

Foundation Trust Programme Update

Agenda Item:	17	Reference:	WCT14/15-050
Meeting Name:	Trust Board	Meeting Date:	2 June 2014
Lead Director:	Steve Wilson		
Job Title:	Director of Finance and Development		

Link to Business Plan:			
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Have the Public & Stakeholders been consulted?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
To Approve <input type="checkbox"/>	To Note <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	

Financial Implications: <i>E.g. What is the Impact on the Trust? Does it provide Value for Money? All costs should be clearly explained in the section below.</i>			
Dependant on achieving Foundation Trust status.			
Overall Cost / Pressure:	n/a	Overall Income:	n/a
Additional Funding Required:	n/a	Funding Already Ring Fenced:	n/a

Identified Risks:
Ability to deliver the organisational change to meet NHS policy within the financial envelope and timescales set by Department of Health.

Assurance to Board:
Programme management arrangements, overall timetable and risks to achieving FT status determined, as set out in this paper.

Publish on Website: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Private Business: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Report History		
Submitted to	Date	Brief Summary of Outcome
Regular report submitted each month		

Wirral Community NHS Trust

Foundation Trust Programme - Update

Purpose

1. The purpose of this paper is to provide an update with regard to the trust's progress with its application for Foundation Trust status.

General Programme Update

2. The programme plan and associated actions are on track to support continued delivery to the anticipated timetable.
3. The trust has received formal feedback from the Trust Development Authority (TDA) that our two year operating plan, submitted in April, will be recommended for approval to the TDA board by our local delivery Director.
4. The recommendation to approve, without caveats, is the best outcome from the submission process and is welcomed by the trust as a reflection of the hard work undertaken to produce a credible and robust plan.
5. The letter confirming the recommendation for approval is contained in appendix 1.
6. The trust continues to work on the 5 year IBP and LTFM due for submission by 20 June 2014.
7. The trust continues to work closely with the TDA to understand how these latest developments will impact on our FT application and its timeline.

Work stream Updates

Business Planning Work stream

8. The trust has completed the series of formal events to launch the operational plan. These included one event for over 150 senior managers from across the trust, followed by two events open to all staff which were attended by over 300 staff from across the trust. The feedback from the events has been positive and staff welcomed the opportunity to discuss the trust's plans with colleagues and the senior management team.
9. Work continues on refreshing our five year plans and producing revised versions of our Integrated Business Plans (IBP) and long term financial model (LTFM). These will be submitted to the board for approval prior to submission to the TDA at the end of June.

Quality Work stream

10. Work continues in a number of areas against the quality work stream. We continue to monitor progress against the trust's action plan in relation to the Francis inquiry with the January board having received an update on progress.
11. In addition we will now monitor progress against our QGAF action plan on an on-going basis with a clear trajectory for reducing the score.
12. A detailed report on the trust's approach to safer staffing was approved by the January board meeting and is now the subject of regular updates to the board.
13. The trust is still waiting for confirmation of the timing of the Chief Inspector of Hospitals visit but we have taken steps to actively prepare for the visit by reviewing the now published reports from the first wave of inspections together with the guides published by the CQC on the

inspection regimes. We anticipate the inspection taking place during the autumn period of 2014.

Finance & Performance Work stream

14. The 2014/15 and 2015/16 financial plans have been approved by the TDA along with the operational plan.
15. Work continues to finalise the five year plan and the final details will be reported to the board in June. Key issues will be:
 - Assumptions underpinning model
 - Efficiency targets for each year
 - Alignment of quality, workforce, performance and fiancé
 - Alignment with commissioners and wider health economy plans
 - Assessment of risks and mitigations.

TDA Reporting

16. The trust has submitted its first set of monthly monitoring returns under for 2014/15. These were agreed at the April Finance and Performance Committee and relate to the month of March.
17. The Finance and Performance Committee and Quality and Governance Committee have reviewed the relevant elements of the self-certification statements and have recorded their assurance on the submitted position of compliance with all indicators.

Board Action

18. The Trust Board is asked to note and to be assured on the progress made by the trust in its FT application process and assure itself that the actions identified are consistent with existing timeframes.

Steve Wilson

Director of Finance and Development

Membership and Engagement Strategy

Agenda Item:	18	Reference:	WCT14/15-051
Meeting Name:	Trust Board	Meeting Date:	2 June 2014
Lead Director:	Simon Gilby		
Job Title:	Chief Executive		

Link to Business Plan:						
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Have the Public & Stakeholders been consulted?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
To Approve	<input checked="" type="checkbox"/>	To Note	<input type="checkbox"/>	To Assure	<input type="checkbox"/>	

Financial Implications:
*E.g. What is the Impact on the Trust? Does it provide Value for Money?
All costs should be clearly explained in the section below.*

N/A

Overall Cost / Pressure:	n/a	Overall Income:	n/a
Additional Funding Required:	n/a	Funding Already Ring Fenced:	n/a

Identified Risks:

Not having a clear plan for developing and involving members and governors could jeopardise the trust's Foundation Trust application. Based on current performance this is not viewed as a significant risk.

Assurance to Board:

Membership, work experience placements and volunteering within the trust is being effectively managed and are guided by a clear strategy and plans.

Publish on Website: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Private Business: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Report History

Submitted to	Date	Brief Summary of Outcome
No history		

Wirral Community NHS Trust

Membership and Engagement Strategy 2014-2017

Purpose

1. The purpose of this paper is to present to Board the trust's revised Membership and Engagement Strategy 2014-17 for review and approval.

Executive Summary

2. The Membership and Engagement Strategy guides how the trust recruits and involves members and elects/appoints and supports governors.
3. This strategy now includes the trust's approach to work experience and volunteer placements. These are key avenues through which people engage with the Trust and benefit from membership.
4. This revision replaces the previous version, last updated in September 2012. It has been revised to reflect two years of considered development and a focus on creating mutual value for the trust and members.
5. It is a mandatory appendix to the trust's Integrated Business Plan. This is due for submission to the Trust Development Authority (TDA) on 20 June 2014.

Key changes

6. The revisions to the Membership and Engagement Strategy (since the last version, dated September 2012) are such that highlighting additions and deletions to the original document would be impractical. The strategy is, thus, presented at Appendix 1 as a final copy.
7. Whilst all parts of the documents have been reviewed and almost all have been rewritten to some extent, the key changes made are noted below.

Section	Key changes made
Introduction	
2.1 Our vision and values	Updated for consistency with revised vision etc
Membership	
3.1 What is membership for?	Updated for consistency with rest of strategy
3.4 How we involve our membership	Updated with more detail about member events and service improvement activities, based on the principle that effectively involving members (and demonstrating this involvement) is an opportunity to add value to the Trust. References to explicit levels of membership have been removed as they have not found to be a useful way of grouping members; areas of interest are now used instead. Work experience and volunteer placements have been added as there are benefits to members linked to these opportunities. Dedicated sections have been added for these areas. Implementing a community-focussed finance fund has been removed from the strategy following a review of the practicalities of managing such a fund versus the limited benefits it may bring to the local area and the Trust.
3.5 Member communication	Added to provide detail about how and when we communicate with the membership

3.6 Staff members	Added to clarify that staff members are usually engaged in ways that differ from those of public members. These engagement mechanisms are owned elsewhere within the Trust.
Governors	
4.4 Sub groups (<i>of the Council of Governors</i>)	Added to reflect proposals for promoting engagement with the wider membership by governors
5. Work placements	Added to capture the Trust's strategic aims and plans with regard to work experience placements
6. Volunteers	Added to capture the Trust's strategic aims and plans with regard to volunteering
7. Understanding and employing best practice	Added to reference the sources that have informed the plans delineated in the strategy
8. Links to other strategies and services	Added to highlight the key links with other work taking place across the Trust and relevant strategies
9. Equality Impact Assessment	Updated to reflect the EIA screening of the revised strategy and include examples of work that is being done to understand representativeness of membership/ governor/ work experience/ volunteer populations and reduce unintentional barriers to participation
Appendix 1 - Membership demography	Added to show areas of membership representativeness and plans to address areas where improvement is needed
Appendix 3 - Hallmarks of an Effective Charity	Added to highlight the Trust's aspirations for its associated charities
Appendix 4 - Action plan	Updated to include plans for members, governors, work experience placements and volunteers until 2016/17.

8. This revised strategy has been screened using the trust's new Equality Impact Assessment (EIA) screening template and identified actions have been included in the Action Plan. A full EIA will be undertaken using the latest template in the coming year.

Conclusion

9. The revised Membership and Engagement Strategy will continue to effectively guide the trust's activity in the areas it covers.

Board Action

10. The Board is asked to review and approve the revised Membership and Engagement Strategy, 2014-2017.

Alison Hughes
Trust Board Secretary

Contributor:
David Hammond
Membership and Engagement Manager

Membership and Engagement Strategy, 2014 - 2017

June 2014 (version 4)

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1. Executive Summary

Effectively involving people in the life of the trust improves the quality of the services we provide. This strategy sets out Wirral Community NHS Trust's plans to engage people in ways that increase local accountability and involvement and add value to our services and local people. It encompasses members and governors, volunteers and work experience placements.

Members are at the heart of a Foundation Trust. Membership increases local accountability and facilitates direct influence and involvement. Our strategic aims are:

- To recruit 5000 public members, representative of their constituencies
- To add value to the trust by involving members eg in quality and improvement projects
- To make membership meaningful to members

Governors are integral to the governance structure of a foundation trust. When we become a foundation trust they will represent the interests of public, staff and stakeholders in the trust's strategic decision making and hold the non executive directors to account for their oversight of the trust. Our strategic aims are:

- To attract a representative group of members to stand in contested elections as public and staff governors
- To support governors to discharge their duties effectively and confidently
- To develop productive working relationships between governors, members and directors

Volunteers enhance the quality of our services in many different ways. They give their time to assist clinical and support teams and for fundraising that benefits the Trust's patients. Our strategic aims are:

- To attract and maintain a volunteer population of 5-10% of FTE equivalent within the trust
- To build and maintain close working relationships with new and existing supervisors
- To develop and maintain a system for providing timely, accurate information for reporting and evidential purposes
- To support our affiliated charities to meet the Charity Commission's 'Hallmarks of an effective charity'

Work experience placements are offered to give young people the opportunity to improve their knowledge and understanding of the many careers available in the NHS. Our strategic aims are:

- To provide high quality work placements for Wirral sixth form students (25-50 per year), in addition to pre and post registration students
- To effectively support supervisors in providing placements

2. Introduction to Wirral Community NHS Trust

Wirral Community NHS Trust provides high quality community healthcare, primarily to the people of Wirral and other local communities. Our focus is on delivering services that are accessible, efficient and effective. We offer dozens of different services at clinics and community bases across Wirral and in patients' own homes. Our main treatment centres include St Catherine's Health Centre in Tranmere and Victoria Central Health Centre in Wallasey.

We provide a wide range of services. These include open access services such as Walk In Centres and GP Out of Hours and specialists like our Heart Support and Tissue Viability services. Many of our staff also work to prevent ill health, helping people lose weight, stop smoking and become more active. During 2013-14 the Trust had over a million patient contacts.

We strive to continually develop and improve our services by working with and listening to our patients, our staff, partner organisations and other stakeholders to ensure our services are safe, effective, caring, responsive to people's needs and well led.

2.1 Our vision and values

Our vision is ***To be the outstanding provider of high quality, integrated care to the communities we serve***

Our values represent what we stand for, believe in and are passionate about:

- Health is our passion, with patients at the heart of everything we do
- Exceptional care as standard
- Actively supporting each other to do our jobs
- Responsive, professional and innovative
- Trusted to deliver

They underpin what we do as a trust and how we do it. They define how we behave, treat each other and our patients. Our supporting behaviours are to:

- *provide compassionate care, with empathy, kindness, respect and dignity*
- *act with honesty and integrity*
- *communicate openly with patients and colleagues*
- *act with courage when things are not right*
- *build effective partnerships*

3. Membership

Strategic aims

- To recruit 5000 public members, representative of their constituencies
- To add value to the trust by involving members eg in quality and improvement projects
- To make membership meaningful for members

3.1 What is membership for?

All foundation trusts are set up as Public Benefit Corporations, accountable to the people they serve. This accountability is expressed by developing and involving a membership that is representative of the local population.

Membership recognises that everyone has a vested interest in their local NHS services and has a right to influence how they are run.

Whilst this influence is formally expressed through governor elections, we also view membership as an opportunity to help members:

- find out more about Wirral Community NHS Trust and the wider NHS
- take part in activities that influence the trust's future plans and improve the quality and effectiveness of its services
- take advantage of opportunities to make a contribution or gain experience through volunteering or work placements

Our aim is to make membership useful and interesting so that members attach a value to their membership and the trust benefits from the added value of having an engaged member population.

3.2 Who can join as a member?

Wirral Community NHS Trust has two classes of membership: public and staff.

