Patient Experience, Engagement and Public Involvement Strategy 2019-2022
4 June 2019
**Meeting Date:** 4th June 2019

**Title:** Patient Experience, Engagement and Public Involvement Strategy 2019-2022

**Executive Summary:** The Trust Board is presented with the Patient Experience, Engagement and Public Involvement Strategy 2019-2022. The Strategy outlines the Trust’s aspirations for the next 3 years to strengthen and further develop our approach to patient experience, engagement and public involvement.

Key points for the Trust Board to note:
- The Strategy supersedes the current Patient Engagement and Public Involvement Strategy. In addition, it encompasses the patient experience aspects included in the current Patient Experience, Quality and Safety Strategy.
- The first part of the document outlines the mandatory parts of the Strategy (internal facing document).
- The second part of the document outlines the actual Strategy, including associated actions and measurement (public facing document).
- Key focus of the Strategy will be to strengthen the following areas: complaints management, community engagement, co-production, directorate/divisional ownership of the patient experience agenda, use of data to inform improvements, volunteering agenda and the role of Council of Members.
- The Strategy has been consulted with a wide variety of staff, patient representatives and stakeholders.

**Action Requested:** Receive, discuss and approve the Strategy.

**For the attention of the Board**

**Assure**
- Note the proposed Trust’s approach to strengthening patient experience, engagement and public involvement.

**Advise**
- The Strategy supersedes the current Patient Engagement and Public Involvement Strategy. In addition, it encompasses the patient experience aspects included in the current Patient Experience, Quality and Safety Strategy.
- The document consists of two components, mandatory part which will be internally facing and the Strategy itself which will be public facing.

**Alert**
- N/A

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Email Martina.Morris@nhs.net

**Links to Trust Strategic Objectives**
1. Create a culture of compassion, safety and quality
2. Proactively seek opportunities to develop our services
3. To have an effective and well integrated local health and care system that operates efficiently
4. Attract, retain and develop our staff, and improve employee engagement
5. Maintain financial health – Appropriate investment to patient services
6. Be in the top 25% of all key performance indicators
<table>
<thead>
<tr>
<th><strong>Resource Implications:</strong></th>
<th>None</th>
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<tbody>
<tr>
<td><strong>Report Data Caveats</strong></td>
<td>Not applicable.</td>
</tr>
<tr>
<td><strong>CQC Domains</strong></td>
<td><strong>Safe:</strong> patients, staff and the public are protected from abuse and avoidable harm. <strong>Effective:</strong> care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. <strong>Caring:</strong> Staff involve and treat everyone with compassion, kindness, dignity and respect. <strong>Responsive:</strong> services are organised so that they meet people's needs. <strong>Well-led:</strong> the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</td>
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<tr>
<td><strong>Equality and Diversity Impact</strong></td>
<td>No negative impact.</td>
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<tr>
<td><strong>Risks: BAF/ TRR</strong></td>
<td>N/A</td>
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<tr>
<td><strong>Risk: Appetite</strong></td>
<td>N/A</td>
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<tr>
<td><strong>Public or Private:</strong></td>
<td>Public</td>
</tr>
<tr>
<td><strong>Other formal bodies involved:</strong></td>
<td>Trust Management Committee</td>
</tr>
<tr>
<td></td>
<td>Policy Group</td>
</tr>
<tr>
<td><strong>References</strong></td>
<td>A variety of references apply for the subject matters included in the Strategy.</td>
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</tbody>
</table>
| **NHS Constitution:**     | In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:  
  - High standards of excellence and professionalism  
  - Service user preferences  
  - Cross community working  
  - Best Value  
  - Accountability through local influence and scrutiny |
### Document Control

<table>
<thead>
<tr>
<th>Patient Experience, Engagement and Public Involvement Strategy 2019-2022</th>
<th>Version: V1</th>
<th>Status: Draft</th>
<th>Author: Head of Patient Experience and Public Involvement Deputy Chief Nurse Director Sponsor: Chief Nurse</th>
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### Version / Amendment History

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<thead>
<tr>
<th>Version</th>
<th>Author</th>
<th>Reason</th>
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<tr>
<td>V1</td>
<td>May 2019</td>
<td>Alison Dowling: Head of Patient Experience and Public Involvement This document supersedes the previous OP80 Patient Engagement and Public Involvement Strategy and includes the patient experience components previously included in the Patient Experience and Quality &amp; Safety Strategy 2015 - 2018</td>
</tr>
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### Intended Recipients:
All Staff of the Trust

### Consultation Group / Role Titles and Date:
- Chief Operating Officer
- Deputy Chief Operating Officers
- Heads of Nursing
- Head of Governance
- LD Specialist Nurse
- Divisional Management Teams
- Deputy Chief Nurses
Senior Management Team
Appointment Team Manager
The patient voice through the Council of Members
Healthwatch
CCG
Current Trust Interpreting Providers
Legal Services
Clinical Illustration
Procurement Head of ICT
Dementia Lead Nurse
Director of Strategy & Planning
Safeguarding lead
HR Director/Deputy
Head of Nursing – Clinical Governance
Head of Communications

| Name and date of Trust level group where reviewed | Trust Policy Group – 15.05.2019 – virtual review and approval  
|                                                  | Trust Management Committee – 24.05.2019 |
| Name and date of final approval committee        | Trust Board |
| Date of Strategy issue                           | [Date] |
| Review Date and Frequency (standard review       | Every 3 years [Date] |
| frequency is 3 yearly unless otherwise indicated)| |

**Training and Dissemination:** Communicated throughout divisional structure meetings and through the Trust intranet.

**To be read in conjunction with:** The Royal Wolverhampton NHS Trust’s Communication Strategy and the Communications and Engagement Strategy: developing an integrated care alliance in Wolverhampton.

| Initial Equality Impact Assessment (all policies): | Completed: Yes |
| Full Equality Impact assessment (as required):     | Completed: Yes |

If you require this document in an alternative format e.g., larger print please contact Central Governance Department on Ext 5114

| Implementation plan / arrangements (Name implementation lead) | Head of Patient Experience and Public Involvement |
| Head of Patient Experience and Public Involvement |
Document summary / key issues covered:

To present a new Patient Experience, Engagement and Public Involvement Strategy which supersedes OP80 (Patient Engagement and Public Involvement Strategy). This new strategy includes the patient experience components that were previously part of the Patient Experience, Quality and Safety Strategy. These changes have taken place as it is recognised that all three components (experience, engagement and involvement) are intrinsically linked.

