Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
25th February 2010

TITLE	**Communications and Engagement Strategy**
EXECUTIVE SUMMARY	Summarises the Trust's approach to developing robust communications and engagement – with staff, patients and the wider community – to support our strategic objectives and to improve the Trust's overall reputation. It describes how the Trust will seek to listen, understand, communicate and engage effectively with its wide range of target audiences (both internal and external) and replaces previous communications strategies and the former Patient and Public Involvement Strategy. A key element within the strategy focuses on how we use good quality patient feedback to inform improvements within the Trust, particularly in patient experience which will, in the future, carry financial incentives. Overall, the strategy has three key strands: • Communicating and engaging with staff; • Patient and public partnership; • Collecting and acting on good patient feedback.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Negative reputation – internally and externally – can have a huge impact on patient perception and on choice, both by patients and referrers. Ultimately this can have a negative financial impact.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	This strategy underpins how we engage with patients, staff and stakeholders. It has been widely consulted on, internally (including the EPF, patient and public engagement group) and externally with LINks, patient panel members and others.
EQUALITY AND DIVERSITY ISSUES	The strategy also focuses on ensuring we communicate and engage with a wide range of target audiences including traditional 'hard to reach' groups and also considers a range of alternative formats (translated material, large print and so on).
LEGAL ISSUES	The Trust has to follow legislation laid out in a number Acts of Parliament relating to patient and public engagement (see Appendix B)
The Trust Board is asked to:	Approve the strategy
Submitted by:	Andrew Liles
Date:	16th February 2010
Decision:	For Approving

Paper 7.2

Ashford and St. Peter's Hospitals NHS
NHS Trust

Communications and Engagement Strategy

2010 - 2013

February 2010

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Section 1 - Introduction

1.1 Background

Effective communications and engagement is at the heart of any successful organisation. Without it, an organisation is unlikely to succeed to its full potential. Good engagement is a two-way process; it involves communication (listening and responding) and an audience which is effectively engaged will be ready, able and motivated to 'take part'. Good internal and external engagement helps organisations listen, respond, influence, explain and, very importantly, create conditions for effective and positive change. Increasing evidence suggests that organisations who invest more in communications and engagement are seen as more accountable, and poll better in terms of public satisfaction.

NHS organisations are experiencing unprecedented levels of media, political and public interest (negative and positive) and in the current economic climate, this is only likely to increase. Expectations from patients and from the general public are continuing to increase and there is more emphasis than ever, quite rightly, on high quality customer care. Furthermore, in today's world of growing social media, everyone is now able to have a say 24/7, which brings added pressure to organisations seeking to protect and improve their reputation.

This strategy sets out how, within this context, Ashford and St. Peter's Hospitals NHS Trust will seek to listen, understand, communicate and engage effectively with its wide range of target audiences. It has been developed to support the Trust's strategic objectives over the next five years, and confirms our principles and standards for effective communication and engagement as a publicly accountable organisation.

1.2 Aims and objectives

Overall aim: To support Ashford and St. Peter's Hospitals NHS Trust in becoming one of the best performing trusts in the country within the next five years. This will be achieved by supporting the Trust in its four strategic objectives:

1. To achieve highest standards of quality in patient care
2. To recruit, retain and develop a high performing workforce
3. To deliver our clinical strategy
4. To improve productivity and efficiency.

In order to achieve this, the strategy has six core objectives:

1. To provide a framework for delivering patient and public partnership, ensuring the Trust learns from and acts on patient and public experience

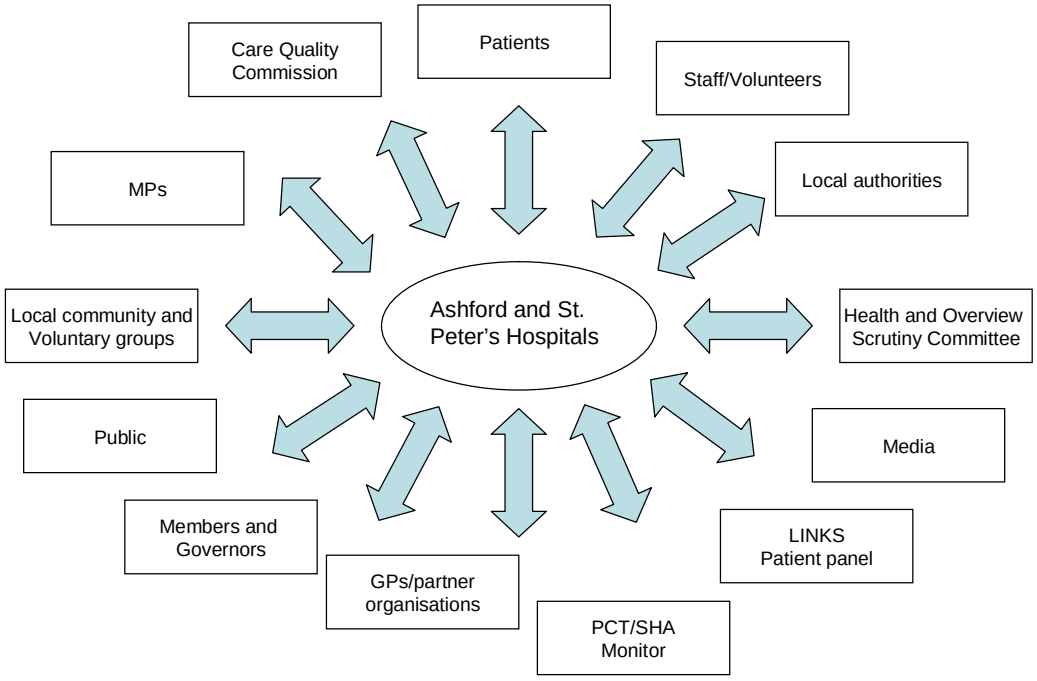
2. To keep our target audiences up to date with timely and relevant information that will help them make the right decisions about their healthcare;
3. To promote Ashford and St. Peter's Hospitals NHS Trust as the provider of choice for acute care in the North West Surrey area and beyond;
4. To promote our good work to all stakeholders, to improve our brand and reputation and to protect the Trust from unnecessary reputational damage;
5. To empower and engage staff in the day to day running of our hospitals and with our longer-term strategic goals;
6. To adhere to the latest statutory legislation and to meet the required standards on engagement and consultation.

