Leicestershire Partnership NHS Trust

Involvement of Service Users/Carers and Patient Experience Strategy

2012-2015
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1. Introduction

At Leicestershire Partnership NHS Trust, we provide health and wellbeing services for people of all ages who live in the diverse, multicultural communities of Leicester, Leicestershire, Rutland and beyond.

This strategy was originally developed in 2009 as a three year involvement strategy and action plan. In April 2011, the Trust merged with the two community health service NHS providers in the City and the County and the Trust also embarked on an extensive patient experience improvement programme. As such it was felt that the strategy was not fit for purpose and would need to be revised in order to reflect the new services within the organisation.

Through the work the Trust has been involved in, we know that involvement is more meaningful now than how it used to be when it was based on complaints and where there were artificial divides created. We know now that there is a better way of involving people. Whilst significant improvements have been made, we know gaps still exist in specific services but we also strongly believe that there are not any gaps that can’t be closed.

**Vision:** Our vision is to be an integrated Foundation Trust with a passion for quality and excellence.

**Goal:** We will meet service user and carer expectations through the delivery of care to the highest possible standards.

We will only achieve all of this by delivering services that are shaped from the perspective and experience of our diverse users, carers, staff and stakeholders.

The revised strategy is for a further three years and will cover 2012 – 2015. The Trust has services which come under four Divisions which are;

- Adult Learning Disabilities
- Adult Mental Health
- Community Health Services
- Families, Young People and Children

This strategy is a Trust wide strategy with recognition that real involvement needs to and must take place on the ground within services and led by front line staff with increased ownership and accountability within Divisions. The strategy has been developed with input from many people who use services, carers and staff. It builds on areas of very good practice that exist already and puts in place improvements to benefit everyone involved in the Trust’s services. The strategy sets the tone for a series of steps to improve people’s experience of services as part of a new improvement programme called ‘Changing Your Experience for the Better’.

We recognise that achieving the actions in this strategy will be a significant challenge, even more so given the rapid changing health and social care environment and current economic climate. It will take long-term commitment, perseverance and teamwork from
everyone involved. We thank everyone who has contributed to this strategy and look forward to working with you and others to put it into practice.

The strategy sets the tone for a series of steps to improve people’s experience of services as part of a new improvement programme called ‘Changing Your Experience for the Better’.

2. Current picture of service user and carer involvement

The Trust works alongside many service user/patient and carer groups both at a corporate and Divisional level and in a variety of ways from sharing information to working on strategy and service developments. Some groups are strong and vigorous, others are yet to feel listened to and involved. Some groups have a long history of working with us whilst others are just beginning. We work with many other voluntary sector groups in order to better understand the experiences of people who use our services.

In April 2011, the Trust went through a significant period of change, merging with the two local community health Trusts. Now, nearly every person living in Leicester, Leicestershire and Rutland will at some point, come into contact with at least one of the services we provide. With this in mind we recognise the need and importance of having a formal mechanism for the many diverse patient and carer groups to work together, to network, to share experiences and information and to feedback comments and concerns to the Trust.

3. Aim of Strategy

The aim of this strategy is to

- To ensure the services and the Trust benefit from the involvement and inclusion of service users and carers
- Build on the good work and programmes developed within services and share good practice
- To champion peoples rights and challenge discrimination
- To develop peoples potential
- To further develop and improve the patient and carer experience.
- To produce a measurable action plan to deliver this strategy.

4. Purpose of Strategy

The purpose of this strategy is to ensure all of the Trust’s services benefit from the experience of those who come into contact with our services. We believe that this strategy and action plan will encourage all groups and networks, however small, to become engaged with the Trust and support us to become more inclusive and responsive to people’s needs and expectations.

5. What does involvement mean?

The strategy is woven around the Ladder of Participation model which identifies five areas which are felt to be essential for the successful engagement of people who use services, their carers, staff and other stakeholders.
Level 1  Inform
Letting people know what we are doing

Level 2  Consult
Asking for views and perceptions that we will take into account as part of a decision making process

Level 3  Involve
Collecting a range of views and then choosing an option together

Level 4  Collaborate
Forming a partnership to decide and take action together on particular issues.

Level 5  Empowerment
We will help our partners to achieve what they need to achieve.