VALIDITY STATEMENT

This document is due for review on the latest date shown above. After this date, strategy and process documents may become invalid. The electronic copy of this document is the only version that is maintained. Printed copies must not be relied upon to contain the latest updates and amendments.
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1.0  Aim and Scope of the Strategy

A primary focus of the Royal Wolverhampton NHS Trust (hereafter referred to as ‘The Trust’) is to be an organisation that continually strives to improve patient outcomes and experience, exceeding expectations.

This strategy sets out how the Trust will strengthen its approach to patient experience, engagement, public involvement and co-production. This will be in line with the “Listen, Learn and Share” ethos introduced at the Trust in 2014, which encompasses the organisational approach to patient experience.

The strategy also encompasses the Trust’s overall objective and ambition to become an Integrated Care System with the aim to work in partnership with local councils and others, to take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population served.

In accordance with the NHS Act 2006, the Trust has a statutory duty to involve service users, carers and the public in the work of the organisation, and as a consequence, will inform the public of any proposed service changes or variations in accordance with our duties under section 242 of the NHS Act 2006.

The Trust will involve and consult patients, carers and the public in service planning, operation and in the development of proposals for change. Formal consultation will take place with the public, Health and Scrutiny Committees, other statutory bodies, stakeholders and interested parties for proposals relating to major service changes.

The mandatory components of the strategy are articulated in the first part of this document on pages 1-9 and the main strategy is outlined in the second part on pages 10 - 26.

2.0  Background and Strategic Context

At the heart of our success as an organisation is the involvement of our patients, their relatives, carers and the community to provide them with the best experience of care. This ethos is enshrined in the NHS Constitution and has become a key indicator of the NHS performance at a national level.

Patient experience was identified by Lord Darzi (2008) as one of the three components of high quality care, alongside patient safety and effectiveness of care. Lord Darzi identified patient experience as being the “quality of caring, the personal aspect of care, the compassion, dignity and respect with which patients are treated”. This can only be achieved if time is taken to analyse and understand what patients tell us about their care experiences and by acting on their feedback.

The NHS Confederation (2011) states that whilst good clinical outcomes and processes are important elements of patient experience, it is far more than this. It states that experience is also determined by the physical environment patients are in and how they feel about the care they receive, including the way staff interact with them. Improving the experiences of all patients starts by treating each of them individually to ensure they receive the right care at the right time, in the right way for them.

The Trust has a long tradition of formal engagement with recognised patient groups and in 1999, established a forerunner to the Patient and Public Forum that began in 2003. The Trust developed its first Patient and Public Involvement (PPI) strategy in 2006 and subsequently established a PPI Steering Group. The Trust is currently informed about the PPI matters by its Council of Members, Patient and Public Forum associated with General Practitioner Practices part of the vertical integration model and Healthwatch.

Patient and Public Engagement and Experience (PPEE) is defined as an active participation of citizens, patients and carers and their representatives in the development of health services and as partners in their own health care. This includes the planning, designing, delivering and improvement of health services. This strategy, explains how we intend to encourage patient and public engagement and experience through the active participation of citizens, patients and carers and their representatives in the development of our health services and ensure that they are partners in their own health care.
The Health Act (2006) (Section 242) obliges the Trust to consult and involve users of our services in:

a) The planning and provision of services
b) The development and consideration of proposals for changes in the way those services are provided and
c) The decisions we make that affect the operation of those services

In response to the Francis Report, the NHS Constitution (2015) outlines a clear set of principles and a common set of values for all NHS organisations to aspire to. These include:

- Key principle one states 'The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.'

- Key principle four states 'The patient will be at the heart of everything the NHS does.' It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. As part of this, the NHS will ensure that in line with the Armed Forces Covenant, those in the armed forces, reservists, their families and veterans are not disadvantaged in accessing health services in the area they reside. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.'

- Key principle seven states 'The NHS is accountable to the public, communities and patients that it serves. The NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.'

The Care Quality Commission and an independent regulator of health and social care services in England, requires organisations to provide assurance that the care they deliver is safe, appropriate and effective by complying with the fundamental standards, which include person-centred care, dignity and respect, safety and safeguarding are being met.

The NHS Long Term Plan (2019), which sets out the key priorities and ambitions for healthcare over the next 10 years, articulates the focus on driving a variety of transformational, public health and integrated care agendas informed by strengthened engagement with patients and service users.

3.0 Accountabilities

The Trust Board is ultimately responsible for ensuring that the Trust meets its legal responsibilities and obligations to deliver the patient experience, engagement and public involvement agenda and these responsibilities are supported and underpinned by the following roles:

Chief Executive

The Chief Executive has overall accountability for the management of risk and maintaining a sound system of internal control that supports the achievements of the Trust’s policies, aims and objectives thereby achieving compliance with the external regulators in relation to quality and safety, equality, diversity and inclusion.
The Chief Nurse

The Chief Nurse is the Trust Board lead for PPEE and is responsible for ensuring that this strategy is delivered.

Divisional Directors, Deputy Directors of Operation and Heads of Nursing/Midwifery

These post holders form the triumvirate of management within the divisions and are responsible for converting the strategy into operational implementation in their own individual areas of responsibility. This will be supported by the Patient Experience Team. Divisional teams must identify potential for public involvement in new developments wherever practicable and take public feedback into consideration in going about divisional business.

Head of Patient Experience and Public Involvement

The Head of Patient Experience and Public Involvement will be responsible for developing systems and processes for delivery of the this strategy and for ensuring alignment with the patient safety, equality and diversity, inclusion, clinical effectiveness and transformation agendas.