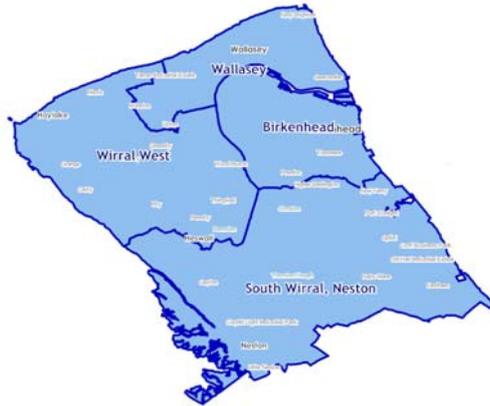
Public members

Public members 'opt in' to membership by completing a membership application. Anyone aged 13 and over and living within one of the four trust constituency areas can apply for public membership of the Trust. (There are some limited exclusions to membership; these are listed in Appendix 2.)

The four constituencies of our public membership reflect the areas in which we provide the majority of our services. They are largely aligned to the parliamentary constituencies in the Wirral Borough Council area:

- Birkenhead
- Wallasey
- Wirral South and Neston
- Wirral West

Where people wish to be involved with the trust but do not live in a constituency area they are able to participate in membership activities but not vote or stand for election as a governor.



WCT's four public constituencies

Staff members

All trust employees are automatically members of a single staff constituency provided they:

- Are employed by the trust on a permanent basis, or
- Have a fixed term of at least 12 months, or
- Have been continuously employed for at least 12 months
- Have not chosen to opt out of staff membership

Having a single staff constituency reflects the fact that we are a relatively small trust with a diverse staff population. Governors of one staff constituency will represent all of our employees collectively.

3.3 Membership targets

Having a membership that fully represents the wider community is important to ensure that governors are elected by a group representative of the local population. To maximise the opportunity for local people to become involved with the trust, the trust's public membership target increases over the first three years of membership development.

	Target	Actual
Year 1, 2012-13	3,600	3,649
Year 2, 2013-14	4,500	4,594
Year 3, 2014-15	5,000	TBC April 2015

Information about members is stored on our secure membership database. The database can be used to compare the population demographics of the member constituencies with that of the member population. In this way, differences in representativeness can be highlighted (eg in gender, age and ethnicity) and plans for targeted member recruitment can be developed.

Our member database automatically analyses current demographic data for Wirral to inform our recruitment plans. The current numbers and demographic spread are at Appendix 1.

3.4 How we involve our membership

An involved membership adds value to the trust. Engaging members in discussions about expectations of quality and other aspects of service delivery makes us a more effective organisation.

We want to make membership useful, interesting and personal. We will inform and involve members according to the level of engagement they wish to have.

All members receive our regular membership magazine by either post or email, written for both staff and public members. All members are also entitled to vote for governors to represent them in their constituency area.

Members are able to specify if they wish to be involved further when they join, or at any point afterwards. They can express an interest in:

- Coming to member events
- Taking part in surveys, focus groups and other service improvement activities, such as joining our Patient Experience and Engagement Group
- Standing for election as a governor
- Volunteering

In addition, young members are also automatically informed of work placement opportunities.

3.4.1 Member events

We have a quarterly programme of regular member events. These combine:

- news and updates from the trust
- opportunities to find out more about our services
- participatory sessions about service quality and patient experience

We also run ad hoc events such as 'behind the scenes' tours. These are promoted via the members' magazine.

We ask for member feedback after our events so we can make them as useful, interesting, convenient and comfortable as possible. We will also carry out an annual survey of members (whether or not they attend events) to ask what events they would value, to inform the planning of future events.

3.4.2 Taking part in surveys, focus groups and other service improvement activities

Interested members are encouraged to become involved in activities that help inform and improve our decisions about services.

We actively work with teams across the trust to promote the value of member involvement. We are able to email online surveys to groups of members on behalf of teams to better understand their views and experiences. We can also invite members to take part in more in depth pieces of work such as focus groups.

The Quality & Governance Service's Patient Experience and Engagement Strategy outlines a number of ways in which members will be involved with improving trust services from 2014/15, including taking part in Welcome Visits to assess the quality of the public-facing healthcare environment and sitting on the Patient Experience and Engagement Group.

Where members are also patients receiving care from our services they are able to join Patient and Staff Quality Groups.

Further opportunities for involvement include the Practice Research Steering Group and Community Panel (concerned with matters of Equality and Diversity). We expect members to add value to these groups by providing constructive challenge based on their own experiences and knowledge, and recognising the fact that they have a perspective that may be different from that of an NHS employee.

Young members will be able to participate in groups to promote co-design of services and influence decision making about issues affecting their local communities.

We will identify and promote further opportunities for involvement as they arise.

3.4.3 *Standing for election as a governor*

Almost any public member aged 16 or over may nominate themselves for election as a public governor. Almost any staff member may nominate themselves for election as a staff governor. The governor role is explained in more detail in section 4.

3.4.4 *Work placements*

Young members often have an interest in healthcare careers. We aim to provide work placements for young people on Wirral and promote these via some local schools and colleges. We also make sure that all young members of sixth form age are informed about the placement opportunities by email, when they become available. Our strategic approach to work placements is explained in more detail in section 5.

3.4.5 *Volunteering*

New opportunities are actively promoted to trust members who have indicated an interest in volunteering. Placements are first identified with teams with the aim of adding value and enhancing their service. They are then advertised on the trust website.

Members are the first to know that new opportunities have become available as we email and text all members who have provided us with those contact details once they are posted. The Volunteer Policy (GP22) outlines WCT's approach to recruiting volunteers. Our strategic approach to volunteering is explained in more detail in section 6.

3.5 Member communication

We communicate with all members to tell them about our trust, the wider NHS and to highlight opportunities for involvement.

Our primary communication methods are email and post. Email is fast and virtually free (when costing an individual email) and is our preferred method.

During 2014/15 we intend to start using an email service that can provide data about the number of emails that are opened and the number of 'click throughs' via web links. This will provide invaluable information about the effectiveness of our email communication.

Below are examples of the types of member emails we produce:

Subject	Criteria (all presuppose members with a valid email address)
A link to the latest version of the member magazine	All members with an email as their preferred method of contact
Reminders about member events	All members who have expressed an interest in finding out about services or coming to member events
Joining instructions for and feedback about member events	All members who have said they want to attend a member event or who have asked for presentation slides
Links to online surveys	All members who have said they are interested in taking part in surveys or helping develop services
Notifications about volunteering opportunities	All members who have said they are interested in volunteering
Notifications about work placement opportunities	All members who are the right age to be in further education during the placement period
Updates about our foundation trust application and elections	All members who have said they are interested in standing for election / finding out more about the role of FT governor

Post is used for:

- sending the member magazine to those members with post as their preferred method of contact
- welcome letters (not having post returned as undelivered is an extra level of confirmation that the address we hold on file is correct)
- updates about our foundation trust application and elections for those members without an email address
- personal communications about member events etc

We recognise that this creates a disparity between members who use email and those who do not. However, it reflects the cost of using the two different communication methods.

Over time we hope that more members will want communication by email and will use the *For You* magazine to promote its benefits to the trust.

3.6 Staff members

Much of the planned activity related to membership is focused on involving public members. Staff membership and accountability is just as important, however. The Trust has numerous initiatives aimed at involving and engaging staff. Many of these have multiple purposes, eg gaining staff input to both improve the quality of services and staff engagement. These initiatives include: Staff Council, Staff Awards, Leadership & Patient Safety Walkrounds and Shadowing visits.

4. Governors

Strategic aims

- To attract a representative group of members to stand in contested elections as public and staff governors
- To support governors to discharge their duties effectively and confidently
- To develop productive working relationships between governors, members and directors

Having an effective, confident group of governors who interact productively with the trust and the membership contributes towards us being a safe, well-led, responsive and effective organisation. This will come about through governors providing an appropriate level of constructive challenge to the Board and facilitating the representation of local views in the planning process.

4.1 Governor elections

The trust's first governor elections will be held during the period in which Monitor assesses our application to become a foundation trust.

Governors will be elected for either a two or three year term initially, thereafter they will serve three year terms. Staggering the initial terms will ensure we retain experienced governors through succeeding election cycles. Governors will be able to serve up to one further term after their first term, if reelected.

We will use a simple 'first past the post' system to elect Governors by majority vote. If any governor needs to step down they will be replaced by a runner up if this is within six months of the most recent election or via a fresh election if over six months has passed.

In order to ensure a fair, open and transparent election in line with current legislation we will seek external scrutiny from an independent election body.

4.2 Governor appointments

Public and staff governors are elected. Other governors are appointed by partner and stakeholder organisations. They also serve three year terms.

Council of governors: composition

Constituency		Number of governors
Public	Birkenhead	3
	Wallasey	3
	Wirral South & Neston	2
	Wirral West	2
Staff		3
Partner organisations	Wirral Borough Council	1
	TBC*(see below)	1
		1
		1
		1
TOTAL		19

*The Trust has approached local partner organisations with a view to supplying an appointed governor. These include groups with an interest in healthcare provision, commissioning and the third sector. These appointments are likely to be confirmed at the point when elections are being actively planned. This is dependent on the progress of the Trust's FT application.

4.3 Governors' roles and responsibilities

Governors are integral to a foundation trust and key to the FT governance structure. The Council of Governors (CoG) works with the Board of Directors to ensure it delivers high quality care. The Board remains responsible for the day-to-day running of the trust.

The Council of Governors is responsible primarily for holding the non-executive directors individually and collectively to account for the performance of the board of directors and for representing the interests of the foundation trust members and of the public. The CoG helps to set the overall direction of the organisation.

The governors' statutory roles (as set out in the National Health Service Act 2006 and the Health and Social Care Act 2012) **are to:**

- appoint and, if appropriate, remove the chair and other non-executive directors;
- decide the remuneration and allowances, and the other terms and conditions of office, of the chair and the other non-executive directors;
- approve the appointment of the chief executive;
- appoint and, if appropriate, remove the NHS foundation trust's external auditor; and
- receive the NHS foundation trust's annual accounts, any report of the auditor on them and the annual report.
- hold the non-executive directors individually and collectively to account for the performance of the board of directors
- represent the interests of the members of the trust as a whole and of the public.
- approve 'Significant transactions' as may be defined in the trust's constitution
- approve an application by the trust to enter into a merger, acquisition, separation or dissolution.
- decide whether any private patient work would significantly interfere with the trust's principal purpose
- approve any proposed increases in private patient income of 5% or more in any financial year
- approve amendments to the trust's constitution

In addition to these statutory responsibilities there are other more local responsibilities that we would like our Council of Governors to assume:

- Reviewing and developing the membership strategy and member events programme
- Helping to recruit public members and promote trust activities
- Helping to educate prospective governors and train new governors
- Representing the trust at events

4.4 Sub groups

The council of governors is likely to require sub groups who can commit time to, and focus on, particular areas of interest. Based on good practice identified in existing foundation trusts, we propose the following subgroups:

- Membership and communication, meeting quarterly
- Quality and patient experience, meeting quarterly
- Finance and strategy, meeting quarterly
- Nominations and remuneration, meeting as required

To promote shared understanding and to make best use of people's knowledge and skills, we propose that governors be able to invite members to participate in their group's meetings and projects. Invitations would be made based on members' expertise or interest. It would be analogous to the co-opting of a committee member. This would make best use of individuals' talents and interests and aid succession planning by maintaining the active involvement of interested members who may not have been successful at/able to stand for election.

Additionally, we will propose that whilst governors are primary members of one group they have the option of linking into another. This would not require attendance at extra meetings but would ensure they receive meeting notes and updates so that they are aware of the work taking place in other parts of the CoG.

These proposals are subject to the agreement of the council of governors, once elected / appointed and the development of Terms of Reference.

4.5 Induction and training

The trust has a responsibility to ensure that governors have the skills and knowledge they need to undertake their role.

Providing induction, training and support for our governors will help them become confident and effective as quickly as possible. As part of their induction our newly elected/appointed governors will receive:

- orientation days to give them an in-depth introduction to the trust and key individuals
- a knowledge and skills analysis with each new governor to plan any specific support needed
- tours of the trust premises
- specific training sessions e.g. introduction to accounts; performance and risk management

4.6 Staff Council and staff governors

WCT's existing Staff Council has an operational bias that will complement the Council of Governors' strategic focus. To retain existing links, and forge new ones, the following principles will apply to membership of the two groups:

- If a staff council member is elected as a staff governor they have the option of remaining a full staff council member or becoming an affiliate member. As an affiliate member they would receive papers and a standing invitation to meetings but not keep the attendant obligations and voting rights
- If a non-staff council member is elected as a staff governor, they would automatically become an affiliate member of staff council

5. Work placements

Strategic aims:

- To provide high quality work placements for Wirral sixth form students (25-50 per year), in addition to pre and post registration students
- To effectively support supervisors in providing placements

Wirral Community NHS Trust's work placement programme has developed from a successful pilot in 2013. This pilot was a response to the trust's ambitions to:

- Provide high quality work experience for the NHS employees of the future, based on recognised best practice
- Centralise the coordination of placements to
 - manage both capacity and demand
 - provide support & resources for placement supervisors
 - record placement activity
 - apply a consistent approach to risk management

Evaluation of the pilot has informed the current work experience model, which supports Health Education England's 2014/15 priority for trusts to forge links with local schools so that a wide range of students are encouraged to consider a career in health as a rewarding option and are supported into relevant work experience.

