experience				
a) Develop guidance on ways managers can involve patient feedback in the staff Performance Development Review (appraisal) process using existing data sources (e.g. surveys, PALS)	Guidance included on eHR pages and in PDR handbook		Natalie Dixon	
b) Implement Staff Friends and Family Test and develop actions for improvement in response to staff feedback in this and annual staff survey	Action plan in response to Staff Friends and Family Test results shared with staff		Hendrika Santer Bream	
c) CARE awards and SIOH recognition scheme to recognise non-clinical staff's contribution to patient care	Nominations for awards to non-clinical staff increase		Chief Nurse's Office	



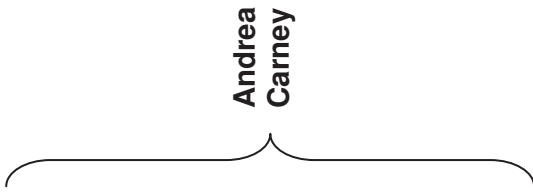
Aim: Service delivery and development						
Actions	Success criteria	Timescale			Lead	Other strategies
		1	2	3		
Objective 5: Recruit staff based on our values and behaviour and identify ways of involving patients and carers in the recruitment process for relevant roles						
a) Review existing recruitment policy to enable involvement of trained patients and carers in the recruitment process for relevant patient and non-patient facing roles	Policy review / updated as necessary				 Hilary Anderson	
b) Using existing practice examples from both within and outside the Trust, prioritise a variety of roles where patient involvement in recruitment is appropriate and produce guidance for recruiting managers	Practice examples identified					
c) Explore and develop different ways in which departments might involve patients in the recruitment process, from development of Job Descriptions to interview panels, via a pool of trained representatives	Examples and impact of patient involvement in recruitment reported as part of strategy implementation					
d) Develop a training programme for patients involved in recruitment to ensure their role is clearly defined and complies with equalities / recruitment legislation	Pool of trained patients available to recruiting managers					
e) Pilot toolkit in three areas, e.g. consultants (via Appointment Advisory Committee), nursing, and in Essentia Core. Relevant roles to be explored and identified by respective directorates	Learning from pilot informs refinement of toolkit and roll out to other roles					
Objective 6: Value and support the effective engagement of our patients and public stakeholders						
a) Review existing policies on user involvement and consultation to ensure they reflect latest best practice, including effective incentive schemes	Involvement and reimbursement policies reviewed and approved				Andrea Carney	
b) Introduce scheme to formally acknowledge role of patients and public who help improve Trust services, e.g. through letter from Chairman	Acknowledgement scheme instigated				Peter Allanson	
c) Establish communications plans for reporting upon engagement activities through existing communication channels (e.g. Annual Public Meeting, The GiST / e-GiST, staff bulletin, digital media) to keep participants up to date on ways to get involved	Plan developed and evidence of publication				Matt Akid	

Actions	Success criteria	Timescale by Year	Lead	Other strategies
Objective 7: Listen to our patients to improve their experience - Improve staff understanding of and responsiveness to patient feedback received through surveys, PALS and complaints				
a) Through guidance in the PPE toolkit, support staff / directorates to develop greater awareness of the range of sources of patient feedback to enable more effective use of patient stories and experience data (e.g. surveys, PALS complaints, digital media)	Guidance developed and added to toolkit		Debbie Parker	<i>Francis Pledges, NHS Constitution Expert Advisory Group</i>
b) Continue to embed quarterly patient experience reporting / template in the Directorate Performance Review process	Patient experience recorded in templates and discussed in Directorate Performance Review		Martyn Dorey	
c) Reporting on Directorate action plans regarding patient experience, which demonstrates how the directorate has acted upon feedback and involved patients in identifying actions for improvement	Evidence of directorate activity included in biannual reports		Martyn Dorey	
d) Continue to promote opportunities for patients to give feedback and raise concerns or make complaints, and their rights under the NHS Constitution	Range of feedback mechanisms publicised across inpatient, outpatient areas and across community services, including further rollout of Friends & Family Test		Debbie Parker	<i>Clwyd & Hart Review</i>
e) Extend near-time patient feedback to additional community services	Near-time feedback implemented in additional community services and responses from community patients increased.		Debbie Parker	
f) Respond to patient feedback received through local Healthwatch and digital media; report on data and identify improvements based on feedback	Evidence of Trust responses and activity reported through Patient Experience and Quality reports		Debbie Parker	<i>Francis Pledges</i>
g) Board of Directors to develop further and build on the pilot programme of listening to patients and staff	Pilot completed and rolled out		Eileen Sills	<i>Francis Pledges</i>
h) Publish on our website series of patient stories showing for each what we heard, learnt and the action we took in response	Patient stories published on website		Debbie Parker	