An effective communications and engagement strategy will deliver a number of benefits (all of which support the Trust's overall objective):

- Greater understanding by the public, staff and stakeholders about the Trust, its aims and the context within which it operates;
- More rapid buy-in, leading to a greater sense of trust and local ownership;
- Greater satisfaction for patients and their families;
- Improved services as a direct result of patient experience;
- Improved public confidence in the quality and type of services currently provided;
- Improved brand and reputation;
- Support from partner organisations across the NHS and social care;
- Improved community relations, leading to a more representative long-term membership;
- Faster engagement with our target audiences – well designed engagement makes it quicker and easier for people to get connected and take part.

1.3 Our target audiences

The Trust has a wide number of target audiences, summarised overleaf, who will all require varying methods of communication and engagement.



For a more detailed list of stakeholders and audiences, please see Appendix A.

This strategy recognises that the media and other opinion formers can have a disproportionate influence on public perceptions of our service. We will need to consider this when choosing our methods of communication and the time we spend on this.

Section 2 – Setting the scene

2.1 Where we are now

Overall, Ashford and St Peter's Hospitals NHS Trust enjoys a good relationship with patients, carers, stakeholders and the wider community, and this strategy will build on and develop these established links.

The Trust is currently in the process of applying to become a Foundation Trust and has successfully completed a widespread consultation campaign (summer 2009). The resulting strong membership (staff and public) is already creating an additional demand for information. This strategy will respond to this and the opportunities it creates.

Over the last few years, the Trust has strived to improve its reputation externally, and has had some degree of success. However, there are some service areas which have in the past either not performed in line with patient expectations and/or suffered disproportionately from bad press (which itself can only be fed by unhappy patients). As a result there are some deeply held negative attitudes within the local community which are proving harder to change and which this strategy needs to address.

The Trust has actively participated in nationally mandated patient surveys. Historically, results have been disappointing but we recognise that patient feedback, in its many forms, is essential in helping the organisation make the improvements it needs to be a top performing Trust. This year's Operating Framework (for 2010/11) places a bigger emphasis than ever on patient experience, which will be linked to payments and financial penalties in the future (from 2011/12 PCTs will be able to withhold a significant proportion of contract payment, rising to 10% over time).

Implementing a broader range of systems and processes to obtain and collate more regular feedback from patients and ensuring that, as an organisation, we act upon it, is a key priority to meeting our objective and to improving our reputation.

Over the last few years, the results of the national staff survey have also been disappointing. However, 2009 has seen a marked improvement in levels of staff engagement and this strategy will seek to build on this recognising that part of the journey towards an improved reputation will be through improved staff relations.

Effective public and patient engagement is also a core requirement within the Care Quality Commission standards. The Trust has declared its compliance but recognises the need for further improvement. In line with current national healthcare policy, we are increasing our engagement with patients and the public

to ensure our services continue to reflect a patient centred approach and that patient and public engagement is firmly embedded in our organisation. The publication of Quality Accounts from April 2010 will further strengthen our public accountability and will allow us to engage further with local people to include quality indicators that are locally owned.

The current economic climate and the projected reduction, in real terms, of NHS funding over the next few years, will provide a significant challenge for NHS organisations in communicating how they will respond to this shortfall. It is anticipated that services may need to change radically in order to secure continued high quality care for patients, but within potentially greatly reduced budgets. The challenge will come in communicating and explaining these changes to maintain patient, public and staff confidence in services and in engaging these audiences meaningfully in service redesign.

2.2 National legislative framework and guidance

The importance of patient communication and engagement is grounded in statutory legislation and guidance stating that appropriate communication and engagement is fundamental to the work of the Trust and its relationship with internal and external stakeholders.

The relevant legislation and guidance is listed in detail at Appendix B.

Section 3 – Our vision

3.1 Communications and engagement vision

In order to support the Trust's vision to become one of the most successful Trusts in the country, this strategy seeks to raise the bar in terms of proactive engagement and positive communication. Human interest issues, good storytelling and use of compelling 'real' photography to support our values (see below) will make a significant contribution, internally and externally.

Whilst this strategy will be driven by a relatively small number of individuals (Communications, Corporate and Customer Affairs, Membership Office), all staff at all levels have a role to play in securing genuinely open and effective communications both internally and externally.

Part of our responsibility in becoming a Foundation Trust will be to ensure better engagement with our local community through our membership and Governors, but also in our continual drive to increase and develop our membership. This will require much greater levels of community engagement than we have ever done before, yet offers unprecedented opportunity for a stronger partnership both with our staff, patients and the wider community.

In moving forward, this strategy seeks to maximise the use of a wide range of communication and engagement tools and will consider new and innovative ways of communicating, making the most of new technologies and methods where there is an obvious added value. This strategy needs to be dynamic and flexible to emerging new channels of communication, and to the changing needs of both our stakeholders and the health economy.

3.2 Values and principles

This strategy is influenced by the Trust's values, which are based on the 4 Ps:

- Patients first
- Personal responsibility
- Passion for excellence
- Pride in our team

The Trust will deliver its communications and engagement according to the following key principles:

- **Clarity** - information is in plain language, and available in the most appropriate method for the audience.

- **Efficiency** - the methods used for are 'fit for purpose', cost effective and to budget.

- With **Empathy** – our communications and engagement will seek to be empathetic and delivered with warmth and compassion.

- **Inclusivity** – our communication and engagement will be inclusive at all times across the complete range of diversity, ensuring all sectors of our community are targeted in the way that is right for them.

- **Openness** – fostering an open and honest two-way dialogue with staff, patients, carers and the public.

- **Professionalism** – the Trust will work to professional standards at all times.

- **Responsibility** – good communications and engagement is everyone's responsibility, from the Chief Executive to front line staff.

- **Telling the story** – good communications is also about storytelling, with interesting narrative, dynamic pictures and human interest stories.

- **Timely** - information is provided at the time it is needed, is relevant and is capable of being interpreted in the correct context.