This is, however, only one strand of support we provide with regard to career insight and development. The trust has organised a successful careers evening for Year 10 and 11 students, which was promoted to members as well as via local schools. This is intended to become an annual event. We also have employees who take part in a Business Mentoring Scheme with students, arranged by a local sixth form.

Significantly, the work experience placements described here are distinct from the pre- and post- registration work placements that are coordinated by the Quality and Governance Service. Pre and post registration health care placements are provided through the Learning and Development Agreement the trust has with Health Education Northwest (HENW). (The trust receives a placement tariff for these students and they take priority over other types of work experience placement provision.)

They are also distinct from other paid work based training activities such as internships, cadetships and apprenticeships, which also fall outside the remit of this strategy.

5.1 Planned placement programme

The planned work experience placement programme takes place in summer, typically for young people aged 16-19. Placements are developed over the winter to be promoted to members and via local sixth forms in February and March. Young people then apply for placements which take place in June and July.

The four local sixth forms through which we promote placements are each located in a different constituency. However, students from any school or college may apply for a placement.

Name	Town	Constituency
Hilbre High School	West Kirby	Wirral West
St John Plessington College	Bebington	Wirral South & Neston
St Mary's College	Wallasey	Wallasey
The Sixth Form College	Birkenhead	Birkenhead

To manage the trust's capacity for providing work placements, young people submit an application for a placement which includes their reasons for wanting the experience. In the event that there are more applicants than placements available this enables placement supervisors to select a student based on the reasons they give and the supervisor's assessment of who they think would benefit most from the experience. Applications can also be endorsed by school/college tutors.

Supervisors are asked to review and approve all applications and advise the Membership and Engagement Team which applicant(s) to offer a placement. This gives supervisors a direct connection to the young people in whom they will invest their time.

5.2 Quality and risk management

The quality and risk associated with providing placements is managed by having dedicated support available to teams and an agreed, consistent process for developing and managing placements.

The documents that have been developed to support placement development, and their purpose, are detailed below:

Document	Purpose	Completed by	Timing
Placement information sheet	Information about the placement to allow a student to decide whether or not they wish to apply.	Placement supervisor	November – January
Application form	Captures basic information about a student, as well as reasons for their application, key medical / health questions related to risk management and the placement agreement. Used by a supervisor to decide whether to offer a placement.	Prospective participant	February - March
Risk assessment	Risk assessment of the placement, produced concurrently with the Placement Information Sheet	Placement supervisor	November – January
Placement timetable	Records the planned schedule for the placement, including activities, start and finish times and locations, and supervision arrangements. Ensures placement arrangements have been fully considered.	Placement supervisor	May
Local induction	Prompts and records the local induction that needs to take place on day one of the placement	Placement supervisor and participant	June-July
Evaluation	Collects feedback about the placement and helps identify ways that local and general improvements may be made to the programme.	Participant	June-July

5.3 Non-programmed placements

Whilst we intend that the majority of work experience placements happen through the planned placement route, we acknowledge that services will receive requests outside of that programme.

In these circumstances, services may decide to fulfill a request or not based on their capacity and ability to provide a placement.

If they agree to provide a placement then the planning and recording of the placement should take place as outlined above.

Where the Membership and Engagement Team receives requests for placements on an *ad hoc* basis they will usually pass the request on to the service to decide, without any obligation, whether they wish to fulfill it.

5.4 Supporting supervisors

We recognise that placements are only possible where supervisors feel they have the capacity and confidence to provide them.

We support supervisors by:

- Highlighting our availability to provide advice through StaffZone, Staff Bulletin, Directors' Briefing and Staff Council
- Acting as liaison for schools, colleges and individuals with regard to placements
- Providing coordination of documentation
- Maintaining guidance and template documents on StaffZone
- Keeping up to date with best practice guidance and developing the programme, referring to trust Groups to gain advice and agreement where necessary

6. Volunteers

Strategic aims:

- To attract and maintain a volunteer population of 5-10% of FTE equivalent within the trust
- To build and maintain close working relationships with new and existing supervisors
- To develop and maintain a system for providing timely, accurate information for reporting and evidential purposes
- To support our affiliated charities to meet the Charity Commission's 'Hallmarks of an effective charity'

The trust aims to proactively identify volunteer opportunities with services that will maximise the value volunteers bring to the Trust and provide a rewarding experience for volunteers. As an additional resource within the Trust, volunteers complement and/or enhance the care and support that Wirral Community NHS Trust provides our patients and service users.

As of May 2014, the Trust has 37 volunteers directly supporting its services in 11 different teams. The Membership and Engagement Team (MET) also provides support to the League of Friends and Wirral HeartBeat who raise funds to support the Trust. Between them they have 82 volunteers. The Trust also provides ongoing support to the Tomorrow's Women Wirral project.

	Number of volunteers @ May 2014
Wirral CT volunteers	37
League of Friends volunteers	19
Wirral HeartBeat volunteers	26
Tomorrow's Women Wirral volunteers	15

6.1 The value of volunteering

The intrinsic value of volunteering to the Trust is difficult to calculate. As well as the value of the tasks that volunteers carry out and the funds they raise, involving people who freely give their time for the benefit of patients and service users offers an intangible benefit, highlighting and reminding everyone else of the essential and worthwhile nature of our work.

However, if looked at simply with regard to the amount of time a volunteer may give versus the amount of time it takes to develop a placement and carry out recruitment, training and ongoing supervision, volunteers begin to add value after around 17 weeks of volunteering three hours of time per week. Therefore, the Trust asks that prospective volunteers commit to regular attendance over at least six months of volunteering.

Once the fixed cost of recruitment has been discounted, if we assume that a volunteer's work adds at least the same value per hour as the minimum wage, a regular volunteer adds hundreds of pounds of value to the Trust every year. And the two charities which support the trust through fundraising activities raise thousands of pounds each year, which are used to support and enhance Trust services.

This calculation notwithstanding, the Trust takes the position that volunteers do not replace or displace the work of paid staff but, rather, directly or indirectly enhance the services we can provide. If a volunteer becomes suddenly unavailable a team should not find themselves unable to carry out their normal work.

Whilst the Trust gains from having volunteers we also expect that volunteers should gain as much as possible from their volunteering experience and are constantly looking for ways to improve it. This is why we:

- Advertise role descriptions, which include information about expectations and the times and days volunteers are needed. This, along with our volunteer agreement, provides clarity at an early stage of the process meaning that volunteers are fully aware of the placement they are applying for
- Have introduced a volunteer handbook and information pack for volunteers when they accept a placement offer so they have information to refer back to
- Evaluate volunteer placements, to help us understand what works well and what may be improved.

Volunteers come from a wide variety of backgrounds and at different stages of life. Some are enhancing their skills and experience, others are gaining satisfaction from 'giving something back' whilst others value social interaction in a working environment.

We recognise the many benefits of volunteering to individuals and aim to balance the needs and wants of potential volunteers with the need of the Trust to gain value from supporting volunteering, and to use volunteers in a way that is proportionate to the size of the organisation and its capacity for supporting both volunteers and supervisors. Hence, the Trust's aim is to maintain a volunteer population of 5-10% of the Trust's FTE headcount

6.2 Recruitment

The MET supports services and departments to identify ways in which volunteers may add value to their work and develop task descriptions which can be advertised to potential volunteers. Opportunities are posted on the Trust's internet site. We inform members who have expressed an interest in volunteering by email or text when new opportunities are posted. The placements may also be advertised via the www.do-it.org.uk website and via other local partners.

Interested people can then apply for a voluntary placement. If there are more applicants than places available, services are able to select the person they think will be best suited to the role and/or get the most from it. There is no compulsion on services to take an applicant.

Greater detail about the recruitment and management of volunteers is detailed in the trust's Policy and Procedure for Volunteers (GP22)

6.3 Supporting supervisors

Volunteer supervisors have a crucial role in maximising the value that volunteers both bring to the Trust and obtain from their placements.

The support that the MET provide to supervisors starts with the development of the placement itself and continues through the recruitment process and the life of the placement, including:

- Advising on the development of placements
- Advertising placements and handling enquiries from prospective volunteers
- Coordinating and carrying out volunteer interviews and pre-employment checks

- Arranging corporate induction and mandatory training
- Maintaining contact with volunteers and supervisors following placement
- Maintaining guidance and template documents on StaffZone
- Keeping up to date with best practice guidance and developing the programme, referring to trust Groups to gain advice and agreement where necessary
- Producing regular supervisors' bulletin emails, sharing latest news

From 2014/15, post-placement support will be done in an increasingly systematic and personalised way, with regular contact planned with each supervisor. This will enable supervisors to raise any issues they may have and help stay up to date with the progress and attendance of all volunteers and keep records fully up to date.

6.4 Information and reporting systems

Having an accurate record of volunteers' recruitment and training is essential for demonstrating that the defined process has been followed, with all necessary checks having been carried out and mandatory training completed. This may be used to evidence compliance with the Care Quality Commission's Outcomes 12 (Requirements relating to workers) and 14 (Supporting workers). The trust uses a database which tracks the recruitment and training process to ensure all mandatory components are completed. Of particular interest are:

- Disclosure and Barring Service checks having been carried out
- References having been requested and returned
- Occupational Health Checks having been carried out
- Local induction having been completed
- Mandatory training having been completed

It may also be used to record and calculate useful management information, including:

- An estimation of the amount of time volunteers give to the trust
- An understanding of where volunteers are being placed and the pipeline of adverts, recruitment and placement
- An understanding of the length of time it takes to place volunteers
- Numbers of non-starters (people dropping out after accepting a placement offer but before starting a placement)
- Volunteers leaving within 3 months of starting
- Percentage of inductions received and filed

6.5 Induction, training and support

Providing appropriate training and support helps to meet the CQC Outcome 14: Supporting workers. Volunteers derive added value through developing their skills and knowledge to uphold the values of the trust and deliver exceptional patient care, whilst potentially enhancing their own employability.

New for 2014/15, the Trust has put in place a new UK Core Skills Training Framework (2013) for volunteers. This incorporates best practice guidance from Skills for Health, which

recommends that all volunteers receive training across a number of topics (including Information Governance, Safeguarding etc) when joining a trust and refresher training thereafter.

This complements the local induction that all volunteers receive from their placement supervisor in the week they start their placement.

Volunteers also attend Corporate Induction.

Training/induction session	Frequency	Added value
Local induction	Once, at start of placement.	All volunteers working to shared standards of safe practice
Corporate Induction	Once, within six weeks of starting placement	All volunteers share induction experience with colleagues in the trust and introduction from the Chief Executive
Core training	Within three months of starting placement and every two years thereafter (plus annual review of Information Governance with supervisor)	Volunteers are up skilled to have the skills and knowledge to undertake their role safely and competently

6.6 Charities supporting the trust

The League of Friends and Wirral HeartBeat are charities whose aims support the trust and who carry out some or all of their fundraising activity on trust premises. The Membership and Engagement Team supports these groups in the same way as WCT services, by managing the recruitment of their volunteers, coordinating training and providing ongoing advice.

The Trust’s aspiration for these charities is for them to be able to positively self-assess themselves against the Charity Commission’s ‘Hallmarks of an effective charity’ (see Appendix 3). This will help them demonstrate that they are being governed effectively and run in accordance with all applicable legislation and good practice.

6.7 Relationships with local universities

We recognise the value of work-based learning for higher education students and we aim to offer placement opportunities to students of local universities who are on courses not covered under the terms of our Learning and Development Agreement. Placements are developed based on the same principle as our volunteer opportunities; ie they should be mutually beneficial. A student will deliver a piece of work whilst also gaining a greater understanding of the NHS and the service they are working in, and developing and demonstrating their skills and experience.

Typically, students who have Work-Based Learning as part of their course will be available for 10-20 days, either in defined blocks or spread across a number of weeks. Placements will normally be allocated/applied for at the start of the academic year and take place between October and February.

7. Understanding and employing best practice

The work done by the trust in the areas of membership, governors, work placements and volunteering is informed by law, guidance, and best practice. Information provided by the following organisations and networks, along with the exemplary work of other trusts, has informed our own work:

Membership and governors

- Foundation Trust Network
- Membership Engagement Services
- North West Board Secretaries Network
- Monitor

Work placements

- NHS Careers
- Health & Safety Executive

Volunteering

- National Association of Voluntary Service Managers
- Volunteering England
- NHS Employers
- Food Standards Agency
- Care Quality Commission
- Skills for Health

8. Links to other strategies and services

The Membership and Engagement Team supports other teams within the trust, particularly with regard to providing opportunities for services to engage with members, coordinating work placements and recruiting volunteers and supporting volunteers and supervisors.