Patient Experience Team

The Patient Experience Team will support Divisions and Directorates in delivering the objectives associated with this strategy. In addition, they will continue to capture patient experience data through a variety of mechanisms including formal and informal complaints, the Patient and Advice Liaison Service, Friends and Family Test, National Surveys and other feedback mechanisms. They will continue to share examples of best practice, innovation and direction and policy to the Divisions and Directorates. The Head of Patient Experience and Public Involvement, together with the Patient Experience Team, will report on this activity and facilitate organisational learning and improvement.

Communications Team

The Communications Team has responsibility for maintaining the Trust’s website and other means of engaging and informing patients, carers and the public. The current Communications Strategy sets out the Trust’s aims to develop a high-quality proactive approach to all communications with its external stakeholder groups.

Equality and Diversity Officers

The Trust’s Equality and Diversity Officer(s) will monitor the engagement with, and experience of, those who have protected characteristics, advising Divisions and Directorates where there are areas of good practice or concerns in order to maximise sharing of good practice and learning and to ensure compliance with the various legislations and guidance.

All Employees

It shall be the duty of every employee, whilst they are undertaking activities and work for the Trust, to ensure that patients receive a positive experience of care in line with the Customer Care Standards of the Trust.

4.0 Financial Risk Assessment

<table>
<thead>
<tr>
<th></th>
<th>Does the implementation of this strategy require any additional Capital resources</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Does the implementation of this strategy require additional revenue resources</td>
<td>No</td>
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<td>3</td>
<td>Does the implementation of this strategy require additional manpower</td>
<td>No</td>
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<tr>
<td>4</td>
<td>Does the implementation of this strategy release any manpower costs through a change in practice</td>
<td>No</td>
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<tr>
<td>5</td>
<td>Are there additional staff training costs associated with implementing this strategy which cannot be delivered through current training programmes or allocated training times for staff</td>
<td>No</td>
</tr>
<tr>
<td>Other comments</td>
<td></td>
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</table>
5.0 Equality Impact Assessment
An assessment has been undertaken and no adverse effects have been identified for staff, patients or the public as a result of implementing this strategy.

6.0 Maintenance
The strategy will be maintained up to date and relevant by the author and will be ratified through the usual process via policy group who will recommend any changes / amendments.

7.0 Communication and Training
The strategy will be placed on the Trust’s intranet site and available to all staff. A specific communication will be ensured to those listed as key stakeholders.

8.0 Audit Process
The implementation plan associated with this strategy will be monitored and reported on a quarterly basis through the Trust Board, Trust Management Committee and Compliance Oversight Group as part of the Patient Experience quarterly report.

9.0 References and Bibliography
Department of Health and Social Care (2009) Building on the Best: Choice, Responsiveness and Equity in the NHS.
10. Definitions

Patient and Public Involvement (PPI): an active participation of patients, carers, community representatives and the public in the design, delivery and evaluation of health services.

Stakeholders: includes (not exhaustively): patients, their families and carers, visitors, advocates and other bodies involved in the provision of care.

Patient and Carer Engagement: an approach to ensuring that people are well informed about and motivated to be involved in their care.

Patient Empowerment: puts the patient at the heart of healthcare service. It is about designing and delivering health and social care services in a way, which is inclusive and enables people to take control of their health care needs.
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<td>Honesty</td>
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<td>Inclusiveness</td>
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<td>Milestones and measurement</td>
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</table>
What is patient experience, engagement and public involvement?

The Department of Health and Social Care defines a positive patient experience as:

“Getting good treatment in a comfortable, caring and safe environment, delivered in a calm and reassuring way; having information to make choices, to feel confident and feel in control; being talked to and listened to as an equal and being treated with honesty, respect and dignity”

Our vision is:

‘To be an organisation that continually strives to improve patient experiences and outcomes, aligned with an outstanding patient experience that meets expectations’

This strategy sets out how the Royal Wolverhampton NHS Trust will approach patient experience, engagement and public involvement. This will be timely and occur across the organisation with regard to the planning, provision and evaluation of its services.

This will be in line with the “Listen, Learn and Share” ethos introduced at the Trust in 2014, which encompasses the organisational approach to patient experience, engagement, public involvement and co-production.

The main objectives and aims of this strategy are to:

| Demonstrate an organisation wide commitment to improving patient experience, engagement and public involvement from Trust Board down through to all levels of the organisation |
| Actively engage with patients and carers, encouraging co-production and feedback, demonstrating genuine collaborative approach and learning from listening |
| Measure and monitor patient experience through a variety of mechanisms to inform continuous quality improvement |

This strategy will ensure that the Trust has a systematic approach to listening to, and learning from, patient feedback, and build upon co-production and public involvement in order to continually improve the care for our patients.

Professor Ann-Marie Cannaby CBE
Chief Nurse
What matters to our patients the most....

- Respect, privacy and dignity.
- Enough staff available.
- To be spoken to, not at.
- Encouragement to provide feedback.
- Keep me informed.
- Value, respect and involve carers.
- Basic care needs nutrition, cleanliness.
- Include me in decision making.
- Treated as a whole person not just a diagnosis.
- Professional, kind and caring staff
- To be provided with choices.
- Encouragement to provide feedback.
- Reduced cancellation of outpatients appointments.
- Clean environment.
Implementation

In order to ensure we deliver the agreed outcomes defined in this strategy we will:

Listen

Our approach to listening, learning and sharing will enable:

Clarity, accessibility and transparency
- Let people that use our services know what we are doing and why and how their views and experiences will be used.
- Ensure that outcomes are measured and feedback is available.
- All employees in all parts of the Trust will work with patients and the public in the development of new services.
- Patients, carers and their representatives from all our services will be supported and encouraged to talk to us about their experiences.
- Managers and clinicians will work with stakeholders, patients and/or their carers to devise and implement solutions and initiatives, actively underpinning the patient experience and engagement agenda.