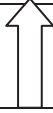








Actions	Success criteria	Timescale by Year	Lead	Other strategies
Objective 8: Build capacity for patient and public engagement – develop a range of materials / resources to enable staff / directorates to involve patients, their families and carers in the ongoing delivery and improvement of services				
a) Review content of managers' induction to ensure PPE and Patient Experience are included in key Trust messages	Sections on PPE and patient experience included where relevant in induction sessions		Rob Godfrey	
b) Undertake learning and development needs analysis to understand staff / Trust PPE learning needs	Needs analysis complete		Amanda Price	
c) Develop a range of PPE skills courses to support staff to develop confidence to involve patients, their families and carers in their work and explore opportunity to develop recognised CPD scheme	Courses developed and delivered with positive feedback		Andrea Carney	
d) Develop staff role of 'engagement champions' in clinical areas (e.g. through dignity ambassadors) who can provide peer support and advice on engaging patients and carers	Role description agreed, champions trained and provide peer support		Debbie Parker	<i>Francis Pledges</i>
e) Continue to support a Patient Engagement Peer Network and develop a pool of Trust staff / engagement champions with PPE skills and project mentoring opportunities	Network meetings undertaken, database of PPE skills champions, Evidence of project mentoring		Andrea Carney	
Objective 9: Support directorates (clinical and non-clinical) and all those departments providing patient-facing services to develop a consistent and strategic approach to engaging, listening and responding to the views of patients and other public stakeholders				
a) Review and update existing involvement and consultation policy	Policy reviewed and approved		Andrea Carney	
b) Provide guidance regarding departments responsibilities for engaging scrutiny committees, Healthwatch and patient-public stakeholders	Guidance disseminated		Julie Gifford	
c) In the annual business planning cycle, directorates to indicate plans for service development that require patient involvement and monitor this through Directorate Performance Review framework (DPRMs) and through a wider Trust patient and public engagement activity plan that can be shared across directorates	Business plans highlight priorities for patient involvement Evidence of monitoring through DPRMs PPE activity plan shared with directorates		Martyn Dorey	



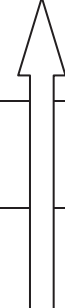




Actions	Success criteria	Timescale by Year	Lead	Other strategies
Objective 10: Ensure the voices of seldom heard groups, which may include older people, young adults (18-25) among other groups, influence the design and delivery of Trust services				
a) Revise processes for planning patient and public engagement to include equalities impact assessment (EIA) and stakeholder mapping	Guidance developed and disseminated		Staynton Brown	<i>Learning Disabilities strategy</i>
b) Develop an EIA information tool which includes information about the populations served by the Trust	EIA information tool produced and disseminated Evidence of EIAs being completed as necessary		Staynton Brown	
c) Methods to reach seldom heard groups are included in future PPE tools (see also Objective 7)	Guidance included in PPE Toolkit		Andrea Carney	
Objective 11: Involve patients and the public in all aspects of research conducted at GSST				
a) Develop a BRC research strategy informed by a standing patient group that meets regularly	Strategy completed with patient group's input		 Marc Delon	
b) Deliver a training programme in PPI for lay people and for researchers and develop a pool of trained lay people to help deliver the programme	Lay people trained in the PPI programme and involved in its delivery. Positive feedback on training			
c) Continue to set up and explore methods of evaluation of speciality user groups to help researchers gather lay input for all stages of the research cycle and to find potential lay co-applicants in research	More clinical speciality user groups established which contribute to research			
d) Train 'research champions' – lay people who bring the involvement opportunities of research at GSST into the community using a range of approaches that they will design to engage their peer group effectively	To have five lay research champions by the end of the 14/15 financial year			
e) Inform our local community about the Biomedical Research Centre's translational research. Disseminate our PE activity at local and national events	Local communities and individuals engaging in science events organised by the BRC. BRC representation at national events for disseminating PE best practice			