Key internal partners are the Communications and Marketing Team, the Quality and Governance Service and Human Resources. The following strategies have a direct link to this one:

- Communications and Marketing Strategy
- Equality & Diversity Strategy
- Human Resources Strategy
- Patient Experience and Engagement

9. Equality analysis

To demonstrate due regard for the General Objectives of The Equality Act 2010 the Trust undertakes equality analysis of its services, policies and strategies. Following this process, during this strategy's revision we have identified a number of measures aimed at promoting inclusion and reducing the possibility of direct or indirect discrimination. These actions are included in the action plan that accompanies the strategy. In particular:

- We aim to increase the level of monitoring data we collect across the membership, governor, work experience and volunteer populations and to analyse this on a regular basis so that we can judge whether sectors of the community are being unintentionally excluded from the opportunities we provide
- We are refining our events planning process so that we can be confident our events are not unintentionally exclusive and that venues we use reasonably meet the needs of anyone who may attend
- We are strengthening relationships with local groups that represent those with protected characteristics so we better understand which opportunities may be most relevant to different groups and actively look for ways to involve people with different backgrounds and interests
- We are actively facilitating member involvement in Trust groups and panel, including the Community Panel, which will oversee the Trust's progress against its Equality and Diversity Strategy

Appendix 1 – Membership demography

At 1 May 2014, the Trust had members in constituencies as follows:

Public	Number	Index of over or underrepresentation (Based on % actual members divided by % in constituency population, 100 is a perfect match, 90 would be underrepresented.)
Birkenhead	1468	116
Wallasey	1427	112
Wirral South and Neston	832	67
Wirral West	919	93
Public sub total	4646	
Staff	1347	
TOTAL membership (staff and public)	5993	

		Number	Index of over or underrepresentation (Based on % actual members divided by % in constituency population, 100 is a perfect match, 90 would be underrepresented.)
Gender	Male	1523	66
	Female	3138	127
	Unspecified	100	
Age	0-16	168	72
	17-21	325	119
	22-29	469	108
	30-39	592	114
	40-49	703	105
	50-59	755	115
	60-74	1131	139
	75+	463	102
	Unspecified	155	
Ethnicity	Asian	45	61
	Black	13	129
	Mixed	22	45
	White	4158	90
	Other/unspecified	523	

NB the figures in the table above can only be an approximation of our membership representativeness. They are produced automatically by the membership database which does not exclude people living outside our constituency boundaries. Whilst only 115 people this may skew the figures slightly. Also, the database includes all young people (including those age 0-13) in its analysis of the overall population. This age group is not eligible for membership, however, so this may also affect its calculations of representativeness.

Commentary, 6 May 2014

Most foundation trusts attract an older, predominately female membership. This has been our experience so far as well. With our overall member numbers close to their long term target we are identifying where member recruitment should be targeted to rebalance the membership profile.

At 1 May 2014, the following areas have an index of 80 or below, which means that the percentage of that group in the membership is less than 80% of the group in the wider population. The following table highlights these areas and outlines our proposed action plan to increase representativeness.

Areas of underrepresentation

Profile category	Group	Current number	Approximate number needed for a perfect index of 100	Action plan
Constituency	South Wirral & Neston	832	404	Focus general public recruitment on South Wirral venues
Gender	Male	1523	761	Hold a 'Sign up your men' recruitment campaign within the trust Engage with Heart Support, Physiotherapy and Public Health re service based recruitment.
Age	13-16	168	65	Do focused work with local schools, especially in South and West Wirral
Ethnicity	Asian	45	29	Contact Wirral Change, Wirral Multicultural Organisation and Wirral BRM Voice to ask for advice and assistance.
Ethnicity	Mixed	22	27	

Appendix 2 – Exclusions to membership

Exclusions to membership: the following people may not become or remain a member of Wirral Community NHS Trust

- Previously been expelled as a member from the Trust
- Been involved in a serious incident of violence at the Trust's premises or against one of the Trust's employees or volunteers
- Previously been dismissed from employment by the Trust
- Been placed on a register of the Sexual Offences Act 2003 or the Children and Young Person's Acts and the conviction has not been spent
- Previously been identified by the Trust as a vexatious complainant

Appendix 3 – Hallmarks of an Effective Charity

The Charity Commission outlines the following as Hallmarks of an effective charity (<http://www.charitycommission.gov.uk/publications/CC10>)

Hallmark 1: Clear about its purposes and direction

An effective charity is clear about its purposes, mission and values and uses them to direct all aspects of its work.

Hallmark 2: A strong board

An effective charity is run by a clearly identifiable board or trustee body that has the right balance of skills and experience, acts in the best interests of the charity and its beneficiaries, understands its responsibilities and has systems in place to exercise them properly.

Hallmark 3: Fit for purpose

The structure, policies and procedures of an effective charity enable it to achieve its purposes and mission and deliver its services efficiently.

Hallmark 4: Learning and improving

An effective charity is always seeking to improve its performance and efficiency, and to learn new and better ways of delivering its purposes. A charity's assessment of its performance, and of the impact and outcomes of its work, will feed into its planning processes and will influence its future direction.

Hallmark 5: Financially sound and prudent

An effective charity has the financial and other resources needed to deliver its purposes and mission, and controls and uses them so as to achieve its potential.

Hallmark 6: Accountable and transparent

An effective charity is accountable to the public and others with an interest in the charity in a way that is transparent and understandable.

Appendix 4 – Action Plan

Area	Strategic aim	2014/15	2015/16	2016/17
Membership	To recruit 5000 public members, representative of their constituencies	<p>Identify areas of under-representation.</p> <p>Recruit members to make up to 5000, focused on South Wirral & Neston.</p> <p>Hold a 'sign up your man' recruitment initiative with WCT staff</p> <p>Engage with WCT services that deal disproportionately with men to encourage service-based recruitment</p> <p>Use magazine to invite members to provide E&D monitoring data</p> <p>Strengthen relationships with groups representing people with protected characteristics to better understand their needs and wants with regard to membership</p>	<p>Identify areas of under-representation.</p> <p>Maintain a membership of at least 5000 members.</p> <p>Target additional recruitment at areas of under-representation.</p>	As 2015/16
	To add value to the trust by involving members eg in quality and improvement projects	<p>Support services to utilise members in the completion of surveys.</p> <p>Ensure each member event includes some aspect related to quality improvement based on member feedback.</p> <p>Promote member involvement within the trust and work with teams to identify and fill opportunities, including:</p> <ul style="list-style-type: none"> • Patient experience and engagement group 	As 2014/15 plus actively increase the avenues by which members may be involved in trust activities, eg groups, committees, panels	As 2015/16

		<ul style="list-style-type: none"> • 'Welcome' visits • Innovation fund panel • Research Steering Group • Staff Awards judging panel <p>Promote member involvement in E&D agenda by inviting members to join Community Panel to oversee progress of E&D strategy</p>		
	To make membership meaningful for members	<p>Distribute the regular member magazine by post and email</p> <p>Provide feedback on surveys that members have taken part in</p> <p>Carry out an annual member event survey to understand what type of involvement (different groups of) members may prefer</p> <p>Promote volunteering opportunities to members</p> <p>Promote work placements opportunities to members</p> <p>Utilise an email service (eg Mailchimp) that will enable uptake of member emails to be measured</p> <p>Add E&D questions to member event feedback sheet to understand level of engagement with protected characteristics</p> <p>Complete EIA using new template (for members, work placements and volunteers)</p>	As 2014/15	As 2015/16
Governors	To attract a representative group of members to	Continue regular communication with interested governors (at least quarterly or when new information		

	stand in contested elections as public and staff governors	becomes available) Hold governor elections if possible (depending on progress of FT application) Develop communications plan to support governor elections		
	To support governors to discharge their duties effectively and confidently	Develop a detailed governor induction and training plan	Maintain/review and refresh a detailed governor induction and training plan	Maintain/review and refresh a detailed governor induction and training plan
	To develop productive working relationships between governors, members and directors	NED training and insight session Following election: arrange regular catch up sessions, potentially themed / develop proposal for governor / Exec time together To develop proposal for member: governor interaction	Annual review of proposals / plans, depending on progress of FT application. (May include governors if post-election.)	As 2015/16
Volunteers	To attract and maintain a volunteer population of 5-10% of FTE equivalent within the trust	Carry out a quarterly review of recruitment activity (covering all KPIs in volunteer policy and E&D monitoring) Promote placements via local partners (VCAW and Wirral CVS) Promote volunteering within trust to potential placement providers via Staff Bulletin, StaffZone and <i>For You</i> Adopt revised approach to timetabling of corporate	Carry out a quarterly review of recruitment activity (covering all KPIs in volunteer policy and E&D monitoring) Promote placements via local partners (VCAW and Wirral CVS)	As 2015/16

	<p>induction and placement start dates</p> <p>Produce options appraisal for merging core training and corporate induction</p> <p>Research online DBS forms and produce options appraisal</p> <p>Work with potential supervisors to develop 1-5 placements for local university students</p>	<p>Promote volunteering within trust to potential placement providers via Staff Bulletin, StaffZone and <i>For You</i></p>	
<p>To develop and maintain a system for providing timely, accurate information for reporting and evidential purposes</p>	<p>Develop v3 of database to include all new training and populate with all current information</p> <p>Audit the database and paper record system</p> <p>Review E&D data on a quarterly basis to allow consideration of inclusivity</p>	<p>Maintain database</p> <p>Audit the database and paper record system</p>	<p>As 2015/16</p>
<p>To build and maintain close working relationships with new and existing supervisors</p>	<p>Monthly bulletin</p> <p>Canvas supervisors' opinions about bulletin</p> <p>Set up six weekly contact cycle with supervisors</p>	<p>Produce regular bulletin using Mailchimp to review uptake</p> <p>Continue six weekly contact cycle with supervisors</p>	<p>As 2015/16</p>
<p>To support our affiliated charities to meet the Charity Commission's 'Hallmarks of an effective charity'</p>	<p>Agree hallmark indicators with affiliated charities</p> <p>Ensure League of Friends have adequate training and record keeping in place</p> <p>Ensure both charities have up to date risk assessments in place</p> <p>Work with League of Friends to ensure WCT staff are</p>	<p>On an annual basis:</p> <ul style="list-style-type: none"> • monitor progress against action plan • review risk assessment • review training and hygiene record (League 	<p>As 2015/16</p>

		<p>aware of funding opportunities</p> <p>Provide ongoing support to affiliated charities at quarterly meetings with chairs, plus ad hoc support as required re recruitment, training and funding dispersal</p> <p>Continue to advertise and manage recruitment and training for charities</p>	<p>Continue quarterly meetings</p> <p>Work with League of Friends to manage annual funding cycle</p> <p>Continue to advertise and manage recruitment and training for charities</p>	
Work placements	To provide high quality work placements for Wirral sixth form students (25-50 per year), in addition to pre and post registration students	<p>Continue to review best practice and develop guidance for placements</p> <p>Increase the number of teams providing placements by at least one per year</p> <p>Introduce E&D monitoring using application form and monitor programme for representativeness</p>	As 2014/15	As 2015/16
	To effectively support supervisors in providing placements	Carry out annual evaluation and review programme based on results	As 2014/15	As 2015/16

Patient Experience and Engagement Strategy 2014 - 2017

Agenda Item:	19	Reference:	WCT14/15-052
Meeting Name:	Trust Board	Meeting Date:	2 June 2014
Lead Director:	Sandra Christie		
Job Title:	Director of Quality and Nursing		

Link to Business Plan:	Ensures essential levels of quality and safety are met and drives forward continuous improvement for: <ul style="list-style-type: none"> • Our Patients • Our Services • Our People • Our Sustainability 					
Has an Equality Impact Assessment (EQIA) been undertaken & attached?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has the Public & Stakeholders been consulted?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
To Approve	<input checked="" type="checkbox"/>	To Note	<input type="checkbox"/>	To Assure	<input type="checkbox"/>	

Financial Implications: <i>E.g. What is the Impact on the Trust? Does it provide Value for Money? All costs should be clearly explained in the section below.</i>			
None			
Overall Cost / Pressure:	£	Overall Income:	£
Additional Funding Required:	£	Funding Already Ring Fenced:	£

Identified Risks:
None identified

Assurance to Board:
The Engagement and Experience Strategy provides assurance to the Board that the organisation has a clear vision for effective engagement for the period 2014-2017.

Publish on Website: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Private Business: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Report History		
Submitted to	Date	Brief Summary of Outcome
Quality & Governance Committee	17 March 2014	Approval of first draft version of strategy

Wirral Community NHS Trust

Patient Experience and Engagement Strategy 2014 - 2017

Purpose

1. The purpose of this report for the board is to formally approve the Patient Experience and Engagement Strategy 2014-2017 (see Appendix 1).

Executive Summary

2. This strategy is a key supporting strategy of Wirral Community NHS Trust's Quality Strategy 2014-2019.
3. The Patient Experience and Engagement Strategy outlines six ambitions for achieving effective patient experience feedback and engagement throughout the next three years to ensure that patients are at the heart of all we do to deliver services that are responsive and well led.