Honesty
- We will share information through a variety of reports and feedback mechanisms on our websites and via national platforms so that people who use our services can understand the issues and this will be conducted in a clear and appropriate way to meet the needs of each individual.
- Be honest about what can change as a result of listening to the community and what is not negotiable providing the reasons why.

Learn

Inclusiveness
- Make every practicable effort to take account of the experiences and views of all of the diverse communities served by the Trust.
- Recognise the uniqueness of all stories, treating everyone with dignity and respect.

Pro-activity
- Take a pro-active approach to engage the population we serve and promote co-production as part of the Trust’s ongoing effort to improve patient care and experience.

Share

Responsiveness
- Be responsive to the concerns of local people and demonstrate openly how these have been considered and responded to in the decisions made.
- Provide feedback in a timely manner on the ways in which we have listened to the population that we serve and share lessons learned where appropriate.
Methods of engagement

Patient experience level
(to facilitate feedback from patients and carers to inform continuous quality improvement):

• Carrying out local and national patient experience surveys.
• Ensuring patient participation in the Patient Led Assessments of the Care Environment (PLACE).
• Responding to patient feedback.
• Inviting patients and carers to be equal members of committees and groups.
• Inviting patients and carers to participate in research.

Organisational level
(to facilitate feedback from a wider representation):

• Working proactively with members of Healthwatch and Health Scrutiny Panel.
• Engaging with all relevant external and wider health economy groups and organisations that represent the views of patients and carers.

Community level
(to reach out more widely to access feedback from communities and groups):

• Holding co-production events and consultation with everyone wishing to be involved.
• Ensuring that we connect with seldom heard groups.
• Ensuring patient, carer and Trust participation in the consultations led by our commissioners.
• Continuing to hold Board meetings in public and sharing our Board papers on the Trust’s website.

System level
(to work with our system partners as part of the wider healthcare agendas):

• Engaging in system-wide transformational agendas.

Outcomes

By engaging with people, listening and responding to their experiences we will aim to:

• Improve patient experience and satisfaction.
• Improve clinical and economic outcomes in health care.
• Ensure that services are more responsive to individual needs.
• Build better relationships and inspire patients’ confidence.
• Help to develop services that support people’s dignity and independence.
• Challenge established methods and ideas and encourage co-production, innovation and creativity.
• Improve accountability of health services.
• Encourage a better understanding of decision making, prioritisation and use of resources in health services.
• Provide a customer-focused service and improve quality.
• Demonstrate accountability of the Trust through listening and responding appropriately.
• Make services fairer, more accessible and more inclusive.
• Reduce complaints and concerns.
• Increase positive feedback.
• Encourage and improve learning.
Engagement and Co-Production with Patients

The term engagement encompasses a variety of approaches and methods, including co-production, consultation and the provision of information. All these approaches can be utilised depending on the engagement task required.

The Trust is committed to the co-production of health related matters and health services with its staff, patients, carers, service users and the wider community.

The following diagram outlines the detail with regards to the co-production model that will inform the Trust’s approach in order to strengthen the way we involve people who use our services, carers and the wider community as part of an equal partnership.

A Co-production Model
Five values and seven steps to make this happen in reality

What is co-production?
Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership, and which engages groups of people at the earliest stages of service design, development and evaluation. Co-production acknowledges that people with ‘lived experience’ of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions in reality, and to maintain a person-centred perspective.

Co-production is part of a range of approaches that includes citizen involvement, participation, engagement and consultation. It is a cornerstone of self-care, of person-centred care and of health coaching approaches.

Values and behaviours
For co-production to become part of the way we work, we will create a culture where the following values and behaviours are the norm:

Ownership, understanding and support of co-production by all
A culture of openness and honesty
A commitment to sharing power and decisions with citizens
Clear communication in plain English
A culture in which people are valued and respected

How to do it?
Seven practical steps to make co-production happen in reality:

1. Get agreement from senior leaders to champion co-production
2. Use open & fair approaches to recruit a range of people who use health and care services, carers and communities, taking positive steps to include under-represented groups
3. Identify areas of work where co-production can have a genuine impact, and involve citizens in the very earliest stages of project design
4. Train and develop staff and citizens, so that everyone understands what co-production is and how to make it happen
5. Build co-production into your work programmes until it becomes ‘how you work’
6. Put systems in place that reward and recognise the contributions people make
7. Regularly review and report back on progress. Aim to move from “You said, we did,” to “We said, we did”

Reference: http://coalitionforcollaborativecare.org.uk/catherine-wilton/a-co-production-model-five-values-and-seven-steps-to-make-this-happen-in-reality/
A variety of co-production approaches exist ranging from the clinical interaction to large scale service re-design. Examples include, facilitation, coaching approaches, dialogue, focus groups, interviews, public meetings, experience-based design, patient diaries, appreciative inquiry and peer reviews. The Trust will aim to utilise these approaches in order to strengthen the level of interaction with its patients, service users, carers and the wider community.

However, it is recognised that there may be circumstances where the extent of devolved decision making has to be restricted. An example of such circumstances includes a large scale service change, requiring a consultation process or where the Trust is commissioned to provide a service in line with a clear specification and patient and staff involvement is sought in order to deliver ongoing improvements to the service.

The following table illustrates the range of different engagement levels:

<table>
<thead>
<tr>
<th>Engagement approach</th>
<th>Decision making/ distribution of power</th>
</tr>
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<tbody>
<tr>
<td>Co-production</td>
<td>Organisations and the stakeholders work in partnership, preferred solutions are developed together and decision making is shared.</td>
</tr>
<tr>
<td>Devolved</td>
<td>Decision making is devolved to the stakeholders.</td>
</tr>
<tr>
<td>Involvement</td>
<td>Opinions of the stakeholders on some aspects of planning or delivery are secured through direct work with them. The opinions are considered and the organisation is the decision maker.</td>
</tr>
<tr>
<td>Informing</td>
<td>Providing information to assist the stakeholders to understand matters, developments, opportunities or issues. This is a one way process.</td>
</tr>
<tr>
<td>Consultation</td>
<td>Feedback or stakeholder responses on specific proposals are sought and the organisation is the decision maker.</td>
</tr>
</tbody>
</table>
Monitoring Patient Experience Feedback and Metrics

We actively encourage and monitor feedback from patients in a variety of ways, including:

Complaints / Patient Advice and Liaison Service
Patients and/or their carers are offered the opportunity to raise formal and informal complaints and concerns. Where possible, resolutions are sought by front line staff. Themes from complaints and PALS concerns are analysed and triangulated with other feedback to determine learning and areas for improvement.