6. Trust leadership for Involvement

The leadership for the delivery of the strategy lies very firmly with front Divisional staff with the Trust's Executive Team having responsibility for ensuring that staff feel empowered and that there is the relevant systems, training and processes available for them to make sure involvement happens at the right time and in the right way. Leadership on service user and carer involvement as a whole sits with the Executive Director for Quality and Innovation.

Each Division also develops and monitors involvement through their Divisional Patient Safety and Experience Groups with specific leads for ensuring that the voices of people who come into contact with our services are listened to and taken into account during service development and design.

The Trust's Patient Experience & Partnerships Team will ensure that services are supported in identifying patient and carer groups and are provided with guidance in relation to planning involvement and patient experience activity. This will ensure that those involved are as representative of the communities we serve as possible and that all resources are utilised such as the Trust’s governors and members, volunteers, Local Involvement Networks (LINks) and other patient and carer advocacy and support groups.

7. Quality, Innovation and Improvement

As a Trust we have a collective commitment to excellence and quality, using innovation to drive improvement. We believe that by listening to the experiences of the people who use our services and their carers and through an innovative approach to service provision backed, we will produce better quality services for service users. Through the creative ideas of our service users, carers and staff we have the opportunity to further develop and improve services in partnership.

“We believe that this strategy and action plan will encourage all groups and networks, however small, to become engaged with the Trust and support us to improve service user and carer experience.”
8. Strategy Overview

The main aim of this strategy is to enable everyone who uses the Leicestershire Partnership NHS Trust's services to be involved in their own care and the work of the Trust in ways that are meaningful to them. We know that involvement works best for all concerned when each of the key is satisfied with the level of participation at which they are involved. In other words, we know that not everyone will wish to be involved to the same degree as everyone else which means it is the purpose of this strategy to ensure people have access to enough information to be able to make an informed decision in relation to how they might wish to be involved. The strategy also values and seeks to support the important role of carers both in how they support people who use services and how services support the carer’s own needs. As a result of involvement, people will have a better understanding and experience of services.

9. Key Principles and Values

The Trust has a key objective to deliver high quality services and we will do this if we embrace the valuable experience of the people who use our services and their carers in the planning, management and design of our many diverse services.

This Trust-wide strategy sets out how the Leicestershire Partnership NHS Trust will involve service users and carers both individually and collectively. It aims to provide a consistent approach and make sure that service users and carers feel valued for their valuable contribution.
9.1 Principles

- We believe service users and carers have a right to be involved in making the decisions that affect all aspects of their lives.
- We will positively respect and value the range of knowledge, experiences and skills that service users and carers have.
- We will make sure that service users and carers can express their views openly and honestly, whilst respecting others. Staff will respect the independence that many service users find important.
- We will involve service users and carers as equal partners in decisions about the design and delivery of the services provided by the Trust. If that is not possible then the Trust will explain and make it absolutely clear why that is not possible.
- We will develop this strategy with our partners including service users and carers, social services, commissioners and other key partners.
- We will value shared training and education to help staff, service users and carers build the right skills and approaches to involvement, and to help improve relationships and communications.

9.2 Values

The values that we hold as a Trust are central to our work in terms of involvement:

- Respect
- Innovation
- Quality
- Honest
- Trustworthy
- Caring
- Ambitious
- Rights
- Excellent
Respect - We will listen and support others to do so
Innovation - We will promote partnerships, care pathways and the use of new technology
Quality - We will deliver care to the highest standards
Honest - We will be honest and transparent in all that we do
Trustworthy - We will act with integrity and openness
Caring - We will demonstrate care and compassion
Ambitious - We will strive to be the best
Rights - We will treat others fairly and equally and value diversity
Excellent - We will strive for excellence in all that we do

10. National Guidance

The values and principles included within both the strategy and action plan are supported within national guidance and strategy;

- NHS Constitution (DH 2009)
- Section 242 and 244 of the NHS Act 2006 the new Health and Social Care Bill (2012)
- Making Experiences Count
- The Point of Care; improving patients experience (Kings Fund, 2008),
- Equality Act 2010
- NICE Guidance – Patient Experience in Adult NHS Services (NICE, 2012)
- The Triangle of Care
- NHS Midlands and the East – Good Engagement Practice for the NHS
- The NHS Constitution for England 2012
- Robert Francis Enquiry Report into Mid-Staffordshire NHS Foundation Trust 2010