Rationale and Implications

4. The aim of the Patient Experience and Engagement Strategy is to provide a clear plan for the implementation and monitoring of effective patient experience and engagement over a three year period
5. This strategy will support the trusts Equality and Diversity strategy to be inclusive of those who have protected characteristics

Conclusion

6. This strategy has mainly been developed with our staff and key leads as part of the stakeholder consultation. The development of this strategy is a long-term commitment and much of the work will be on going. Hence the consultation process will continue over the coming year to develop effective engagement with people and or communities with protected characteristics, carers and those who are disadvantaged and vulnerable
7. The Patient Experience and Engagement Strategy outlines the trusts strategic ambitions and builds our aims to develop a culture of patient excellence and well developed local community engagement

Board Action

8. The Board are asked approve the strategy

Sandra Christie

Director of Quality and Nursing

Contributors:

Paula Simpson, Head of Quality and Nursing

Sam Lacey, Patient Experience Lead

**Patient Experience and Engagement
Strategy
2014 / 2017**

FINAL DRAFT

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Applies to:	All functions and services
Committee for Approval	Trust Board
Date of Approval	***
Review Date	2017
Name of Lead Director	Director of Quality and Nursing
Version	1

Review and Amendment Log

Version No	Type of Change	Date	Description of change
1	New		Developed to outline the trusts priorities to put patients first and foremost and deliver the trusts strategic objectives

1. FOREWORD

At Wirral Community NHS Trust we care deeply about the quality of the care that our patients, young people, service users, families and carers receive from us. We are committed to delivering high quality and efficient services which provides patients and their carers with the best possible experience whilst using our services and this is a strategic priority for the trust.

The implementation of this strategy will ensure a cycle of continual listening, learning and service improvement; working together with our patients and partners in care, to ensure that feedback from experience and engagement is routinely captured, and used to drive quality improvements. Our aim is to ensure that patients, young people, their families and carers receive an experience that not only meets but also exceeds their expectations of services.

The strategy will for the first time, bring together how we will improve patient experience and engagement into one framework. By having the strategy in place the trust will engage with patients and the public so they are involved in planning services ensuring the experiences of patients exceeds their needs and expectations

The strategy describes the trusts ambition to engage effectively with all our patients, young people, service users, their families and carers, in order to continue to develop services and ensure that their experiences of our care services are of the highest quality, which in turn will strengthen confidence and pride in Wirral Community NHS Trust. People will access our services knowing that they are amongst the best and are safe, effective and responsive to their needs, every time and all the time.

Simon Gilby
Chief Executive

2. INTRODUCTION

Patient, public and member engagement can be defined as the active participation of local citizens in the development, design, improvement and delivery of trust health services, as care is the trusts core business.

It consists of the following groups of activity:-

- involving people in decisions about their own care and treatment, and providing those with a long term condition or disability with a personalised care plan
- systematically seeking peoples feedback on services
- engaging people in on-going service delivery, making changes to services or redesigning pathways
- engaging people in organisational decision making

We consider the term 'patient and public' to include patients, service users, carers, relatives and friends of patients. This also includes people living in the areas we serve, local communities, patient groups and voluntary sector organisations. By implementing this approach individual empowerment and collective engagement remains fundamental to the trusts philosophy that patients are partners in their own health care.

The trust will ensure that services are accessible, appropriate and effective for everyone, free from discrimination. The trust has developed this strategy to implement a systematic approach to involve users and enable different voices to be heard, including those who are disadvantaged and those with protected characteristics in line with the public sector equality duty (Equality Act 2010) as patient empowerment is synonymous with high quality care.

We want to focus on promoting wellbeing and preventing ill health and we can achieve this by being an accessible, proactive and responsive organisation which listens and learns from its service users, their carers, members, future governors and local communities. This in turn will strengthen confidence in the services provided by Wirral Community NHS Trust.

This range of engagement activity:-

- is linked to better health outcomes for patients
- is linked to CQC key themes of safe, effective, caring, responsive and well led services
- is integral to the trust's Quality Strategy
- is a right under the NHS Constitution for England
- helps the trust maintain and increase public confidence
- contributes to sustaining the trust's reputation as a healthcare provider of choice
- is a key component of high quality care, as demonstrated by NHS England's Outcome Framework

Collecting and analysing patient feedback is only the first step; the drive for change comes from how the information is used and how as a trust we can measure and monitor improvements and initiatives.

The key areas in which patient experience and engagement data will be used are:

- Service innovation and redesign
- Role and workforce development
- Quality improvement
- Performance monitoring and reporting
- Informing the work of the Council of Governors (once formed)
- Commissioner communication

2.1 Strategic Vision and Values

Our vision is to be the outstanding provider of high quality, integrated care to Wirral and the communities we serve

The values at our HEART...

Health is our passion, with patients at the heart of everything we do

Exceptional care as standard

Actively supporting each other to do our jobs

Responsive, professional and innovative

Trusted to deliver

2.2 National, Local Drivers, Monitoring Systems

The NHS Constitution (March 2013)

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. Services are designed to diagnose, treat and improve both physical and mental health. There is a duty to each and every individual and respect for human rights. □ At the same time, trusts have a wider social duty to promote equality through the services they provide 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

The Equality Delivery System (Reference Equality and Diversity Strategy)

The Equality Delivery System (EDS) was developed in 2011 to help the NHS understand how equality can drive improvements and strengthen the accountability of services to patients and the public. Equality must lie at the heart of the NHS – its values, processes and behaviours, if we are to create a service that meets the needs of every patient and benefit from the contribution of all staff. It has been designed as a tool to support providers of healthcare to deliver better outcomes for patients and communities and better working environments, which are personalised, fair and diverse.

Care Quality Commission

The Care Quality Commission is an independent regulator that regulates the delivery of health and social care in England. The guidance set out in The Essential Standards of Quality and Safety helps providers ensure compliance with section 20 of the Health and Social Care act 2008 and Care Quality Commission (registration) Regulations 2009.

Each of the 16 standards has an associated outcome that all people who use services are expected to experience as a result of the care they receive.

The trust is subject to CQC quality assurance visits, the visits are key to providing assurance to patients and the public of the quality of care a trust provides. The trust takes constructive CQC feedback seriously and puts action plans in place, which are monitored at board level, to ensure we are a continually learning organisation.

Outcome 1: Respecting and involving people who use services

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run. (CQC 2010)

The fourth domain of the NHS Operating Framework sets the target of ensuring patients have a positive experience of care. This signals an important shift in focus that sees patient experience as of equal importance to patient safety, performance and clinical effectiveness.

Healthwatch

Healthwatch is an independent organisation with the aim of giving citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. Healthwatch will enable people to share their views and concerns about their local health and social care services and understand that their contribution will help build a picture of where services are doing well and where they can be improved. The trust aims to work in partnership with Healthwatch to improve quality of trust services

Wirral Childrens and Young Peoples Plan 2013/2016

The trust appreciates the importance of children and young people with the strategic ambitions of this strategy, as supporting their future and welfare is vital to enable them to fulfill their potential. Working together will deliver the best outcomes for all children and young people in the communities we provide services to.

Healthy Child Programme 0-19 years

The Healthy Child Programme (HCP) from 0 to 19 year old sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. It outlines

suggested roles and responsibilities for commissioners, health, education, local authority and other partners to encourage the development of high-quality services.

Compassion in Practice (2013)

Compassion in Practice is a vision based around six values - care, compassion, courage, communication, competence and commitment. The NHS vision aims to embed these values, known as the Six C's, in all nursing and care-giving settings throughout the NHS and social care to improve care for patients.

Friends and Family Test

The Friends and Family Test (FFT) is quick, consistent, standardised patient experience indicator that provide organisations, employees and the public with a simple headline metric, based on near real-time experience.

The Friends and Family question is:

“How likely are you to recommend our ward to friends and family if they needed similar care or treatment?”

With the following six response options:

Extremely Likely, Likely, Neither likely nor unlikely, unlikely, extremely unlikely, and don't know.

The FFT aims to drive a culture change of continuous recognition of good practice and potential improvements in the quality of the care received by NHS patients and service users. (NHS England 2013)

NICE Patient Experience Standards (2012)

To deliver the best possible experience for patients who use NHS services, high quality care should be clinically effective and safe. These quality standards ensure that patients are given the opportunity to discuss their health beliefs, concerns and preferences in order to individualise their care and have an excellent experience of care from the NHS.

NHS Patient Experience Framework (2011)

The NHS framework outlines those elements, which are critical to the patients' experience of NHS Services. Including:-

- Respect
- Co-ordination and Integration of care
- Information, communication and education
- Physical comfort
- Emotional comfort
- Welcoming the involvement of family and friends

- Transition and continuity
- Access to care

3. ROLES AND RESPONSIBILITIES

The Chief Executive

The Chief Executive has overall accountability for patient experience and local engagement within the communities served by Wirral Community NHS Trust and the Board demonstrates commitment through the endorsement of this Experience and Engagement Strategy.

The Director of Quality and Nursing

The Director of Quality and Nursing is responsible for delivering on the trusts quality of patients care and safety and providing assurance we are analysing, responding and learning from patient experience feedback which is also reported to the Board.

The trust board

All Directors are responsible for ensuring the ambitions of the Experience and Engagement Strategy are delivered in the organisation.

The Quality and Governance Committee

The Quality and Governance Committee is the committee which is responsible for monitoring the implementation of this strategy in the organisation. It does this through the monthly quality report.

The trust board secretary

The trust board secretary is responsible for managing the membership and engagement team and reporting activities to the Board, this objective is supported by the Communications Team

Divisional managers

Divisional managers are responsible for the implementation of this policy within their division.

Heads of Service

Heads of Service are responsible for ensuring the ambitions of the Experience and Engagement Strategy are delivered in their services, teams and at an individual level.

Line Managers/team leaders

All line managers and team leaders are responsible for using patient experience dashboard on Datix to track and monitor patient experience feedback and compliance with trust objectives.

Patient Experience Lead

Each division will have nominated lead who will be responsible to planning, implementing and monitoring the divisional experience and engagement objectives and writing their annual report on progress

The communication team

The communication team play a key role in sharing information about our services and improving the effectiveness of the many ways we communicate with patients, members and the public

The patient experience team

The patient experience team are responsible for monitoring strategic goals, co-ordinating the annual engagement plan and writing the trusts Experience and Engagement Annual Report, reporting by exception to the Quality and Governance Committee, when needed.

All staff

All staff are responsible for ensuring that their practice, behaviour and communication with patients, families or carers, the general public and each other contribute to the optimum patient experience in line with the principles and values of the trust.

Experience and Engagement are everybody's responsibility – regardless of the job role they have, the majority of staff in the trust provide care for patients every day and receive important feedback on how services are performing.

This is achieved as:-

- Everyone is responsible for encouraging people to be engaged in decisions about their care and treatment, through providing information, shared decision making and responding to concerns.
- Everyone should seek people's views about services, respond to patient feedback and actively involve people to find solutions to meet expectation, wherever feasible.
- Everyone should take part in trust wide activities to either invite feedback from patients using trust questionnaires and patient reported outcomes methods. Equally staff will be invited to provide feedback on quality of services using the Friends and Family Test.
- Everyone should take a note of any feedback received from patients and feedback through your manager and the Patient Experience Service. patientexperience@wirralct.nhs.uk

4. STRATEGIC AMBITIONS OVERVIEW

By collecting and responding to patient feedback and local engagement activities, this strategy aims to embed a culture of continuous quality improvement within the organisation, which will benefit patients, reward staff and enhance our reputation with local people, members, commissioners and stakeholders

We will achieve excellence by delivering on each of these ambitions

1. **Ambition One** – we will improve the patient experience at each and every touch point to achieve care and compassion.
2. **Ambition Two** – we will increase engagement and involvement of the local community, members and across the diverse groups in the community.
3. **Ambition Three** – we will improve patient experience by increasing the opportunities for listening and responding to what patients tell us.
4. **Ambition Four** –we will develop a culture in our staff that places patient experience as a component of high quality care at the heart of everything we do.
5. **Ambition Five** – we will improve communication with patients about their care about how well we are doing.
6. **Ambition Six** –we will provide assurance to patients that we are achieving our ambitions by robust measurement at every touch point.

Each ambition will have measures to demonstrate progress against each goal. (see section seven)

5. PATIENT EXPERIENCE

Patient experience is based on the views of patients, carer's and families on 'what happened' in the course of receiving care or treatment, including objective facts and their subjective view of it. People who use services can expect to:-

- understand their care, treatment and choices available to them
- be able to express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support
- have their privacy, dignity and independence respected
- have their views and experiences taken into account in the way the service is provided and delivered

The use of Datix, a Patient Experience Reporting System, provides opportunities for using real time feedback on patient experiences of trust services. On a one to one basis patients need to feel involved in their care and

treated as equal partners, listened to and properly informed. It also makes them feel valued and appreciated (Patient Experience Cycle - Appendix one).

Patient Experience Methodologies

Patient experience feedback methodologies are varied as no one method will meet everyone's needs. Patients and families are uniquely placed to judge the care they receive and witness; whilst we might think we are delivering a good patient experience the reality may be different. Thus it is important that their views are sought through a variety of different mechanisms to ensure robust and accurate data to guide service delivery decisions.