Actions	Success criteria	Timescale by Year	Lead	Other strategies
Objective 12: Ensure the views of patients and service users inform the development and delivery of Trust transformation and capital programmes <i>(Note: the actions relating to this objective will change from year to year depending on Trust priorities)</i>				
a) Identify opportunities for relevant groups to work in partnership with the Trust to influence transformation and capital programmes, for example: <ul style="list-style-type: none"> • Cancer Centre and Cancer Programme, • Emergency Care Pathway Transformation Programme 	User involvement activities and impact on service / change demonstrated reported		Simon Eccles, Karen Heng; Catherine Dale	
Objective 13: Monitor and report on patient and public engagement activity relating to large scale service improvement, transformation and capital developments				
a) Identify ways to report and monitor service transformation and capital projects that trigger the statutory 'duty to involve'	Compliance with duty to involve reported and monitored		Andrea Carney	
b) Support directorates to identify how to involve patients in their actions from their clinical strategies	Directorates' activity reported and monitored		Andrea Carney	Clinical strategy
c) Ensure PPE part of the process determining the IPB project life cycle with trigger points and reporting stages	PPE triggers points noted in IPB project life cycle documentation		John Glass	
Objective 14: Involving patients, carers, Governors and Foundation Trust members and Healthwatch in monitoring the quality of patient services				
a) Continue to build on existing Call Quality Assessor and Mystery Shopping programmes, which monitor 'first contact' with Trust services	CQA and MS programmes findings used to improve customer services and expanded where appropriate		Andrea Carney, Sarah Allen	
b) Develop a pool of experienced PLACE patient assessors, who may participate in other Trust care and service quality monitoring activities such as Safe In Our Hands alongside governors	Patient assessors participate in other safety and quality monitoring activities		Andrea Carney	Francis Pledges
c) Develop a patient / public-led forum to support staff / departments to involve our volunteer assessors in quality monitoring activities and identify areas for improvement	Forum set up with terms of reference and meets regularly		Andrea Carney	Francis Pledges
d) Explore and identify a range of opportunities for governors to engage with local Healthwatch and other organisations that represent the needs of our patient groups	Governors build links and engage with local HW / public stakeholders		Peter Allanson	

Actions	Success criteria	Timescale by Year	Lead	Other strategies
Objective 15: Develop a strategic approach to patient and public engagement across local health and care partners	public engagement across local health and care partners			
a) Develop a shared protocol / patient and public engagement framework to support effective patient and public engagement across partners, including KHP	PPE framework developed with partners			
b) Explore opportunities for funding to develop an online interactive patient and public engagement portal across the local health and care economy, which might include:- <ul style="list-style-type: none"> • An interactive patient and public engagement toolkit, shared tools and resources • a shared patient and public engagement calendar across Lambeth and Southwark that will assist in planning activities • information for public and community voluntary organisations about the different ways to get involved in influencing development of health and care services 	Any funding opportunities identified and application completed with input from local partners, where relevant		 Andrea Carney	

Aim: Strategy						
Actions	Success criteria	Timescale			Lead	Other strategies
		1	2	3		
Objective 16: Develop plans to ensure the constitution of the Foundation Trust Membership is representative of the populations served by the Trust						
a) Undertake a review of whether the current demographic profile of our Foundation Trust membership is broadly reflective of the patient populations we serve	Research completed and findings shared	↑			Peter Allanson	
b) Using the findings of the above research, explore the feasibility of developing a membership recruitment plan to enable the Trust to recruit under-represented population groups.	A paper proposing possible approach to membership recruitment presented to relevant Trust committee and Governor working group		↑			
Objective 17: Develop mechanisms that maximise the involvement of members in trust activities						
a) Undertake a membership survey to determine how Foundation Trust Members would like to engage with the Trust	Findings of survey reported	↑			Peter Allanson	
b) Learning from best practice models outside the Trust, explore the possibility of developing and updating a group of active Foundation Trust members who wish to be involved in our work	A paper proposing possible approaches to developing membership engagement	↑				
c) Publicise new ways for members to get involved in the full range of Trust activities	Opportunities published through existing Trust communications publications		↑			
Objective 18: Continue to support Governor involvement in the quality and safety agenda through a variety of existing mechanisms						
a) The new Quality and Engagement Working Group covers patient safety, experience and engagement	Changes to Governor working group implemented and scope of group defined	↑			Peter Allanson	Francis Pledges
b) Hold a 'patient safety seminar' for Governors to increase their understanding of activities across the Trust	Safety seminar completed and positive Governor evaluation	↑				
c) Continue to facilitate Governor representation on all Board committees, such as the Quality Committee	Ongoing attendance and Governor comments evidenced in minutes	↑		↑		