The Duty to Involve confirms that all NHS Trusts/NHS Foundation Trusts must make arrangements to ensure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in;

- the planning of the provision of services
- the development and consideration of proposals for changes in the way services are provided
- decisions to be made by the Trust affecting the operation of services

11. Trust Priorities for Action

This section sets out the main priorities for action for the Trust as a whole. All Divisions and the corporate centre of the Trust will work together with service users and carers on
their local action plans, which will include all necessary ‘must-dos’ from this action plan as well as any additional work specific to their areas.

| Priority 1 | Develop an infrastructure that enables all service users and carers to be involved |
| Priority 2 | Involve people in their individual care and support, as service users and carers |
| Priority 3 | Enable service users and carers to be collectively involved in the overall improvement of services and the Trust |
| Priority 4 | Put in place supporting communications and information sharing |
| Priority 5 | Recognise the important role carers play and support them in their role as a carer |

**Priority 1: Develop an infrastructure that enables all service users and carers to be involved**

The Trust is determined to develop an infrastructure that works for service users, carers and staff to communicate, seek support, find out information, and raise concerns and compliments about services.

Infrastructure development includes:
- the services available and the accessibility of them to enable people to be involved
- the Trust-wide policies, procedures and guidance that will enable people to be involved individually and collectively in improving services
- the governance arrangements that will oversee the implementation and monitoring of this strategy
- the network of service user, carer and advocacy organisations that promote and support meaningful involvement across Leicester City, Leicestershire and Rutland

**Priority 2: Involve people in their individual care and support, as service users and carers**

Fundamental to this strategy is the way in which people working in services involve the people who use the service and their carer in their individual care and planning.

Involving each person in ways which meet their individual needs involves both practical action and cultural change in the organisation - by this we mean changes in how we work and how we behave in terms of the expectations and value we have for each other.
Involving people includes supporting individuals to have more control of aspects such as self care and to encourage people to be more actively involved in their own recovery.

**Priority 3:Enable service users and carers to be collectively involved in the overall improvement of services and the running of the Trust**

Collective involvement will mean that service users and carers will get involved at a team, service, Divisional and organisational level in the Trust’s work. Involvement will be in relation to the way services are designed, provided, how they are improved, the way staff are recruited and trained, and the way the Trust is governed. Collective involvement also means that we are committed to involving service users and carers in all areas including research, evaluation and audit.

**Priority 4: Put in place supporting communications and information sharing**

In order to promote timely and appropriate involvement the Trust will need to take responsibility for excellent communication and information sharing. The aim of this will be to support services to work well in partnership and to help people to make informed choices and decisions.

The communications team work closely with Divisions and services in order to support them in better planning the communication required in relation to service developments and changes. This will involve careful consideration of the stakeholders to be engaged and the method for communication as well as appropriate timescales.

**Priority 5: Recognise the important role carers play and support them in their role as a carer**

The Trust recognises how important it is that carers are meaningfully involved in care and support planning, and offered the information and support they need to care safely and effectively. This is why it is vital for the carer(s) to be identified and an agreement reached with them about how services will support the continuation of their involvement whilst the person they care for is accessing our services. Through the adoption of the ‘Triangle of Care’ framework, the Trust will work closely with carers to develop a Carers Charter and ensure that the Trust complies with the charter and continuously engages with carers in a meaningful way. Although the Triangle of Care was originally developed with mental health services in mind, the authors have also confirmed that many aspects of the framework are applicable across all types of services and with this in mind, the Trust will tailor the Triangle of Care framework for the services using it.