Patient / Carer Stories
An individual story is not in itself representative of all patient experiences; however the story is individual to the patient and is representational of their personal experience at that time. Collectively, stories can help the Trust to build a picture of what it is like as a service user and how the Trust can improve the service it provides. The Board of Directors receives and discusses a patient story at monthly meetings. Patient stories are also shared at Senior Manager Briefings and other Divisional meetings.

In order to truly understand the patient experience, patients and carers are offered the opportunity to share their experiences via written and/or video capture and divisional areas also participate in the delivery of the patient story to ensure a holistic approach to the experience and to ensure the learning potential has maximum impact.

The Friends and Family Test (FFT)
The Friends and Family Test (FFT) is a tool used for providing a simple, headline metric, which when combined with a follow-up question and triangulated with other forms of feedback, can be used across services to drive a culture of change and of recognising and sharing good practice.

FFT is a simple, single question survey which asks patients to what extent they would recommend the service they have received at a hospital department to family or friends who need similar treatment.

Responses to the FFT are reported monthly to the Department of Health and published on the NHS England and NHS Choices website. We continually monitor the proportion of patients who would recommend our services and identify key themes from the comments made to continually improve our services.
NHS Choices, Patient Opinion and Social Media

All social media platforms provide invaluable information for the Trust in how the public rate the service they have received. The Trust responds to all feedback and actively invites the patient to make contact in order to resolve any concerns.

National mandatory surveys

The Trust participates in various national patient experience survey programmes. Results are analysed and shared with the Trust Board and divisional leads to inform comprehensive improvement plans.

Working in partnership with Patients and the Public in research

The Research and Development Directorate (R&D) at the Trust undertakes a number of initiatives to facilitate active patient and public involvement in research at the Trust and is looking at ways in which this can be strengthened in the future.

The importance of maximising opportunities for patients and the public to engage in research, whether as active participants in studies through to collaborators in designing and delivering research, has been recognised and promoted nationally by the National Institute for Health Research (NIHR) though its INVOLVE programme. Research that reflects the needs and views of the public is more likely to produce results that can be used to improve health care.

Engagement Champions

Within each directorate, a lead officer will be assigned to ‘champion’ the culture of patient engagement and inclusion and to ensure that it is included and embedded in all decisions made.

Divisional Patient Experience Action Plans

Action plans are developed to inform improvements in patient care and experience, and reported through the established governance processes.

Council of Members

The Council is a group of committed individuals from our local community with a wealth of different experiences to offer the Trust. All members have been recruited as they wish to support the Trust to make improvements and provide a link between the work that we do and patient and public engagement, and be our ‘critical friend’.

The key remit of the Council is as follows:
- Provide patient and carer perspectives.
- Review performance monitoring data.
- Support review of the Trust’s compliance with the Care Quality Commission’s five quality domains.
- Review the effectiveness of the patient experience, engagement and public involvement strategy.
- Advise the organisation on areas for improvement.
- Engage with the organisation where required in terms of providing membership views.

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- Advise the organisation on areas for improvement.
- Engage with the organisation where required in terms of providing membership views.
## Milestones and measurement