3.3 Key messages

Messages will inevitably change over the next four years, driven by a variety of factors. However, it is worth describing here some top-line messages under which this strategy will be developed.

- Ashford and St. Peter's Hospitals NHS Trust is aiming to become one of the best trusts in the country;
- Quality and safety are our two guiding principles;
- Improving the patient experience is one of our top priorities and we are aiming to be in the top 25% of Trusts by 2012/13;
- Public and patients can have confidence and trust in our services – we have one of the lowest standardised mortality rates in the country;
- We are developing a range of specialist, acute services so people can receive very high quality and complex care locally – for example in 2009 we brought specialist cardiology services for Epsom patients from St Thomas' in London to St. Peter's;
- We are an open and transparent organisation, and welcome feedback of any kind, positive and negative;
- Ashford and St. Peter's Hospitals NHS Trust is a great place to work.

Section 4 – strategy

This strategy focuses on three key strands of work:

1. Communicating and engaging with our staff;
2. Patient and public partnership;
3. Collecting and acting on direct patient feedback.

4. 1 Communicating and engaging with our staff

It is estimated that around 1 in 19 adults of working age work in the NHS. It should come as little surprise that the majority of people gain their impression of the health service directly from friends and family who work in the NHS. It follows therefore that, good and effective communication and engagement with our staff will have a direct influence on our reputation and perception of our services. Furthermore, there is a wealth of evidence to support the view that a well communicated workforce is well motivated and likely to perform better.

Communicating and engaging well with our staff is one of the key aims of this strategy. We want staff to feel equipped with the right information to do their job well, and to feel engaged in the working of the Trust, in decision-making and to feel that they are listened to. In doing this, we will employ a number of key principles.

Timely and relevant information

Staff will be kept up to date with the latest messages and key developments within the Trust, using a wide range of communications channels. We recognise that 'one size doesn't fit all' and will target our communication accordingly. Information will be given in a timely way, ensuring that staff hear important news from the Trust first, and that they don't read about key Trust business for the first time in the local paper for example. As the economic recession deepens and public spending is cut in real terms, honest and timely staff communication will be vital to retain morale, dispel anxiety and to mitigate against rumour and misunderstanding.

Reinforcing key messages

Our internal communication channels should be used to reinforce key Trust messages on a regular basis and to constantly remind staff of our key strengths. We know staff will reach out to the wider community through friends and family so we need to ensure our staff are well resourced and regularly supplied with key information.

Reaching out to all staff

Ashford and St. Peter's has a very diverse workforce, and this should not only inform the way we communicate, but is also to be celebrated. The Trust's Single Equality Scheme has recently been ratified by the Board, highlighting the six

strands of diversity that we need to consider when communicating and engaging with our staff:

- Age
- Gender
- Sexual orientation
- Religion
- Ethnicity
- Disability

Anecdotal evidence suggests that not all staff are being reached. Regular communication audits will be used to determine where the gaps are, with a focus on face to face conversations (rather than relying on email and printed questionnaires) across the two hospitals and a wide range of departments. These audits will inform the way we communicate and the tools we should use and ensure we reach out to all staff groups at all levels of the organisation.
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Ensuing effective engagement and feedback

The way we deliver communication is vital to it being well understood and for good and positive engagement; rather than being reliant on broadcast communications we should try to communicate face to face as much as possible, allowing for effective two-way dialogue and feedback as much as possible. Key issues affecting staff will be referred to the Employee Partnership Forum for discussion and consultation in the first instance, before being communicated more widely.

Key tools

This strategy aims to maximise use from a range of tools, making the most of opportunities for two-way dialogue rather than basic broadcast communications, embracing and developing new ways of communicating wherever appropriate:

- **Face to face communications:**
  - Employee Partnership Forum – bringing together staff and management representatives to discuss key issues and latest developments. Any matters which require formal staff consultation should be brought through the EPF in the first instance.
  - Monthly team briefings (for managers) and onward cascade with the opportunity for questions and feedback – cascade system needs to be strengthened to ensure messages are reaching right across Trust
  - Development of staff briefings (quarterly from 2010) led by Chief Executive, with the opportunity for questions and feedback
  - Regular team meetings

  - Directors' walkabouts (weekly), offering an opportunity for informal discussion and feedback.

- **E-communication**:
  - TrustNet – to provide a resource for good quality information, including the latest news, performance data and access to both internal information and external links necessary to support staff in their daily work, with regular consultation and review to make this more dynamic and arresting. A tool where key messages and information can be regularly displayed so staff understand our strengths and aspirations.
  - E-bulletin – to provide a daily update to staff on key corporate messages, but also including more informal news to keep the bulletin fresh and interesting. Requires continual development to ensure it meets the needs of both readers and contributors.
  - Increased use of new technology – online videos, discussion forums, better use of PC 'home pages' for key messages
  - Weekly Chief Executive's message (sent out by email)
  - General use of email.

- **Printed communication:**
  - Aspire bulletin
  - Other internal newsletters on specific areas of interest (e.g. Lessons Learned, EQUIP)
  - Posters, with a more targeted approach to noticeboards and staff areas
  - Staff leaflets

To support more effective and 'real' communication, the communications department will develop a better range of 'human interest' stories, department features and the use of real pictures to tell motivating stories. Using our staff in both internal and external publicity can be morale boosting and demonstrates a pride in our workforce.

The Trust needs to foster an improved culture of communication across the organisation – managers and team leaders should consider good communication and engagement with their staff as a key part of their role. Cascading team brief, ensuring distribution of Aspire bulletins, printing out e-bulletin messages for staff not able to access PCs and so on are all part of this responsibility and will help to improve communication across the board.

4. 2 Patient and public partnership

Developing effective relationships with patients and the wider public is critical to the success of this strategy. While the Trust will seek to engage with as wide an audience as possible, strategically there are certain stakeholders and groups where more targeted effort should be focused in order to reach key influencers and opinion formers, and those able to carry the Trust's messages to a wider audience.

These key stakeholders will include:

Opinion formers – MPs and MEPs
The Trust also needs to be responsive to issues raised by MPs, MEPs and other local elected members – see below - which may directly relate to health or an individual's care.

Local authorities and their elected members
To reflect our catchment area these include the London Borough of Hounslow, Spelthorne, Elmbridge, Runnymede, Woking and Surrey Heath.