**12. Considerations for Divisions**

The Trust’s four Divisions will need to consider methods for achieving a number of key specific outcomes which are outlined in the table below;

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Outcome</th>
<th>Division</th>
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<tbody>
<tr>
<td>1. Develop Advocacy Standards</td>
<td>Best practice advocacy standards in place in consultation with advocates, service users, carers and Trust members/governors.</td>
<td>Adult Mental Health &amp; Adult Learning Disabilities</td>
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<td></td>
<td>Involvement in Recruitment</td>
<td>Appropriate recruitment panels will include service user and carer involvement in the formal recruitment process.</td>
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<td>3.</td>
<td>Involvement in individual care</td>
<td>All staff providing care will prioritise supporting service users so they can play a full part in decisions about their own care. People will be genuinely involved in their care plan, recognising their particular needs and issues at a given point in time.</td>
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<tr>
<td>4.</td>
<td>Advance Statements</td>
<td>We will promote the creation of advance statements where people who understand the implications of their choices can state in advance how they wish to be treated if they suffer loss of mental capacity.</td>
</tr>
<tr>
<td>5.</td>
<td>Self Care</td>
<td>All staff providing care will enable service users to use ways of self-assessing their needs and self-managing their issues.</td>
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13. Experience through the eyes of users, carers and staff

The day you go on to a ward as the carer of someone you love, when it’s happening to you, you feel totally different.

Sometimes in meetings I do say “Stop there – what do you mean by improving care pathways? What does that mean in plain English?” As a carer I want to be able to understand what’s happening.

I thought I really could deal with things. I thought I could see through the eyes of service users and carers. But you can’t. Not until it happens to you.

Why this Strategy is Important…

Staff doing very tiny things, how they talk to people when they are feeling unwell can have such a significant impact on people’s recovery and the course of their whole life.

It doesn’t take training to be kind and courteous.

What is the most important thing the Trust could do to improve the patient/carer experience? Have happy motivated staff who are able to see each person as an individual.

We need to recognise the strengths of all of the organisations we have and respect what is different about each of us – but we also need to learn to work together and use our combined strength to build a more inclusive environment for service users and carers from all communities.

I want to share my story about my illness because of the stigma that surrounds it. I am also proud of what I have achieved over the past 10 years despite my illness.

You can’t change things unless you recognise the problems and are honest about them. I hope I can begin to make some of these changes.

When I go and talk to people who are about to experience ECT or who care for someone who is about to have ECT I do feel I am delivering an important service. People are often frightened and don’t know what to expect. I can talk to people about ECT because I have experienced it myself.

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14. Strategy Involvement Process

The original development work of the strategy ensured that work was commissioned from local service user and carer organisations to start the process and to develop an involvement strategy. This resulted with over 400 people, from service users and carers organisations, and over 100 senior managers in the trust being involved within this process. Feedback from many of those involved emphasised the value of sharing experiences and knowledge. The discussions also highlighted the possibility of groups being supported to work together to enable more people to be involved. We have used this feedback to finalise many of the strategy’s actions.

Since then, the Trust merged with two community health organisations and the strategy has been revisited in order to ensure that it is reflective of the diverse range of services provided and that it recognises the excellent programmes of work which have already taken place across the Divisions, particularly in relation to young people through the Hear by Right framework. This revision has involved scoping the views and comments from many local groups and organisations such as the Local Involvement Network’s, Work with Carers and work with staff from within the four Divisions. The values, experience and skills of people who have worked with us originally are still very valuable and current and as such are embedded within this strategy and action plan.

15. Making it Happen & Working in Partnership

Ensuring that the actions from this strategy are taken forward will rely on both commitment and strong governance. There is a strong mechanism in place to ensure the work of the strategy is incorporated within relevant work plans as shown below;

We are committed to working in partnership with local groups and organisation on the delivery of the strategy. A key partnership will be with the Local Involvement Networks (LINks)/HealthWatch who represent the views of the local public and will have a key external friendly critic role. They will be able to provide the Trust with a view in relation to momentum of delivery.
We are also very aware of the vital role of our Local Voluntary and Community Sector (VCS) colleagues and the part they will play in ensuring that some of those people who we have historically engaged less with are involved and heard. The support we will provide to the VCS is outlined in the local City and County Compacts which we signed and committed to afresh in 2011.

Another key role will be that of the Council of Governors (once elected). The Council of Governors have the advantage of having an external view and the ability to hold the Trust board to account for the delivery of its strategies. Once in place, the Patient Experience Team will ensure that all members of the council are fully briefed on this strategy and the actions contained within it.