Patient Experience Questionnaires

A standardised questionnaire is used in all relevant clinical services to allow comparative analysis of results by Division and across services and is based on a combination of Picker Institute Quality Metrics and NICE Quality Standards.

Patient Feedback Cards

Patient experience feedback cards encourage patients and families to provide feedback in a quick, simple and convenient way. The cards are visible in all clinic settings and are shared with all patients who receive care in a home setting.

Both Patient Experience Questionnaires have Freepost address and also have a QR code linking them to trust website.

Patients may provide feedback by

- Free phone 0800 694 5530
- In writing
- NHS Choices web site
- On line at www.wirralct.nhs.uk
- E-mail patientexperience@wirralct.nhs.uk
- Text
- Patient experience kiosks

Patient and Family Shadowing of Touch Points (Appendix Three)

Shadowing is a valuable engagement tool when working with patient and families to improve care. The shadower observes the patient and or family member interacting with staff and the environment to gain insight on the patient's experience. This technique enables the gathering of information through observation, discussion and analysis and is used by care staff to 'perfect' the patient and family experience in the future.

Patient Stories

Patients and/or family members talk about what they felt, saw and heard, their emotions and how this may have affected their decisions and actions during their care experience.

Patient stories can be used to:

- Examine aspects of the patients and families experience to co design improved care services
- Assist staff through education and reflection to understand the whole patient experience/journey
- Support audit of the impact of service improvements to a patients care experience
- Share patients' experiences at trust board meeting to bring the patients voice into the room.
- Patient stories are also available on the trusts web site for all staff to share

6. PUBLIC ENGAGEMENT

Public engagement generally means involvement in the design, planning and delivery of health services. There are legal requirements to engage with people:-

- NHS Act 2006, section 242, requires organisations to engage patients and the public in planning and providing services, developing and considering proposals for change, making decisions which effect how services operate.
- Equality Act, 2010 requirement to engage with patients, service users and organisations that represent people with protected characteristics to develop our Equality Objectives
- NHS Constitution, 2010, gives people the right to be engaged in discussion and decisions about their health care
- Legal requirement to engage with Healthwatch

Engagement helps to ensure that services are responsive to individual's needs and the local community which supports us to improve the quality of care we provide. Effective engagement benefits patients, the public and staff.

Benefits for patients:-

- patients rights to be involved their own healthcare is open and transparent
- services will be designed and delivered to meet people's needs and aspirations
- more responsive services, mean higher standards and consistency of service quality
- concerns and complaints help identify new ideas to improve quality of care
- we will share the trusts magazine to keep patient and the public up to date with our progress

Benefits for the public:-

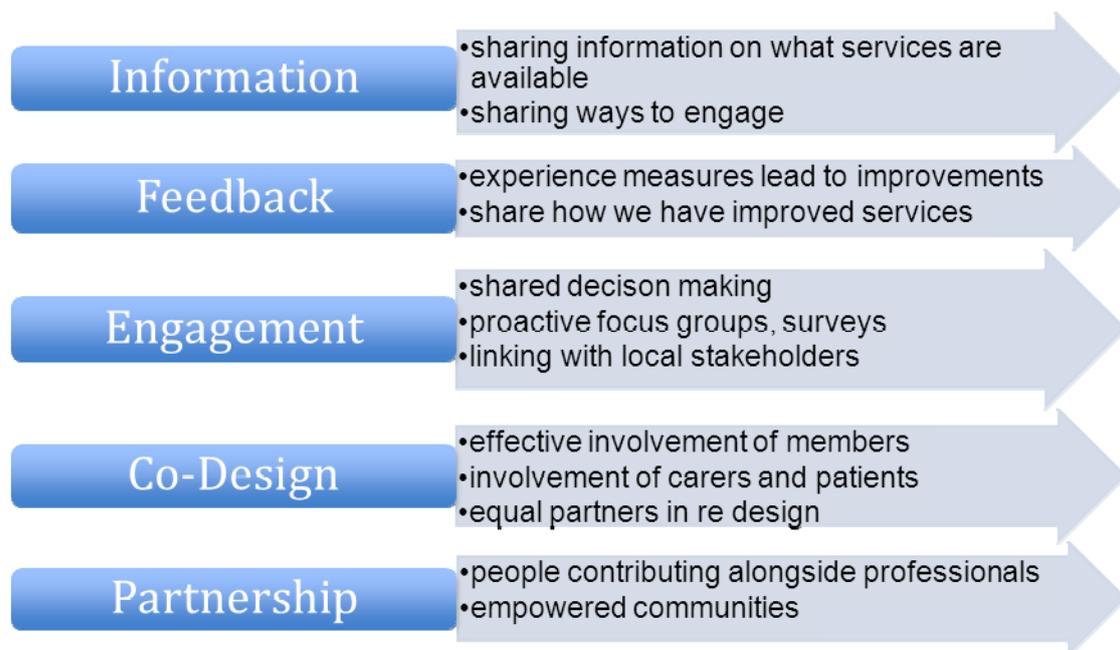
- to have continuous, meaningful engagement processes
- to build reputation of the trust and hence public confidence in our services
- established processes for informal and formal engagement on major service changes
- help people to have a better understanding of what part they can play in maintaining their own health
- they can access a well-developed trust web site
- they can use twitter

Benefits for staff and the organisation:-

- staff have a greater understanding of what patients and the public want, so they can focus on what matters and provide for peoples differing needs across our diverse community
- increased patient and staff satisfaction , as happy patients leads to happy staff
- enables the trust to be accountable to local people and local stakeholders
- cost effective service improvements and innovative solutions

Public Engagement Methodologies

We recognise that effective engagement can be on many levels, both reactive and proactive, we will use the following levels as a guide to plan our engagement.



We aim to offer face-to-face engagement, discussion/focus groups and broader, survey based methods. We recognise that different methods have pros and cons depending on the audience and purpose, and recognise that one method won't suit everyone or provide a representative voice. We will also provide feedback, including outcomes for the various consultation and engagement that we do, posted on the website and directly to key groups we are working in partnership with. We will also report progress in our annual Quality Account.

ROLES OF GOVERNORS AND MEMBERS: AS WE BECOME A FOUNDATION TRUST

Wirral Community NHS Trust is aspiring to become a foundation trust and has made considerable progress to achieve this goal. Anyone living in an area covered by a foundation trust, its staff, its patients and their carers can become an FT member. Members will receive regular information about their FT; they will also contribute their views about current services and future developments, and, critically, elect fellow members to become governors to represent them.

Every foundation trust has a council of governors – with a majority of governors elected by members from among the membership. The rest of the council is made up of appointed governors, including representatives from the local council, plus others from local partner organisations.

Governors play a central role in informing and influencing the future strategy of each foundation trust, and in every major investment decision, including how the FT invests its surplus to improve the quality of patient care.

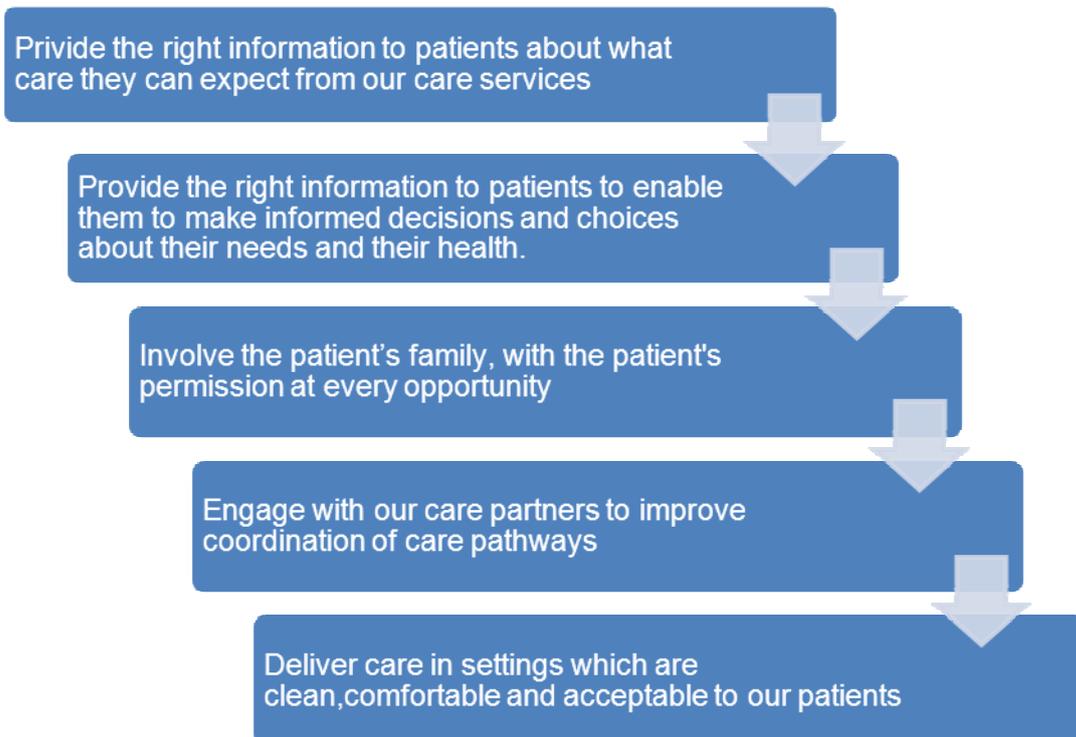
Governors' duties include:

- appointing and dismissing the chair and non-executive directors on the corporate board
- holding the non-executive directors to account for the performance of the board
- shaping and endorsing the future strategies of the trust; representing the interests of FT members and the public; providing a critical link between our organisation and the different communities we serve.

7. STRATEGIC AMBITIONS AND MONITORING MEASURES

7.1 Ambition One - We will improve the patient experience at each and every touch point to achieve care and compassion

To achieve this we will:-



To measure improvement we will monitor:-

- that services provide the right information to patients through services leaflets / trust web site
- feedback through shadowing patients and families whilst receiving real time care with their consent
- feedback from patient stories and implement actions when needed
- patient feedback during senior leadership walk rounds
- patients experience questionnaire results to evaluate patient reported experience
- trends in feedback that relates to care and compassion

7.2 Ambition Two – We will increase engagement and involvement of the local community, members and diverse groups

To achieve this we will:-

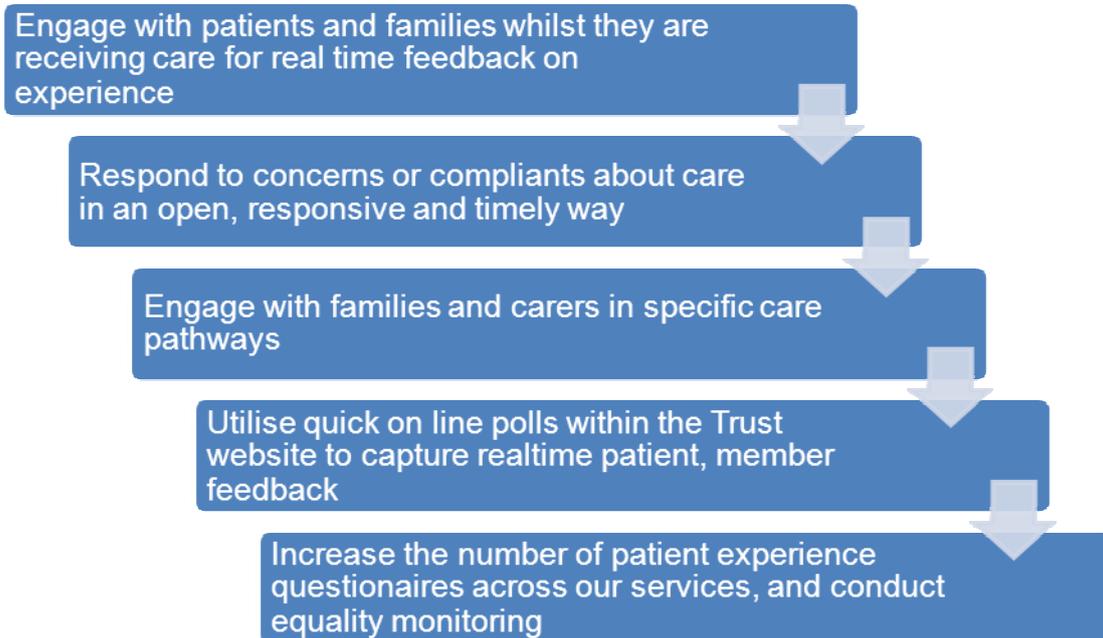


To measure improvement we will monitor:-

- patient and staff quality group outcomes
- learning outcomes from engaging with key groups, share findings and actions, all activity to be shared in annual report
- number of interviews that patients, carers or members have participated in
- level of participation in quality improvements, so patients or members are involved at the beginning of new initiatives
- learning outcomes from engaging with members, local advocacy groups, and share findings and actions on the trust web site

7.3 Ambition Three – We will improve the patient experience by increasing the opportunities for listening and responding to what patients tell us

To achieve this we will:-



To measure improvement we will monitor:-

- patient experience feedback, analyse findings, including equality monitoring and highlight areas for improvement
- the increase in the use of technology to broaden the number of opportunities for providing feedback on services
- trends in the number of concerns or complaints , monitor response rates and quality improvements that resulted in listening to feedback
- findings from conducting patient shadows – where a patient or carers shares their real time experiences of visiting our services, with their consent and any action plans needed

7.4 Ambition Four – We will develop a culture with our staff that places patient experience and engagement as a component of high quality care at the heart of everything we do, with equality of access a central and consistent theme.