Objective 19: Continue to build stronger relationships between the Trust and its stakeholders including Governors, Foundation Trust Members, community voluntary sector, local Healthwatch and Overview & Scrutiny Committees					
a) Drawing on knowledge of local public and community voluntary sector partners, identify community voluntary sector networks not currently known to the Trust.	Details of organisation added to database				Matt Akid
b) Ensure community voluntary sector networks receive information about Trust activities relating to service delivery and development	Communication links with CVS networks set up and utilised				Matt Akid
c) Update the list of Trust-supported patient / user groups to facilitate communications and opportunities for future involvement	List updated with responsibilities assigned for regular updating				Matt Akid
d) Continue to support existing mechanisms through which Governors may engage with the Foundation Trust membership, including:- <ul style="list-style-type: none"> Annual 'accountability session', which is held in public, providing Governors the opportunity to present questions to the Board of Directors Health seminars, which are open to Governors and Foundation Trust members 	Sessions and seminars completed and positive governor evaluation				Matt Akid
e) Explore and Identify further opportunities to engage with our wider community through local Healthwatch and other mechanisms	New members of public are engaged in Trust activities				Andrea Carney
f) Build good relationships with the local business community (e.g. Team London Bridge, South Bank Employers Group) and involving patients, visitors and staff where relevant	Communication links setup and utilised (e.g. disruption to site access reported and publicised)				Dipannita Betal
g) Put mechanisms in place to ensure the Trust and its services fulfil its duties to consult with Overview and Scrutiny Committees and that it notifies local Healthwatch of substantial changes to services	Timely consultation with OSC on Trust service changes				Julie Gifford
Objective 20: Contribute to the development of a Patient and Public Engagement Strategy for King's Health Partners					
a) Develop a range of shared objectives and where practical, align approaches for PPE and patient experience across partner organisations					Andrea Carney / Sarah Allen
b) Continue to support and inform patient and public involvement in King's Improvement Science projects					Andrea Carney

Aim: Assurance						
Actions	Success criteria	Timescale			Lead	Other strategies
		1	2	3		
Objective 21: The Trust Board is informed of patient and public engagement plans and activities at the Trust and how these have improved services and the quality of care						
a) The Board receives a biannual report on directorates' patient and public engagement plans	Report received				 Jackie Parrott	
b) An annual patient and public engagement impact report is submitted to the Board and Council of Governors demonstrating how the views of patients, carers and stakeholders have impacted on the design, quality, safety and efficiency of the care and services we provide	Report presented to Board and Council of Governors					
Objective 22: Continue to develop a transparent and open approach to sharing information about the performance of the Trusts clinical and non-clinical services with our patient and public stakeholders						
a) Launch and publicise online 'Information Hub' which will include key Trust performance data on quality, safety and patient experience	Information hub launched and positively evaluated by patients				Anita Knowles	Francis Pledges
b) Ensure Board and committee papers reporting on quality and safety are routinely shared with commissioners and Healthwatch and provide opportunities to discuss	Dissemination channels set up, feedback received and acted upon				Mary Newman	
c) Ensure key Trust Board reports on safety and quality are easy to understand, clear, concise are available to a range of audiences	Reports reviewed with input from patient publications group and, as required, different versions produced				Mary Newman	Francis Pledges
d) Develop a consistent approach to how clinical areas display how they well they are doing and how they are responding to patient feedback, e.g. using existing corporate templates (you said / we did posters)	All clinical areas display feedback information in a consistent way				Debbie Parker	Francis Pledges