The following plan outlines the key objectives and deliverables for implementing this strategy. Year one aims to establish the key elements of the strategy. These will be reviewed and rolled over in the following years. Further developments are indicated in years two and three of the implementation plan.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Actions</th>
<th>Target date</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| **1. Directorate and Divisional ownership of PE and PPI** | • Develop Patient Experience and Engagement champions.  
• Develop training and support programme for Patient Experience and Engagement champions.  
• Invite each Division to nominate two individuals to become Patient Experience and Engagement champions at service/operational level.  
• Deliver training for the Patient Experience and Engagement champions and ensure ongoing support.  
• Ensure that patient experience is a standing agenda item on Directorate and Divisional governance meetings.  
• Introduce the Observe and Act initiative within Division 3, including self-assessment and delivery of training.  
• Evaluate the Observe and Act initiative within Division 3 to inform wider implementation.  
• Pilot the NHS England Initiative of ‘Always Events’ within Paediatrics and design key always events as part of a co-production approach with patients.  
• Evaluate the pilot of ‘Always Events’ within Paediatrics to inform wider implementation. | August 2019  
September 2019  
September 2019  
November 2019  
November 2019  
September 2019  
March 2020  
December 2019  
March 2020 | Patient Experience Team |
| **2. Patient Experience Metrics** | • Ensure triangulation of patient experience with wider quality, safety, workforce and performance metrics.  
• Increase ways and means of how patient feedback is obtained.  
• Undertake an analysis of patient experience data to better understand patient experience across weekday and weekend and set up a process for this analysis to be undertaken and reported going forward.  
• Achieve improvement pertaining to all patient experience metrics as defined in the measurement section for year 1. | Monthly reporting in place (IQPR)  
April 2020  
April 2020 | Corporate Nursing and Midwifery Team  
Patient Experience Team  
Patient Experience Team |
| **3. Senior leaders have a significant focus on patients and their experience of care** | • Patient Stories to be regularly shared at Trust Board, Nursing, Midwifery and Health Visiting forums and Senior Managers Briefings’.  
• Each patient story will be available Trust-wide where it is accessible for senior managers to consider as part of their Divisional management meetings.  
• Patient Stories to be included at induction and where consent is gained to be made available through social media platforms.  
• Undertake and share a self-assessment against the NHSI Patient Experience Improvement Framework to identify areas for improvement. | In place and monthly  
May 2019  
August 2019  
December 2019 | Patient Experience Team  
Patient Experience Team  
Head of Patient Experience and Head of Communications  
Head of Patient Experience and Deputy Chief Nurse |
| **4. Complaints Management** | • Implement the Complaints Survey Toolkit to enhance feedback mechanisms and patient satisfaction.  
• Establish a formal complaints review panel with Council of Members as external reviewers. | June 2019  
July 2019 | Deputy Head of Patient Experience (all) |
<table>
<thead>
<tr>
<th></th>
<th>Council of Members (Patient Partners) and volunteers</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Review and develop Council of Member role outline.</td>
<td></td>
<td>August 2019</td>
</tr>
<tr>
<td></td>
<td>• Continue to promote Council of Member role internally / externally with specific focus on branding and advertising though social media platforms.</td>
<td></td>
<td>August 2019</td>
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<tr>
<td></td>
<td>• Appoint Chair and Vice Chair.</td>
<td></td>
<td>March 2020</td>
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<tr>
<td></td>
<td>• Recruit additional 4 members.</td>
<td></td>
<td>August 2019</td>
</tr>
<tr>
<td></td>
<td>• Undertake training needs analysis of members and where possible ensure regular mandatory training.</td>
<td></td>
<td>September 2019</td>
</tr>
<tr>
<td></td>
<td>• Develop clear objectives for recruitment and retention of volunteers.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Patient Experience Team (all)</td>
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<tr>
<td></td>
<td>Up to date patient experience data is available for people to access</td>
<td>November 2019</td>
<td>Patient Experience Team (all)</td>
</tr>
<tr>
<td></td>
<td>• The Trust’s website will be updated to include patient survey summaries and resulting service improvements.</td>
<td>November 2019</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• All survey leads to produce action plans and updates involving staff in their area by agreed deadlines.</td>
<td>August 2019</td>
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<tr>
<td></td>
<td>• Result posters to be developed and displayed in areas where surveys have taken place to inform patients and carers.</td>
<td>August 2019</td>
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<tr>
<td></td>
<td>Community Engagement</td>
<td>December 2019</td>
<td>Head of Patient Experience</td>
</tr>
<tr>
<td></td>
<td>• Work with local community organisations (where appropriate) to introduce Community Bereavement Hubs in Trust locations.</td>
<td>December 2019</td>
<td>Patient Experience Team</td>
</tr>
<tr>
<td></td>
<td>• Include stakeholders, patients and/or their carers to contribute and co-produce a variety of documents and initiatives to improve the patient experience.</td>
<td>April 2020</td>
<td>Head of Patient Experience, Deputy Chief Nurse and Bereavement Nurse Lead</td>
</tr>
<tr>
<td></td>
<td>• Scope the potential for involving families in the learning from deaths process.</td>
<td>April 2020</td>
<td>Head of Patient Experience and Head of Communications</td>
</tr>
<tr>
<td></td>
<td>• Ensure that patients and carers participate in local and commissioner-led consultations.</td>
<td>April 2020</td>
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<tr>
<td></td>
<td>Co-production</td>
<td>September 2019</td>
<td>Patient Experience Team</td>
</tr>
<tr>
<td></td>
<td>• Establish whether a co-production is in place across any services at the Trust.</td>
<td>September 2019</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Select two areas where a co-production approach could be implemented and focus on embedding this approach.</td>
<td>November 2019</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Evaluate the approach implemented in year 1.</td>
<td>February 2020</td>
<td></td>
</tr>
<tr>
<td>Measure</td>
<td>Indicator</td>
<td>Outcome</td>
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<tr>
<td>---------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Friends and Family Test</td>
<td>% overall response rate</td>
<td>10% improvement from baseline as at March 2019</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% overall recommendation rate</td>