Health Overview and Scrutiny Committees
Local authority Health Overview and Scrutiny Committees (HOSC) have a formal scrutiny role for local health and social care services, and the power to refer issues to the Secretary of State for Health. The Trust has key relations with both Surrey and the London Borough of Hounslow HOSCs.

LINks (Local Involvement Networks)
Set up through the Local Government and Public Involvement in Health Act 2007 LINKs is an independent statutory body made up of volunteers from the local community, with a formal voice focusing on both health and social care. There is a local LINks group for the Trust made up of patients and public with an interest in services provided by the Trust. The Trust also seeks to build relationships with the overarching Surrey LINks and LINKs in the London Borough of Hounslow.

Trust Members
The Trust has already begun a proactive membership programme (for both staff and public members), communicating regularly through a quarterly newsletter, regular clinical 'spotlight' events and will develop further engagement including constituency meetings, consultations on service developments and an annual members' meeting. *See also our Trust Membership Strategy.*

Future Governors
Our Council of Governors will play an important role in the strategic development of the Trust. We will need to engage with our Governors in a different way to our Members, recognising the role they are playing and inviting them to be involved

in various Trust activities as appropriate. This work will be led by the Head of Corporate Affairs working closely with the Chairman.

Patient Panel
The Trust has an established Patient Panel to support patient dialogue and involvement throughout the Trust. Working within agreed Terms of Reference and chaired by a member of their group, the Patient Panel provides a focus within the Trust for involvement and debate. Panel members are also involved in various governance groups across the Trust including Clinical Governance, Patient and Public Engagement Group and the Patient Environment Action Team. The Trust is committed to continuing the development and involvement of the Patient Panel, including wide representations on Trust Committees and Groups.

Health and social care partners
The Trust works with health and social care partners to continuously improve the quality of its services. This includes both provider partners and our commissioners. Particularly in the current economic climate, more integrated working will be essential, and the Trust is working to reduce institutional barriers between services and to work with partners to shape services around patients' and carers' needs. Much of this work will be driven by the new North West Surrey LEC (Local Executive Committee), which is representative of all local health and social care partners and which the Trust is actively engaged in.

General practice
Engaging with local GPs and other referrers is an essential part of our marketing and engagement work. Our *Marketing Strategy* details our approach to working with GPs in more detail including the monthly publication GP News, spotlight seminars, and regular visits to GP practices by our GP Liaison Manager and other clinicians. This work and its development is described in full in our *Marketing Strategy.*

Working with professional bodies
The Trust will seek to promote itself through professional bodies, using their publicity networks where appropriate and inviting visits into the hospitals.

Local voluntary and community groups
We will build on existing relationships with local voluntary, community organisations and faith groups, and seek out new ones across our catchment area. This will also form part of our continued membership drive across the community.

The wider public
Reached primarily through the media, but also via our membership communications and indirectly through our interaction with other stakeholders.

Tools and methodologies

Developing a robust engagement programme

This strategy supports the development of a wide engagement programme, working with key groups detailed above. The purpose of this programme will be to hold as much face to face communication as possible, describing the Trust's key developments and progress and giving partners the opportunity for a real two-way dialogue. It will focus around a rolling programme of organised meetings and presentations with key opinion formers (MPs, council executives, elected members, HOSCs, Links), supported by visits to other local community and voluntary groups, faith meetings and so on.

This engagement programme will be a pivotal tool in ongoing communications and engagement with the local community, and will help to open and further the dialogue between the Trust and local partners. This programme will be delivered not only by the Chief Executive, Chairman and Executive Directors, but will be supported by clinical involvement as much as possible and – when going out to the wider community – by other staff as appropriate.

Publicity events

Hosting internal publicity events will be an important part of our ongoing strategy – opening new services, buildings, developments, technology etc. The Trust will widen these to partners and local representatives as well as the media, bringing key stakeholders into the organisation for a fuller understanding of individual services and developments. Hearing directly from clinicians will be a key strength of these events.

Working with the media

Using the media is still one of the principle methods used to improve an organisation's reputation. Targeting the right media in terms of circulation, readership and target audience can have a significant effect on how an organisation is perceived. That said, other communication and engagement channels may prove equally and even more effective in getting positive messages out to the community, so a balance needs to be struck.

Through the Media and Communications department, the Trust will seek to build on and develop good relationships with the local media – press, broadcast and online. Over the past few years, the Trust has enjoyed a mixed relationship with the media with its fair share of negative stories. However, this has been balanced by a regular supply of positive news stories which usually receive a fair coverage, particularly through broadcast (radio).

The Trust will seek to promote the work of the Trust - our services, developments, improving standards, internal expertise, patient stories - through a planned and targeted series of media releases. In particular we will promote areas which support the Trust's key objectives and clinical strategy – patient experience, specialist clinical developments, positive staff stories to support recruitment. This will be at least weekly, and will include a range of local media (print and broadcast), regional media (radio and TV), local community publications, specialist health publications and the national media where appropriate. (*See also the Trust's Policy on Handling the Media*).

Using human interest angles and good storytelling techniques, supported by high quality photography will help to engage the reader/listener and ensure a 'user-friendly' way of getting our messages across. Using clinicians to 'tell the story' as much as possible will be another focus of our media work.

Reacting to negative press enquiries/stories
Part of improving the Trust's reputation will be to mitigate and rebut (where necessary) negative storylines and enquiries. The Media and Communications team will respond to any enquiries in a timely fashion, and will always seek to put forward the best possible view of the Trust and also the local NHS. Our press activity will always seek to put the NHS as a whole in the best possible light and we will not seek to work in a negative way towards other NHS and partner organisations.

The Media and Communications department will ensure that other health partners are informed of relevant media stories – reporting up the line to both the PCT and SHA, and also sharing intelligence and enquiries with neighbouring trusts, working collaboratively where appropriate to promote a positive image of the NHS at all times.

Online
Online communication is becoming increasingly important as more and more people access their news through digital channels. We will seek to use our website as a key external communications tool, ensuring it is kept fresh and up to date with the latest news and developments. We will use information technology in the best way possible to maximise the impact of our news and to engage visitors in the most effective way, including the use of high quality photography. The Media and Communications Department will oversee the use of the website as a key communications tool, ensuring its messages are consistent with others going out from the Trust and maximising its impact using interesting stories up to date information..