To achieve this we will:-



To measure improvement we will monitor:-

- outcomes of a new Experience and Engagement Group providing a forum for patients, members and representatives
- outcomes of a new Experience and Engagement Group for Children and Young People – as part of 0-19 healthy child service
- staff equality and diversity training
- patient experience training
- measure impact of annual programme of engagement activities
- developments between equality and diversity champions and patient and engagement champions – sharing training when required

7.5 Ambition Five – we will improve communication with patients about their care and about how well we are doing

To achieve this we will:-



To measure improvement we will monitor:-

- how we are improving availability of information to patients about our services and their care
- we are responding to requests for information in alternative formats
- patient feedback to ensure they are satisfied with the quality of their care
- how we are expanding our use of social media
- review patient feedback related to communication and any action plans needed
- how well we are performing in sharing self care plans with patients when needed

7.6 Ambition Six –provide assurance to patients and the public that we are achieving our ambitions by robust measurement at every touch point

To achieve this we will:-



To measure improvement we will monitor:-

- outcomes from patient stories
- results of Friends and Family test
- outcomes from patient shadows
- outcomes from front line focus visits
- outcomes from patient and staff quality group
- patient feedback trends across each division in the trust
- how many of our services are Young People Friendly, as relevant

8. BUILDING CAPACITY OF STAFF TO BE EXPERIENCE AND ENGAGEMENT CHAMPIONS

Patient and Staff Quality Groups Based on the work of Anthony DiGioia at the University of Pittsburgh Medical Centre (UPMC 2008)

The aim of the groups will be to offer opportunities for staff and patients to get involved in activities to improve the Patient and Family Care Experience using the six steps model. The goal is for each staff member to understand clearly how every person's actions ultimately affect the patient and family's care experience. Each Division is responsible for co-ordinating and facilitating these groups, all quality improvements will be outlined in their annual Patient Experience and Engagement Reports

The steps in UPMC's Patient and Family-Centered Care Methodology include the following:

- Select a care experience/ touch point (Appendix Three)
- Establish a Patient and Family-Centered Care Experience guiding council (adapted to Patient and Staff Quality Groups)
- Understand the current state of the care experience through a variety of means, but always with direct observation of the journey from the patient's view through shadowing
- Identify where improvements using the patients' vision of the service are needed and begin making improvements supported by service staff.

Patient Experience and Engagement Champions

Patient Experience Champions, staff from within our services, are developed within each Division to facilitate and support improvements to the patient experience within their services. The Patient Experience Champions will be an asset to the trust as they continually develop and enhance their skills when working with patients and their work colleagues to increase feedback on our services. Trust staff are our greatest resource and are key change agents when driving quality improvements, over the period of this strategy they will develop their leaderships skills and engage and undertake specific activities to continually improve the patient experience

Staff Stories – Championing the 6Cs

Stories from our staff put the attitude and passion found at Wirral Community NHS Trust work environment into words. Our staff are here to make a difference to patients and their families while doing what they love and working together with a feeling of purpose makes that possible. Staff describe an episode of care where they used their knowledge and skills aligned to the 6Cs framework to improve the experience of care for a patient and their family. The audio story is heard at the Education and Workforce Committee and summaries available on the staff zone.

Staff Training and Development

Staff training will incorporate patient stories and learning from concerns and complaints. As the strategy embeds across services, opportunities will be sought to involve patients and members in training, where relevant.

Patient experience and engagement will be an integral aspect of:-

- Leadership development
- Essential skills for clinical staff
- Continuing professional development of staff
- Sharing the values of the trust to ensure we model how to deliver exceptional care for patients when students and others on work experience are on placement in the organisation
- The development of equality and diversity champions across the trust

9. CONCERNS AND COMPLAINTS (Concerns and Complaints Policy)

It is the responsibility of all trust staff to be receptive to all forms of patient feedback, including complaints and concerns. The way our patients, relatives and carers perceive the services the trust provides is critical to the success of service delivery. The trust is committed to equality of opportunity and no complainant or informant will be treated differently to any other individual on the grounds of race, disability, age, religion or belief, gender or sexual orientation.

The trust has a statutory obligation to investigate all complaints under the NHS (Complaints) Regulations 2004, 2006 Amendment Regulations, SI 2006 No 2084 and Local Authority Social Services and National Health Service Complaints (England) Regulations 2009; and is committed to meeting the standards laid down in these regulations.

Recent events have demonstrated the stark realities when standards of care fall woefully short, the overarching theme from the Francis Report (2013) is clear; a fundamental change is needed in order to put people at the centre of the NHS. The Berwick Report (Nov 2013) A promise to learn– a commitment to act states in recommendation 3 that ‘patients and their carers should be present, powerful and involved at all levels of healthcare organisations from wards to the boards of trusts.

10. CROSS REFERENCES KEY TRUST DOCUMENTS

The trust had developed a range of strategies to outline its strategic objectives and vision for the future, these include a:-

- Quality Strategy
- Equality and Diversity Strategy
- Human Resources Strategy
- Nursing Strategy
- Clinical Strategy
- Patient Safety Strategy
- Concerns and Complaints Policy
- Communications and Marketing Strategy

This list of documents is not exhaustive they are available on the trusts web site

11. MEASURING PROGRESS TOWARDS ACHIEVING OUR AMBITIONS

Analysis of results and the monitoring of action plans is key to tracking progress. All patient experience feedback is collated, analysed and themed and reported to the board monthly. Each report highlights main themes and actions being taken to provide the board with visibility and assurance we are meeting our trust objectives. Engagement activities are also shared with the Quality, Patients Experience and Risk Group. Escalated to the Quality and Governance Committee if concerns need to be raised and acted upon.

We have a public duty to share results and our progress will be published in our Annual Quality Account. The Quality Accounts tells our patients, staff and public about the standard of care they can expect from us, how we measure the quality of our services and our plans for further improving the quality of care we provide.

12. ACTION PLAN MILESTONES AND REPORTING

The overall actions in this strategy will be monitored by the named leads and progress shared in an annual experience and engagement report.

Ambition one - We will improve the patient experience at each and every touch point to achieve care and compassion

Activity	2014/2015	2015/2016	2016/2017	Lead	Reporting Structure
Patient Service Information Leaflets and trust web site	a. All services will have a service information leaflet b. All service information will be on the trusts website	Patient survey on usability of web site / leaflets Learn from feedback	Patient survey on usability of web site / leaflets Learn from feedback	Divisional Managers / Communications Team	Experience and Engagement Group
Collect patient experience feedback from patients and families using Patient Experience Questionnaires, using friends and family test	Increase patient experience questionnaires across the trust by a minimum of 10% per annum	Increase both patient and family experience questionnaire targets by a minimum of 10% per annum	Increase both patient and family experience questionnaire targets by a minimum of 10% per annum	Divisions	Quality and Governance Committee
Achieve Young People Friendly Award	50% of relevant services	80% of relevant services	95% of relevant services	Livewell	Experience and Engagement Group
Develop a Young Peoples Experience Questionnaire	Develop questionnaire, pilot and introduce to all relevant service by quarter two	Increase by 10%	Increase by 10%	Patient Experience Team and Services	Experience and Engagement Group
Patient shadows to improve the Patient Experience Stories	Conduct a minimum of 12	Conduct a minimum of 12	Conduct a minimum of 12	Patient Experience Team and Services	Trust Board

Ambition Two – We will increase engagement and involvement of the local community, members and diverse groups

Activity	2014/2015	2015/2016	2016/2017	Lead	Reporting Structure
Patient and Staff Quality Groups	Plan and undertake a minimum of 3 PSQGs per division	Plan and undertake a minimum of 3 PSQGs per division	Plan and undertake a minimum of 3 PSQGs per division	Divisional Managers	Annual Report to Quality and Governance Committee
Engage at public events twice yearly	Plan to have a Patient Experience and engagement event in two community based activities	Plan to have a Patient Experience and engagement event in three community based activities	Plan to have a Patient Experience and engagement event in three community based activities	QGS / Membership/ Directors	Experience and Engagement Group
Engage with condition specific groups eg Parkinson's and Diabetes	Plan listening and learning events with a minimum of 2 key groups	Plan listening and learning events with a minimum of 2 key groups	Plan listening and learning events with a minimum of 2 key groups	QGS / Service representatives /clinical specialists	Experience and Engagement Group
Engage with carers groups	Plan listening and learning events with a minimum of 2 groups	Plan listening and learning events with a minimum of 2 groups	Plan listening and learning events with a minimum of 4 groups	QGS/ Engagement Team /Services	Experience and Engagement Group
Engage with vulnerable / disadvantaged groups	Plan listening and learning events with a minimum of 2 groups	Plan listening and learning events with a minimum of 4 groups	Plan listening and learning events with a minimum of 4 groups	QGS/ Engagement Team/Services	Experience and Engagement Group
Engage with groups with the protected characteristics in the local community to support the trusts public equality act duties	Plan listening and learning events with a minimum of 2 groups	Plan listening and learning events with a minimum of 2 groups	Plan listening and learning events with a minimum of 2 groups	QGS/ Engagement Team/Services	Experience and Engagement Group

Ambition Three – We will improve the patient experience by increasing the opportunities for listening and responding to what patients tell us

Activity	2014/2015	2015/2016	2016/2017	Lead	Reporting Structure
Increase opportunities for patient feedback using variety of methods	Provide IT kiosk facilities across the organisation to capture patient experience feedback in real time	Measure amount of feedback using kiosk facility,	Measure amount of feedback using kiosk facility,	QGS	Quality and Governance Committee
Surveys and polls	Undertake relevant quick surveys and polls (using IT/web site) a minimum of 3	Undertake relevant quick surveys and polls (using IT/web site) a minimum of 3	Undertake relevant quick surveys and polls (using IT/web site) a minimum of 4	Patient Experience Team (PET)	Experience and Engagement Group
Text Feedback	Undertake and submit options appraisal for texting service for feedback	Use text messaging to increase patient feedback and evaluate	Use text messaging to increase patient feedback and evaluate	QGS / Ian Hogan	Experience and Engagement Group
Equality monitoring	We will analyse and monitor equality monitoring of all patient questionnaire feedback, and develop further actions plans if indicated	We will analyse and monitor equality monitoring of all patient questionnaire feedback, and develop further actions plans if indicated	We will analyse and monitor equality monitoring of all patient questionnaire feedback, and develop further actions plans if indicated	QGS	Quality, Patient Experience and Risk Group
Learning Disabilities	Develop action plan to meet quality measures in Joint Health and Social Care Self Assessment Framework and work in partnership with CCG and local partners	Monitor progress with action plan and update self assessment	Monitor progress with action plan and update self assessment	Director of Operations	Quality and Governance Committee

Ambition Four– We will develop a culture in our staff that places patient experience and engagement as a component of high quality care at the heart of everything we do

Activity	2014/2015	2015/2016	2016/2017	Lead	Reporting Structure
Involve patients /carers in Values Based Recruitment	Test a patient values led recruitment process to facilitate patient involvement in relevant interviews	Routinely involve patients/carers on Interview Panels as required	Routinely involve patients/carers on Interview Panels as required	Director of HR	Education and Workforce Committee
Essential Learning Programme for Clinical Staff	Deliver patient experience training within Essential Learning Programme Review programme annually	Deliver patient experience training within Essential Learning Programme. Review programme annually	Deliver patient experience training within Essential Learning Programme. Review programme annually	L&D Team	Learning and Development Group
Review existing training for line managers on patient experience to build a culture of patient excellence across services	Plan and deliver 'Hear to hear' patient experience workshop for clinical and service leads, and review exiting training provision	Deliver combined patient experience, concerns and complaints workshop to 50% eligible managers	Deliver combined patient experience, concerns and complaints workshop to 50% eligible managers	PET	Learning and Development Group
Implement Patient Experience Workshops (frontline support staff e.g. healthcare assistants and reception staff)	Initiate Patient Experience workshop and deliver training to 50% of eligible staff	Initiate Patient Experience workshop and deliver training to 50% of eligible staff	Review and refresh training provision to continue to meet needs of patients and services	PET	Learning and Development Group
Shared Decision Making	Engage with AQUA Shared Decision making Programme Include SDM at essential clinical training	Add SDM to relevant clinical audits in each annual audit cycle	Add SDM to relevant clinical audits in each annual audit cycle	QGS	Quality, Patient Experience and Risk Group (QPER)