<td>5% improvement from baseline as at March 2019</td>
<td></td>
</tr>
<tr>
<td>Compliments</td>
<td>% of compliments</td>
<td>2% increase in volume of compliments when compared with previous year’s data</td>
<td></td>
</tr>
<tr>
<td>Complaints</td>
<td>Number of complaints escalated to Parliamentary Health Service Ombudsman (PHSO)</td>
<td>Decrease in volume of 2 cases when compared with previous year’s data</td>
<td></td>
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<tr>
<td></td>
<td>Reduction in cases investigated by Parliamentary Health Service Ombudsman being partially or fully upheld</td>
<td>1% reduction from baseline as at March 2019</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Timeliness of complaint handling</td>
<td>A reduction of 5% of cases closed in over 30 days when compared with previous year’s data</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Establishment of formal complaints review panel</td>
<td>Established panel and quarterly review and outcomes reported in quarterly report</td>
<td></td>
</tr>
<tr>
<td>Inpatient Survey</td>
<td>Number of responses featuring in bottom 20% nationally</td>
<td>1.5% reduction when compared with previous year’s data</td>
<td></td>
</tr>
<tr>
<td>Directorate and Divisional ownership of PE and PPI</td>
<td>Patient Experience and Engagement Champions</td>
<td>2 champions per Division in place</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Observe and Act initiative</td>
<td>Introduced in Division 3 and evaluated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Always Events</td>
<td>Introduced within Paediatrics and evaluated</td>
<td></td>
</tr>
<tr>
<td>Council of Members and volunteers</td>
<td>Clarity of roles and training</td>
<td>Clear role outline in place TNA completed and training identified</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recruitment</td>
<td>Chair and Vice Chair appointed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recruitment and retention of volunteers</td>
<td>Additional 4 members appointed</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clear objectives set</td>
<td></td>
</tr>
<tr>
<td>Governance</td>
<td>Information sharing</td>
<td>Trust website updated and information sharing enhanced</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ownership of PEE agenda</td>
<td>Use of patient stories strengthened</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>NHSI Patient Experience Improvement Framework self-assessment completed, shared and areas for improvement identified</td>
<td></td>
</tr>
<tr>
<td>Community engagement</td>
<td>Measures in place to improve community engagement</td>
<td>Community Bereavement Hubs introduced (where appropriate)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Involvement of stakeholders, patients and / or their carers in co-production</td>
<td>Involving families as part of the learning from deaths scoped</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Learning from Deaths (LfD)</td>
<td>Co-production commenced</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Involving families as part of the Learning from Deaths process scoped</td>
<td></td>
</tr>
<tr>
<td>Co-production</td>
<td>Introduction of systematic co-production</td>
<td>Scoping completed</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 areas to establish co-production identified and process commenced</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evaluation of year 1 completed</td>
<td></td>
</tr>
<tr>
<td>Priority</td>
<td>Actions</td>
<td>Target date</td>
<td>Responsibility</td>
</tr>
<tr>
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<tr>
<td><strong>Year 2: 2020 / 21</strong></td>
<td></td>
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</tr>
</tbody>
</table>
| 1. Directorate and Divisional ownership of PE and PPI | • Introduce PE and PPI annual report with submissions from each directorate.  
• Review the PPI section on Trust Board templates and policies.  
• Introduce the Observe and Act initiative within Division 1, including self-assessment and delivery of training.  
• Evaluate the Observe and Act initiative within Division 1 to inform wider implementation.  
• Implement ‘Always Events’ within other clinical areas (as informed by the pilot evaluation from year 1) and design key always events as part of a co-production approach with patients.  
• Monitor implementation of ‘Always Events’. | July 2020  
August 2020  
September 2020  
March 2021  
December 2020 | Patient Experience Team (all) |
| 2. Community Engagement | • Develop standards / toolkit for community engagement.  
• Develop / maintain community stakeholder database.  
• Establish programme of “outreach” community engagement including the introduction of “mini surgery” events with community groups.  
• Implement and monitor a process for families to be involved in the learning from deaths process.  
• Ensure that patients and carers participate in local and commissioner-led consultations. | April 2020  
April 2020  
June 2020  
August 2020  
March 2021 | Patient Experience Team  
Head of Patient Experience,  
Deputy Chief Nurse and Bereavement Nurse Lead  
Head of Patient Experience and Head of Communications |
| 3. Complaints Management | • Achieve year on year reduction of the number of complaints re-opened.  
• Achieve year on year increase in the satisfaction of complaints with final complaint response letter.  
• Achieve reduction in cases considered for investigation by PHSO and for those considered, including a reduction in cases upheld or partially upheld. | April 2021  
April 2021  
April 2021 | Deputy Head of Patient Experience (all) |
| 4. Patient Experience Metrics | • Achieve improvement pertaining to all patient experience metrics as defined in the measurement section for year 2. | April 2021 | Patient Experience Team |
| 5. Improve routes for patients to provide feedback, including those with diverse needs | • Plan for real-time patient experience monitoring in community/acute settings.  
• Develop new easy read patient surveys for FFT, PALS and complaints leaflets/posters.  
• Review themes from Friends and Family Test from groups of protected characteristics to identify potential improvements. | September 2020  
September 2020  
August 2020 | Head of Patient Experience,  
Matron Community Services  
Head of Patient Experience and Lead Nurse for Learning Disabilities  
Patient Experience Team |
| 6. Co-production | • Select additional two areas where a co-production approach could be implemented and focus on embedding this approach.  
• Evaluate the approach implemented in year 2. | September 2020  
February 2021 | Patient Experience Team |
| 7. Council of Members (Patient Partners) and volunteers | • Continue to promote Council of Member role internally / externally with specific focus on branding and advertising though social media platforms.  
• Recruit additional 2 members.  
• Evaluate objectives for the recruitment and retention of volunteers set in 2019/20. | Continue throughout the year  
December 2020  
September 2020 | Patient Experience Team (all) |
### Measurement Year 2 - 2020/21