We will also seek to use online communication as a mechanism for good engagement, through online surveys or polling where appropriate, and for establishing feedback areas on the website and so on. For example the Trust is

currently seeking to develop a Members' section on the website to improve engagement with our membership.

Harnessing other new technology
In today's digital age, the use of other forms of new technology for communicating is increasing and we should harness this wherever possible, to maximise our communication and to reach target groups who use this as their primary means of communication. Areas such as social networking (Facebook, MySpace, Twitter) will be considered, as well as the use of text and others.

New technology is not only something we can harness to improve our communication. In today's digital age, anyone can publish information 24/7, and we therefore need to be vigilant to ensure negative information about this Trust is not being published without comment or rebuttal. For example, Facebook groups, blogs, comments on other websites such as NHS Choices. We will look at ways to "horizon scan" the internet, and we will adopt a policy of feeding back comments or making rebuttals wherever we can.

Trust Board
The Trust has taken the decision to hold Board meetings in public as part of its commitment to open and transparent working. All board papers and minutes will be published on our website ensuring Board decisions are in the public domain.

Service specific groups and focus groups
The Trust will continue to work with established service specific groups such as those in cancer services, cardiology, paediatrics, rheumatology and maternity services and will continue to seek opportunities to establish further groups or specific focus groups to support dialogue, consultation and debate.

Use of road-shows and exhibitions
Communicating and engaging with the wider public will be a fundamental part of our strategy going forward, particularly once we become a Foundation Trust. Engaging and widening our membership will be an important part of this work, and the Trust will continue to 'take the message out', using local events as a platform for road-shows and exhibitions where appropriate.

Freedom of Information
Since the introduction of Freedom of Information the Trust is seeing increasing requests for information under the Act. The Media and Communications department works closely with the FOI team and is informed and copied into all requests relating to the media, from political parties and other public bodies to ensure consistent public messaging and to help protect the Trust's reputation.

Other considerations

Targeting hard to reach groups

Our aim is to target as much of the local population as possible, with particular effort with 'hard to reach' groups. This might include those people whose first language is not English, faith groups, children and young people, the learning disabled, the travelling community. Our community engagement programme will pay particular attention in identifying and reaching out to these groups.

Our published material (including the web) must be accessible and in the right format. On request the Trust will translate or publish material in a variety of formats including Braille, Audiotape, CD, large print and other languages. We need to make it clear how to access these various formats, e.g. using posters, educating staff and ensuring all printed material carries details of the alternative formats available.

Our new communications style

The Trust has recently introduced a new communications style (November 2009), which will be used across all our communications material. This has been designed to ensure our material looks professional and consistent and it is expected that staff across the organisation use the range of templates for most documents and printed material. It is the responsibility of the Communications department to roll this out and to ensure it is being used consistently and appropriately.

High quality patient information

High quality patient information is a key part of good patient care. Patient information within the Trust should be produced according to the current Trust Policy *Producing Patient Information* and should be ratified appropriately before publication. In addition, the Trust has signed up to the EIDO patient information library giving staff access to a wide range of over 260 nationally produced leaflets which have been branded for Ashford and St. Peter's. Access to all the information regarding the production and publication of patient information is via the Patient Information Centre on TrustNet. A strategic review of our patient information is to take place (Spring 2010) with the aim of reviewing the policy and to ensure information is produced in a professional and consistent way.

Upholding quality standards

All information produced within the Trust should follow a set of standards. As part of this strategy, a comprehensive, but easy to use set of Communication Standards and Guidelines will be produced to help all staff within the Trust produce information that is both professional and easy to understand. This will also link in with the new communications style referenced above.

4.3 Collating and using direct patient feedback

People who use Trust services are often the best judges of the strengths and weaknesses of those services. This Trust is committed to harnessing the valuable information associated with the experience of individual patients and carers to understand what is important to them and helping the Trust to improve. What is critical here, and what this strategy seeks to support, is a definitive mechanism for continually seeking and collecting feedback, ensuring it is acted upon and then fed back to patients, staff and also to our Members, Governors and the wider public. Feedback methods will be kept under review to ensure they remain valid, timely, avoid repetition and are cost effective.

In this way, the Trust will reinforce a level of confidence and trust in our patients, Members and the wider public. Word of mouth, and a belief that we are continually seeking to improve our services in response to the feedback we collect, will go a long way to improving our reputation and is likely to have a more profound influence than many other more 'one dimensional' approaches.

Tools and methodologies
There are a number of tools and methodologies at our disposal for collecting direct patient feedback. We need to understand each of these, and then consider their relative benefits and added value, in order to decide how and when to use them. Our approach needs to be systematic and consistent and we need to understand what we want to know specifically, as well as how we respond to general feedback and comment and how we will act on the information we receive.

The Patient Advice and Liaison Service
The Trust has an established Patient Advice and Liaison Service (PALS). Responding to patient and carer's questions and concerns, this service aims to:

- Provide an identifiable person within the Trust to whom patients, their carers and families can turn if they have a problem or need information;
- Provide information to patients, carers and their families about services within the Trust and relevant services, voluntary organisations and support groups within the community;
- Resolve problems and concerns quickly before they escalate;
- Inform patients, carers and their families about the complaints procedure;
- Facilitate patients' and carers' access to advocacy services;
- Monitor the nature of patients' problems and concerns and identify possible gaps in services and staff training; and
- Provide anonymised reports for the Trust Board, Patient Panel, LINk and other relevant Committees.

Complaints Process

The Trust has a procedure to investigate and respond to complaints received from patients, users and carers about its services. In so doing, the Trust will:

- provide information to patients, carers and their families on how to complain;
- promote awareness within the Trust about the nature of complaints received;
- provide training to staff on how to manage concerns and complaints;
- embed a culture of responding to patients' concerns in a proactive way with the aim of reducing the number of formal complaints received;
- monitor qualitative changes in service as a direct response to patients' concerns and complaints;
- engage and deal positively with patients, carers and families who seek to complain about Trust services;
- provide open, honest and balanced responses to complaints received and seek to address all concerns at a local level;
- provide appropriate explanations and apologies for identified failings in care;
- advise complainants of other agencies who may be able to help and support – for example The Independent Complaints Advocacy Service; and
- seek a reduction in year on year complaints
- provide anonymised reports for the Trust Board, Complaints Monitoring Group, Patient Panel, LINk and other relevant Committees.