Activity	2014/2015	2015/2016	2016/2017	Lead	Reporting Structure
Patient stories	Undertake a minimum of 12 patient stories with story board for board presentation.	Undertake a minimum of 12 patient stories with story board for board presentation.	Undertake a minimum of 12 patient stories with story board for board presentation	QGS / Divisions	Trust Board Monitored at QPER
Staff stories	Undertake a minimum of 12 staff stories to share at the Education and Workforce Committee	Undertake a minimum of 12 staff stories to share at the Education and Workforce Committee	Undertake a minimum of 12 staff stories to share at the Education and Workforce Committee	QGS	Education and Workforce Committee
Recognise and reward excellence	Develop a patient nominated award system for individual staff or teams who give great care – working with staff council to develop	Yearly Event	Yearly Event	Communications Team / QGS	Trust Board
Patient Experience and Engagement Champions (PEEC)	Develop a PEEC per service	Sustain and continue to develop role of PEEC	Sustain and continue to develop role of PEEC	PET	Experience and Engagement Group

Ambition Five – we will improve communication with patients about their care about how well we are doing

Activity	2014/2015	2015/2016	2016/2017	Lead	Reporting Structure
Develop a Experience and Engagement Group	Recruit and implement Experience and Engagement Group	Refresh membership yearly /TOR of Experience and Engagement Group	Refresh membership yearly /TOR of Experience and Engagement Group	Divisions /QGS/Non executive to chair group	Quality, Patient Experience and Risk Group (QPER)
Develop a CYP Experience and Engagement Sub Group	Recruit and implement and Experience and Engagement Group in the 0-19 yrs service	Refresh membership yearly and clarify annual programme with outcome measures	Refresh membership yearly and clarify annual programme with outcome measures	Service Lead	Reports to Experience and Engagement Group
Raise awareness of methods for:- •raising a concern •giving feedback on experience •culture of quality	Implement a campaign to raise awareness of trust values and how we aim to deliver exceptional care	Monitor campaign effectiveness and refresh programme	Monitor campaign effectiveness and refresh programme	Coms Team & QGS	Experience and Engagement Group
Annual Engagement and Experience Report per Division	Develop annual development programme and share progress on web site	Develop annual development programme and share progress on web site	Develop annual development programme and share progress on web site	Divisional Managers / Divisional E&E Lead	Feeds Into :- •Quality Account •Annual E&E Annual Report
Personalised care/goals plans for those with long term conditions and other key conditions	Patients will have personalised care plans containing care goals, treatment plans/discharge information	Patients will have personalised care plans containing care goals, treatment plans/discharge information	Patients will have personalised care plans containing self care goals, treatment plans/discharge information	Divisional Managers / Service Leads	Via Clinical Audit to QPER Group

Ambition Six – provide assurance to patients that we are achieving our ambitions by robust measurement at every touch point

	2014/2015	2015/2016	2016/2017	Lead	Reporting Structure
Monthly trend analysis of patient experience feedback and action plans in place when needed	To provide timely patient experience feedback for the Board	To provide timely patient experience feedback for the Board	To provide timely patient experience feedback for the Board	Dash board Lead	Trust Board
Friends and Family test	The trust will undertake the FFT test (using Net Promoter methodology) at agreed touch points in clinical services and report on its website, aiming for score 60	The trust will use the FFT test at agreed touch points in clinical services and report on its website, aiming for score 65	The trust will use the FFT test at agreed touch points in clinical services and report on its website, aiming for score 70	QGS	Quality and Governance Committee
Divisional Experience and Engagement Annual Plans	Divisional annual plans will outline Experience and Engagement objectives to deliver this strategy and report end of year	Divisional annual plans will outline Experience and Engagement objectives to deliver this strategy and report end of year	Divisional annual plans will outline Experience and Engagement objectives to deliver this strategy and report end of year	Divisional Managers / nominated E&E Lead	Quality and Governance Committee
Monitoring this overarching strategic plan	A annual plan will be implemented and monitored monthly by exception at the Quality a, Patient Experience and Risk Group An annual report will be available and an update in the Quality Account	A annual plan will be implemented and monitored monthly by exception at the Quality a, Patient Experience and Risk Group An annual report will be available and an update in the Quality Account	A annual plan will be implemented and monitored monthly by exception at the Quality a, Patient Experience and Risk Group An annual report will be available and an update in the Quality Account	QGS / Divisions/ Engagement Team and Communications Team	Annual Report to Quality and Governance Committee

Wirral Community Trust may revise the yearly plans subject to new NHS guidance or add new initiatives

13. INFORMATION GOVERNANCE AND CONFIDENTIALITY

The nature of Patient Experience work means that it will be necessary to hold personal details of patients and carers. It is of paramount importance that all Patient Experience staff maintain confidentiality at all times. This means that staff collating patient experiences must not disclose any information about named patients or their representatives, or information about them to any unauthorised person without prior permission. In order to adhere to the standards governing confidentiality, Patient Experience staff must actively seek the permission of a patient before divulging personal information

14. EQUALITY IMPACT ASSESSMENT

During the development of this strategy the trust has considered the needs of each protected characteristic as outlined in the Equality Act (2010) with the aim of minimising and if possible remove any disproportionate impact on patients for each of the protected characteristics, age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation.

Equality Act monitoring is included in the patient experience questionnaire, which is reported in the Experience and Engagement Annual Report. If staff become aware of any patient/carer exclusions that impact on the collection of patient feedback that do not comply with the principles in this strategy staff would need to complete a trust incident form and an appropriate action plan put in place by the service. Full equality impact assessment completed.

Annual engagement programme will be developed in partnership with the trusts equality and diversity project lead to promote an integrated approach

15. SAFEGUARDING

In any situation where staff may consider a patient to be a vulnerable adult/child or the feedback relates to a safeguarding issue staff need to follow the trust Safeguarding Policies and discuss situation with their line manager and document outcomes. The Director for Quality and Governance or on call duty manager must also be informed.

16. GLOSSARY

Patients and Carers

This term will be used in the strategy to encompass, those with protected characteristics under the Equality Act and those disadvantaged with the aim of being inclusive of everyone impacted by the services we provide.

User

An individual expressing their personal views

Stakeholder

This term can be described as a representative expressing views on behalf of a formal group or an organisation. It can also be a professional expressing views drawn from experience, this could be an elected official, community, voluntary or faith representatives.

Touch points

This describes any contact with members of our staff in any service.

Families

Families are as described by the patient and may not exclusively include relatives

Picker Institute

Picker Institute Europe is a not-for-profit organisation that makes patients' views count in healthcare

Clinical Services

The trust has a range of health professionals working across the organisation, this includes support staff who are skilled to provide clinical services alongside registered health professionals and staff who deliver health promotion and specialist health advice

Experience and Engagement Service Lead (E&E Lead)

Each division will have a nominated lead who will be responsible for planning, implementing and monitoring the divisional experience and engagement objectives

17. CONSULTATION

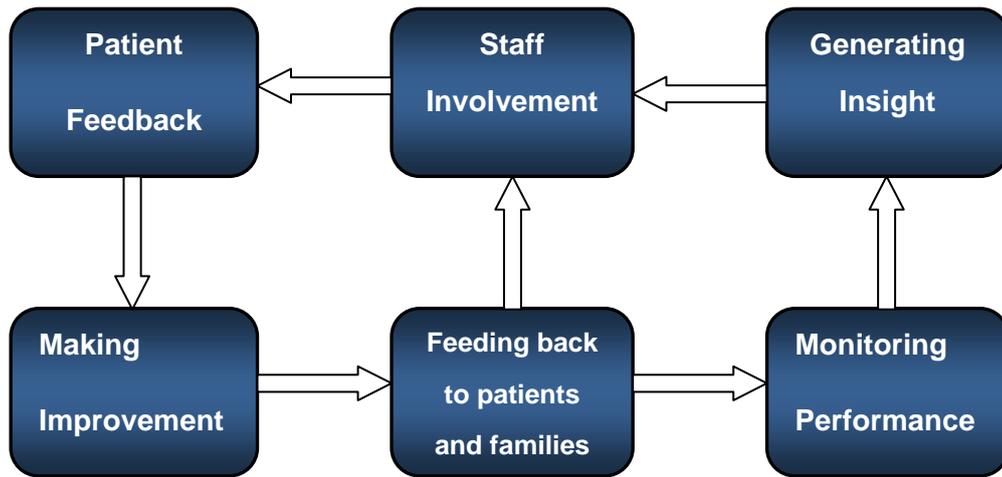
Human Resources	Communication Team	Directors
Livewell	Engagement Team	Non Executives
Quality, Patient Experience and Risk group	Divisional Managers	Patient Experience Team

18. REFERENCES AND BIBLIOGRAPHY

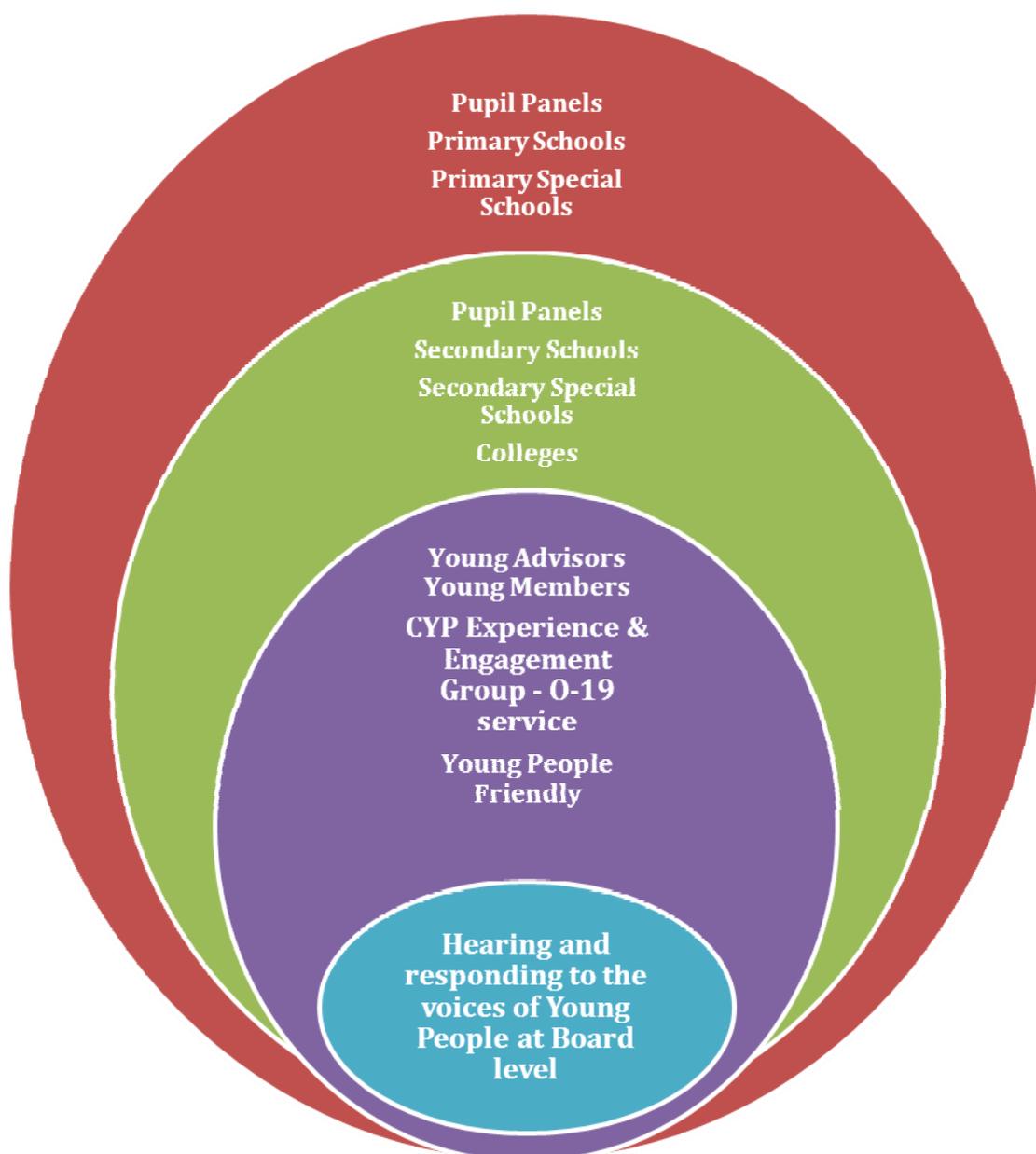
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The Patient Experience Cycle

The six key steps demonstrate the continuous improvement cycle in to achieve the aim of delivering excellence in patient experience for every patient, every time.



Differing Levels of Engagement with Children and Young People (CYP)



KEY TOUCH POINTS OF HEALTH CARE

Access	Person First	Care	Treatment	Coordinate	Support
					
<p>'It was easy to get the care that I needed'</p>	<p>'I feel I am listened to'</p>	<p>'I felt safe and respected'</p>	<p>'The staff know about my condition'</p>	<p>'They helped put everything together'</p>	<p>'My quality of life has improved'</p>