<table>
<thead>
<tr>
<th>Measure</th>
<th>Indicator</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends and Family Test</td>
<td>% overall response rate</td>
<td>A further 10% improvement from baseline as at March 2019</td>
</tr>
<tr>
<td></td>
<td>% overall recommendation rate</td>
<td>Achieve and sustain 95% or above</td>
</tr>
<tr>
<td></td>
<td>Successful objectives from year 2019/20</td>
<td>A comprehensive review and analysis of 2019/20 scores and additional patient feedback provided on the FFT. Identification of any learning from areas performing well and issues from areas not performing so well</td>
</tr>
<tr>
<td>Compliments</td>
<td>% of compliments</td>
<td>A further 2% increase in volume of compliments from original baseline</td>
</tr>
<tr>
<td>Complaints</td>
<td>Number of complaints escalated to PHSO</td>
<td>A further decrease of 2 cases from original baseline</td>
</tr>
<tr>
<td></td>
<td>Reduction in cases investigated by PHSO being partially or fully upheld</td>
<td>A further 2% reduction from original baseline</td>
</tr>
<tr>
<td></td>
<td>Complaint handling satisfaction</td>
<td>Analysis of results of surveys reported in quarterly report. 2% increase in satisfaction on baseline as at March 2020</td>
</tr>
<tr>
<td></td>
<td>Timeliness of complaint handling</td>
<td>A further 3% reduction in cases closed in over 30 days from original baseline</td>
</tr>
<tr>
<td>Inpatient Survey</td>
<td>Number of responses featuring in bottom 20% nationally</td>
<td>A further 1% reduction from original baseline</td>
</tr>
<tr>
<td>Directorate and Divisional ownership of PE and PPI</td>
<td>Governance processes pertaining to PEE and PPI</td>
<td>Annual report from each directorate introduced PPI section of Trust Board reports reviewed and enhanced</td>
</tr>
<tr>
<td></td>
<td>Observe and Act initiative</td>
<td>Introduced in Division 1 and evaluated</td>
</tr>
<tr>
<td></td>
<td>Always Events</td>
<td>Introduced in other clinical areas as informed by pilot evaluation in year 1</td>
</tr>
<tr>
<td>Community engagement</td>
<td>Governance processes pertaining to Community Engagement</td>
<td>Standard toolkit for community engagement in place Community stakeholder database developed</td>
</tr>
<tr>
<td></td>
<td>Outreach community engagement</td>
<td>Mini surgery events with community groups introduced</td>
</tr>
<tr>
<td></td>
<td>Learning from Deaths (LfD)</td>
<td>Process for involving families in the LfD agenda in place</td>
</tr>
<tr>
<td>Improve routes for patients to provide feedback, including those with diverse needs</td>
<td>Patient feedback</td>
<td>Process for real time feedback in place</td>
</tr>
<tr>
<td></td>
<td>Governance</td>
<td>Easy read patient surveys/FFT/PALS and complaints leaflets and posters developed</td>
</tr>
<tr>
<td>Co-production</td>
<td>Scaling up co-production approach</td>
<td>Additional 2 areas identified for co-production and process commenced Evaluation of year 2 completed</td>
</tr>
<tr>
<td>Council of Members and volunteers</td>
<td>Membership</td>
<td>Additional 2 members recruited</td>
</tr>
<tr>
<td></td>
<td>Recruitment and retention of volunteers objectives</td>
<td>Objectives evaluated and new priorities identified</td>
</tr>
<tr>
<td>Priority</td>
<td>Actions</td>
<td>Target date</td>
</tr>
<tr>
<td>----------</td>
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</tr>
</tbody>
</table>
| 1. Directorate and Divisional ownership of PE and PPI | • Introduce the Observe and Act initiative within Division 2, including self-assessment and delivery of training.  
• Evaluate the Observe and Act initiative within Division 2.  
• Continue to implement ‘Always Events’ within other clinical areas (as informed by progress made in year 2) and design key always events as part of a co-production approach with patients.  
• Monitor implementation of ‘Always Events’. | September 2021  
March 2022  
December 2021  
March 2022 | Patient Experience Team (all) |
| 2. Community Engagement | • Work with local stakeholder groups (Local Authority, CCG and Healthwatch) to explore potential for joint engagement groups within the community.  
• Deliver a minimum of six health promotion training sessions to community groups.  
• Recruit new Council of Members through community engagement.  
• Evaluate activities undertaken in year 2.  
• Increase training and support on engagement methods / facilitation skills / using the toolkit.  
• Ensure that patients and carers participate in local and commissioner-led consultations. | September 2021  
October 2021  
August 2021  
August 2021  
September 2021  
March 2022 | Head of Patient Experience and Head of Communications  
Clinical Leads (TBC)  
Patient Experience Team  
Patient Experience Team  
Patient Experience Team  
Head of Patient Experience and Head of Communications |
| 3. Co-production | • Select additional areas where a co-production could be implemented and focus on embedding this approach.  
• Evaluate the approach. | September 2020  
February 2021 | Patient Experience Team |
| 4. Council of Members (Patient Partners) | • Continue to promote Council of Member role internally / externally with specific focus on branding and advertising though social media platforms.  
• Recruit additional 2 members. | Continue throughout the year  
December 2021 | Patient Experience Team (all) |
<p>| 5. Patient Experience Metrics | • Achieve improvement pertaining to all patient experience metrics as defined in the measurement section for year 3. | April 2022 | Patient Experience Team |</p>
<table>
<thead>
<tr>
<th>Measure</th>
<th>Indicator</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends and Family Test</td>
<td>% overall response rate</td>
<td>Sustained improvement from previous 2 years and continue to further improve</td>
</tr>
<tr>
<td></td>
<td>% overall recommendation rate</td>
<td>Sustained improvement from previous 2 years and continue to further improve</td>
</tr>
<tr>
<td></td>
<td>Successful objectives from year 2020/21</td>
<td>A comprehensive review and analysis of 2020/21 scores and additional patient feedback provided on the FFT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Identification of any learning from areas performing well and issues from areas not performing so well</td>
</tr>
<tr>
<td>Compliments</td>
<td>% of compliments</td>
<td>A further 2% increase in volume of compliments from original baseline</td>
</tr>
<tr>
<td>Complaints</td>
<td>Number of complaints escalated to PHSO</td>
<td>A further decrease of 2 cases from original baseline</td>
</tr>
<tr>
<td></td>
<td>Reduction in cases investigated by PHSO being partially or fully upheld</td>
<td>A further 2% reduction from original baseline</td>
</tr>
<tr>
<td></td>
<td>Complaint handling satisfaction</td>
<td>Analysis of results of surveys reported in quarterly report 2% increase in satisfaction from baseline as at March 2021</td>
</tr>
<tr>
<td></td>
<td>Timeliness of complaint handling</td>
<td>A further 2% reduction in cases closed in over 30 days from original baseline</td>
</tr>
<tr>
<td>Inpatient Survey</td>
<td>Number of responses featuring in bottom 20% nationally</td>
<td>A further 1.5% reduction from original baseline</td>
</tr>
<tr>
<td>Directorate and Divisional</td>
<td>Observe and Act initiative</td>
<td>Introduced in Division 2 and evaluated</td>
</tr>
<tr>
<td>ownership of PE and PPI</td>
<td>Always Events</td>
<td>Introduced in other clinical areas as informed by year 2 activities.</td>
</tr>
<tr>
<td>Community engagement</td>
<td>Governance processes pertaining to Community Engagement</td>
<td>Potential for joint engagement groups within community explored</td>
</tr>
<tr>
<td></td>
<td>Recruitment and training</td>
<td>New Council of Members recruited through community engagement</td>
</tr>
<tr>
<td></td>
<td>Evaluation</td>
<td>Activities pertaining to community engagement undertaken in year 3 evaluated</td>
</tr>
<tr>
<td>Co-production</td>
<td>Scaling up co-production approach</td>
<td>Additional 2 areas identified for co-production and process commenced</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evaluation of year 2 completed</td>
</tr>
<tr>
<td>Council of Members</td>
<td>Membership</td>
<td>Additional 2 members recruited</td>
</tr>
</tbody>
</table>