Surveys, Questionnaires and Patient Diaries

Actively seeking patients' views is important in both reviewing and developing services. The Trust will:

- encourage patients and carers to comment on the service they have received;
- maintain an overview of surveys undertaken throughout the Trust, their outcomes and, where appropriate, action plans produced. This information will be reported to the Patient and Public Engagement Group and the Trust Board;
- participate in the annual National Patient Surveys ensuring that the survey results are widely disseminated, discussed and actioned throughout the Trust; and
- respond to nationally mandated local surveys as requested by the Primary Care Trust as part of the quality monitoring of Acute Trust contracts e.g. the requirements of Commissioning for Quality and Innovation (CQUINS)
- pilot methods of securing patient feedback for example – comment cards and hand held feedback devices; and

- keep under review the Trust guidance to staff on obtaining feedback by surveys and studies.

Bringing the patient experience to Trust Board
Improving the patient experience is a top priority and strategic objective of the Trust Board. Ensuring the patient experience reaches the very top level of the organisation is key. This includes:

- patient stories - patients are invited to present their 'story' to the Trust Board through an agreed programme thus ensuring that Board members hear 'first hand' direct patient feedback.
- 'from ward to Board' - Matrons make regular presentations to the Board as part of a 'ward to Board' engagement programme, ensuring Board members hear directly from the front-line.
- 'day in the life' initiatives – Board members have begun taking on a different role for the day, for example volunteering as a cleaner, porter and so on. Experience to date suggests that this brings further front-line and patient experience to the Board's attention in a very 'real' way.

Clinical Days
Matrons are going back to the front-line in a structured programme of 'clinical days'. This gives them prolonged periods of time working at the front-line, hearing directly from patients. Additional matrons' walkabouts and regular ward rounds ensure patient experience is reaching the right level within the ward environment and issues can be acted on swiftly and efficiently.

'Intelligence' and Action
Patient feedback gives a unique 'intelligence' on how Patients and the Public view Trust services. In driving change for improvement a critical element of success will be the ability to bring this intelligence together to understand trends and ensure appropriate action.

It is expected that the various forms of feedback available to clinical areas and departments will be fully considered and, where necessary or appropriate, change is managed and reported as a result. Continuous improvement is a fundamental expectation and departments and clinical areas have been asked to take responsibility for the patient experience in their areas. They are expected to report their methods and outcomes as part of their twice yearly Clinical Governance reports and within other relevant groups such as Complaints Monitoring as appropriate.

Section 5 – Implementing the strategy

5.1 Implementing the strategy

This strategy will be subject to annual action planning and review. Action plans will reflect the identified strategic objectives of the Trust and any identified priorities within the given year of the strategy's three year life. The expectation is that annual objectives will be measurable, have clearly identified leads and will demonstrate clear progress on the Trust's journey towards effective Communications and Engagement.

The process of objective setting will be dynamic and timely with annual priorities and objectives agreed at the beginning of each financial year. Objectives will be discussed and agreed at the Patient and Public Engagement Group and reported to the Trust Executive Committee.

The Head of Communications and Head of Customer Affairs will be responsible for consultation with relevant groups and members of staff prior to presenting draft objectives to the Patient and Public Engagement Group by March of each year. The emphasis will be on ensuring forward momentum.
The authority of the Patient and Public Engagement Group to oversee implementation of this strategy is set out in the Groups Terms of Reference. (Please see Appendix D).

Departmental leads will also have an important role in terms of monitoring patient feedback specific to their area; leading change as required and reporting on progress at the Clinical Governance Committee.

5.2 Roles and responsibilities

Implementation of this strategy will be led by a number of individuals, but it is the responsibility of all members of staff across the Trust to communicate well with their colleagues, patients and the public. Key responsibilities will include:

- Our Stakeholder Engagement Programme will be led by the Chairman, supported by the Chief Executive, Executive and Non-executive Directors, Clinical Directors, and other clinicians and staff as appropriate. The programme will be developed and managed by the Head of Corporate Affairs and the Head of Communications.

- Communicating internal messages will be led by the Chief Executive and supported by the Executive Directors, Clinical Directors and other managers, clinicians and staff as appropriate. Developing and managing internal communication plans, developing and overseeing the tools and methodologies is the responsibility of the Head of Communications,

working closely with the Workforce and Organisational Development directorate where appropriate.

- External media relations is the responsibility of the Head of Communications, working closely with the Chief Executive and other Executive Directors.

- Developing and managing online communications (web, intranet, extranet, other online sources) is the responsibility of the Head of Communications, working closely with the Head of Information Services, Web Developer and Head of Business Development.

- Collating and acting on patient feedback is the responsibility of the Head of Customer Affairs, working closely with the Chief Nurse and Medical Director.

- The Head of Communications will be responsible for ensuring the correct use of the Trust's new branding style and will also be responsible for upholding standards in all written communication, including patient information.

5.3 How we will monitor progress against this strategy

Progress of action plans will be monitored quarterly by the Patient and Public Engagement Group. An Annual report on progress will be presented to Trust Executive Committee and Trust Board and will be reflected in evidence provided to the Care Quality Commission demonstrating compliance with relevant standards.

The following will be used as markers in demonstrating progress:

- Monitoring patient feedback, auditing where we have made improvements
- Communications audit (internal)
- Staff surveys
- National Patient surveys
- Monitoring complaints and PALS numbers
- Evidence submitted under CQC
- Media monitoring reports
- Stakeholder questionnaire/audit
- Regular engagement/survey of our membership.

Impact Assessment

Background • Description of the aims of the policy • Context in which the policy operates • Who was involved in the Equality Impact Assessment
The purpose of this strategy is to provide a robust framework for effective communications and engagement with the Trust's wide, many and varied 'Stakeholders'.
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
The strategy equally affects the many and varied Stakeholders of the Trust as identified within the document. The Strategy recognises that the communication and engagement needs of the wide group of Stakeholders may be different and the Strategy will seek to meet individual needs through annual action planning.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
No adverse or potentially adverse impacts have been assessed for any equalities groups.
Conclusion • Provide a summary of the overall conclusions
This is a strategic document that describes the Trust's approach to Communications and Engagement with internal and external stakeholders in accordance with Statutory Regulations and Guidelines. The Strategy recognises that, while the needs of the wide group of internal and external Stakeholders may be different, the Strategy commits to meeting the wide communications and engagement agenda.
Recommendations • State recommended changes to the proposed policy as a result of the impact

assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
No changes are recommended. The Strategy will be subject to annual review and action planning.

Guidance on Equalities Groups

Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	**Religion or belief** (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)
Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	**Sexual orientation including lesbian, gay and bisexual people** (consider whether the policy/service promotes a culture of openness and takes account of individual needs
Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	**Age** (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)
Culture (consider dietary requirements, family relationships and individual care needs)	**Social class** (consider ability to access services and information, for example, is information provided in plain English?)

Appendices

APPENDIX A

Target audiences

We have many target audiences which we need to consider through this strategy. These can broadly be split into three specific groups:

- Patients
- Staff and volunteers
- Wider public and stakeholders

Patients
The following sub-groups may need a different approach:
- Current patients
- Past patients
- Patients already in the system who have yet to present

Staff
- Chairman and non-executive directors
- Directors and senior management including Clinical Directors
- Operational managers and heads of department
- Consultant body
- Medical staff including junior doctors
- Nurses, midwives and healthcare assistants
- Therapists
- Health scientists
- Dentists
- Support staff – hotel services, clerical and administrative, estates, security
- Volunteers

Wider public and stakeholders
- General public, including current non-users of health services
- MPs
- Health Overview and Scrutiny Committees
- Local authorities and elected members
- LINKS
- ASPH patients' panel
- Other patient representative groups
- Local community and voluntary groups
- Faith groups and leaders
- Traditionally hard to reach groups

- GPs and other primary care professionals
- Local Primary Care Trusts – in particular Surrey and Hounslow
- Other NHS partner organisations including local mental health trusts
- Social services
- Local strategic partnerships
- Hospital charities - League of Friends, Women's Royal Voluntary Services, Radio Wey
- Local hospices and other care organisations
- Independent sector healthcare providers
- Campaign groups
- Past members of staff
- NHS retirement fellowship

APPENDIX B

National legislative framework

The National Health Service Act 2006

The duty on NHS Trusts to involve and consult users of healthcare services is set out in statutory legislation within the National Health Service Act 2006 (NHS Act 2006).

The NHS Act 2006 consolidated much of the historic legislation concerning the health service. Section 11 of the Health and Social Care Act 2001, (the duty to involve and consult), became Section 242 of the NHS Act 2006. Section 242 was amended by the Local Government and Public Involvement in Health Act 2007. The duty of English bodies to involve users can be found in Section 242(1B) of the NHS Act 2006.

Section 242(1B) of the NHS Act 2006 came into force on 3 November 2009 and states:

"*Each relevant English body must make arrangements, as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in –*

- *a) the planning of the provision of those services,*
- *b) the development and consideration of proposals for changes in the way those services are provided, and*
- *c) decisions to be made by that body affecting the operation of those services".*

The Local Government and Public Involvement in Health Act 2007

A number of legislative provisions made in the Local Government and Public Involvement in Health Act 2007 relate to health and social care.

Partnerships and Scrutiny – Overview and Scrutiny Committees

The Act introduced a duty on 'named partners' (which include NHS Trusts and NHS Foundation Trusts) to co-operate with each other in the development and agreement of Local Area Agreements (LAAs). The Act also provides powers for Overview and Scrutiny Committees (OSCs) to review and scrutinise the actions of key local public service providers, as well as empowering councillors to raise issues with Overview and Scrutiny Committees through a 'councillor call for action'.

Patient and Public Involvement in Health and Social Care

The Act abolished Patient and Public Involvement Forums and introduced Local Involvement Networks (LINks). LINks are networks of local people and groups that ensure local communities can monitor service provision, influence key decisions and have a stronger voice in the process of commissioning health and social care. LINks cover the geographical area of Local Authorities that have social services responsibilities. To enhance their independence, LINks are hosted by a body other than a Local Authority or an NHS body. The task of finding the Host is given to Local Authorities.

Duty on NHS bodies to involve

As described above, the Local Government and Public Involvement in Health Act 2007 amended Section 242 of the NHS Act 2006 (previously Section 11 of the Health and Social Care Act 2001) which related to the duty on NHS bodies to involve and consult service users.

Under the new Act Strategic Health Authorities, Primary Care Trusts, NHS Trusts and NHS Foundation Trusts must make arrangements for people who receive or may receive services to be involved in:

- planning of the provision of those services;
- developing and considering proposals for changes in the way those services are provided; and
- decisions to be made affecting the operation of those services.

The Act says that people can be 'involved' either by being consulted or provided with information or in other ways. The Act also says that 'involvement' can be either direct or through representatives.

The NHS Constitution

The NHS Constitution establishes the principles and values of the NHS in England through:

- rights[1]
- pledges[2] and
- responsibilities[3]

The NHS Constitution emphasises that public and user involvement should be part of the fabric of the NHS by setting out a right for people to be involved. It says:

[1] ***Rights*** to which patients, public and staff are entitled;
[2] ***Pledges*** which the NHS is committed to achieve;
[3] ***Responsibilities*** which the public, patients and staff owe to one another.

"You have the right to be involved directly or through representative, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services".

The Care Quality Commission (CQC)

The Health and Social Care Act (2008)
The Health and Social Care Act provides the legal framework within which the organisation must operate

The Health and Social Care Act (2008) Regulated Activities (2009)

Further legislation

The Disability Discrimination Act 1995 (as amended by the Disability Discrimination Act 2005)

Places a general duty on public authorities when carrying out their functions to have due regard to:

- eliminate unlawful disability discrimination and harassment related to disabilities;
- promote equality of opportunity for disabled persons;
- take steps to take account of people's disabilities;
- promote positive attitudes towards disabled people; and
- encourage disabled people to participate in public life.

The Race relations Act (RRA) 1976 (as amended by the Race Relations (Amendment) Act 2000)

Makes it unlawful for a public authority exercising its functions to do anything which constitutes racial discrimination. It also places a general statutory duty on specified public authorities to have regard to the need to eliminate unlawful discrimination and promote equality of opportunity and good relations between different racial groups.

The Sex Discrimination Act 1975 (as amended by the Equality Act 2006)

Makes it unlawful for a public authority exercising its functions to do anything which constitutes sex discrimination or harassment. It places a general duty on

public authorities to have regard (when carrying out their functions) to the need to eliminate unlawful discrimination and harassment and to promote equality of opportunity between men and women.

The Mental Capacity Act (2005)

The Mental Capacity Act 2005 provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Everyone working with and/or caring for an adult who may lack capacity to make specific decisions must comply with this Act when making decisions or acting for that person, when the person lacks the capacity to make a particular decision for themselves. The same rules apply whether the decisions are life-changing events or everyday matters.

Appendix C

References and Bibliography

Legislation
The Disability Discrimination Act 1995 (as amended by the Disability Discrimination Act 2005). London: HMSO

The Local Government and Public Involvement in Health Act 2007. London: HMSO

The Mental Capacity Act (2005). London: HMSO

The National Health Service Act 2006. London: HMSO

The Race Relations Act (RRA) 1976 (as amended by the Race Relations (Amendment) Act 2000). London: HMSO

The Sex Discrimination Act 1975 (as amended by the Equality Act 2006). London: HMSO

Statutory Instrument (2009) The Local Authority Social Services and National Health Service Complaints (England) Regulations. London HMSO.

Other
Apologies and explanations – NHS Litigation Authority, 2009.

Local Involvement Networks Explained, Department of Health, July 2008. London HMSO.

The National Health Service Constitution, Department of Health, January 2009. London: HMSO

Real Involvement, Working with People to Improve Health Services. Department of Health, October 2008. London HMSO.

APPENDIX D

Patient and Public Engagement Group Terms of Reference

Terms of Reference: **PATIENT AND PUBLIC ENGAGEMENT GROUP**
Constitution The Trust Executive Committee hereby resolves to establish a sub-Committee to be known as the Patient and Public Engagement Group.
Authority The Group is authorised by the Committee to establish, develop and promote partnership between Ashford and St Peter's Hospitals NHS Trust, the new membership, local community, the local health community and other agencies (both statutory and voluntary) to serve the best interest of the patients and public. It will have awareness of any future consultation or public engagement exercise and its implementation as well as service developments and delivery. It is authorised to seek information it requires from any employee and employees are directed to co-operate with initiatives in relation to the above. The Group will develop and oversee the implementation of a strategy for Patient and Public Engagement which will be dynamic and responsive to service change.

Membership

On behalf of Ashford and St Peter's Hospitals NHS Trust:

1. Chief Executive
2. Chief Nurse (chair)
3. Non Executive Director
4. Director of Workforce and Organisational Development
5. Head of Customer Affairs (Deputy Chair)
6. Head of Quality and Integrated Governance
7. Associate Director Midwifery
8. Membership and Engagement Manager
9. Head of Communications
10. Head of Corporate Affairs / Board Secretary
11. PALS Manager
12. Complaints Manager
13. Voluntary Services Manager
14. Clinician
15. Matron
16. Clinical Effectiveness / R&D Manager
17. Staff Governor (*for the future)*

On behalf of the patients, public and stakeholders:

18. Patient Panel representative x 1
19. Ashford and St Peter's Hospitals LINk representative
20. League of Friends Volunteers – Ashford x 1
21. League of Friends Volunteers – St Peter's x 1
22. Public Governors x 1 *(for the future)*
23. NHS Surrey representative

Attendance

Attendance at meetings is essential. In exceptional circumstances when a member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf, to be approved by the Chair. Members will be required to attend as a minimum, 50% of the meetings per calendar year.

Quorum

The number of members necessary to conduct the meeting to exercise all or any of the authorities, powers and discretions invested in, or exercisable, by

the committee/group is 8 members including the Chair or Deputy Chair, 4 representatives of the patients, public or stakeholders and 4 Trust representatives.

Frequency and Conduct

The Group will meet quarterly (with an interim meeting to be held on 24 November 2009) or as appropriate *(to be reviewed)*. Items for the agenda should be submitted to the Secretary a minimum of two weeks prior to the meeting.

Membership and terms of reference will only be changed with the approval of the Group and will be reviewed and agreed annually.

Duties

1. Engaging people in service planning and development.
2. Ensuring that examples of good practice in relation to obtaining patients/carers and Trust members' views are spread and shared across the organisation.
3. Ensuring that local services are developed in the context of legislation and regional and national guidance on patient and public involvement.
4. Watch over any consultation or public engagement exercise run by Ashford and St Peter's Hospitals, and its implementation.
5. Ensuring that action plans from the Trust's annual patient survey and other prioritised surveys and clinical audits are developed in the light of Trust strategy put into place and monitored.
6. To formally receive and agree the Trust response to LINks Reports.
7. To put into practice and monitor the involvement and engagement strategies.
8. Identifying existing partnerships and ensuring these are maintained and where appropriate, strengthened.
9. Establishing new partnerships, which improve the services delivered by Ashford and St Peter's Hospitals and the hospitals as community facility.
10. Oversight of relevant Core Standards (CQC).

Key Responsibilities

1. Being responsive for new opportunities for dialogue with relevant individuals and groups.
2. To deliver the best possible patient experience through innovative working.

Reporting Lines

The Group will report to the Trust Executive Committee.

Monitoring

The Group will agree and monitor key performance indicators on which to measure success. The chair will produce a report to the Trust Executive Committee.

The Group will use the templates for minutes, agenda and action points as identified in the Policy for the Working of Trust Committees and apply the reporting mechanisms as outlined in the document relating to risk identification and reporting and the quarterly reporting template for the Clinical Governance Committee.

Review

The Terms of Reference will be reviewed in September 2010 or earlier as required.