16. Summary

The majority of service users, carers and staff who contributed to the strategy said that what is needed is a culture change in how people are involved in services. This will require an increase in investment of staff time to make meaningful involvement a reality in the future. As part of this, we need to make sure that that involvement comes from as wide a representation of our service users and carers as possible, and we use a range of ways to involve and communicate with people. This way, we can improve the experience of using services for all service users and carers.

It is clear the strategy and action plan will require regular review and amendment to ensure that it captures and responds to the results of future involvement work and the growing expectations of the people we work with.
### 17. Action Plan

**Priority 1: Develop an infrastructure that enables all service users and carers to be involved**

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<th>What</th>
<th>Detail</th>
<th>Who</th>
<th>What will be different as a result?</th>
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<tbody>
<tr>
<td>Investment in service user and carer involvement</td>
<td>External groups that the Trust works with will reflect and have responsibility to engage with the diverse communities and seldom heard groups served by the Trust. Groups will be encouraged and supported to further grow and increase the number of service users and carers who will be collectively involved in the Trust's work. Groups will work in partnership with the Trust to ensure the continuous improvement of service user and carer experience across all areas.</td>
<td>Quality and Innovation Directorate, in partnership with all service areas</td>
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<tr>
<td>Support for involvement in commissioning</td>
<td>The Trust will work in partnership with local and regional commissioners to support service users and carers to be actively involved in the commissioning of future Trust and other relevant NHS services, including primary care.</td>
<td>All service areas and Quality and Innovation Directorate</td>
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<tr>
<td>Dedicated involvement lead</td>
<td>A senior lead role for involvement will be identified and will work in an integrated way with the Trust's four Divisions. Each Division will ensure strong leadership for involvement through its Patient Safety and Experience Group (PSEG).</td>
<td>Quality and Innovation Directorate</td>
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<tr>
<td>Improving the patient and carer experience</td>
<td>The Performance Framework will support Improving the service user and carer experience. ‘Changing Your Experience for the Better’ and the ‘Friends</td>
<td>Quality and Innovation Directorate</td>
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and Family Test’ (Net Promoter Score) programmes along with their action plans will support the improvement of the service user and carer experience.

Regular monitoring and reporting of the service user and carer experience will occur through the Trust Board on both a monthly and quarterly basis through Customer Care Reports.

Resources will be identified to support the required tools, methodology and reporting systems to support Improving Patient and Carer experience.

| Reimbursement policy for service users and carers | The Trust will put in place a reimbursement policy based on national best practice guidelines for service users and carers who are involved in the Trust’s activities. | Quality and Innovation Directorate | Policy development – Quality and Innovation Directorate  
Implementation – Trust wide |
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<tr>
<td>Involvement in training</td>
<td>The Trust’s Academy will review the involvement of people who use the Trust’s services and their carers in the design and delivery of training.</td>
<td>Academy</td>
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<tr>
<td>Involvement in Governance</td>
<td>The Trust will ensure that the voices of the people who use its services and their carers is represented within the Trust’s governance structure.</td>
<td>Quality and Innovation Directorate</td>
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<tr>
<td>Action on Equality</td>
<td>The Trust will ensure that Due Regard checks are carried out in all areas of service development, acting as a prompt for involvement. The Trust has an Equality &amp; Human Rights Strategy which includes a section specifically aimed at ensuring those with</td>
<td>Integrated Equalities Service</td>
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<td>protects characteristics are included in Trust involvement activity.</td>
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<td>Reasonable Adjustments – wherever involvement activity takes place, consideration must be given to any reasonable adjustments which may need to be made.</td>
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<td>Equality Delivery System (EDS) – The Trust will ensure that people who use the services of the Trust and their carers as well as key local VCS groups are involved and supported in the grading exercise for the EDS.</td>
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## Priority 2: Involve people in their individual care and support, as service users and carers

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<th>Who</th>
<th>What will be different as a result?</th>
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<tbody>
<tr>
<td>Involvement in individual care</td>
<td>The improvement of individual service user and carer experience when receiving care and treatment from the trust will be measured, reported and acted upon using a wide variety of methods so people can convey their views, opinions, experiences and suggestions.</td>
<td>Quality &amp; Innovation Directorate</td>
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<tr>
<td>Advocacy Services</td>
<td>We will ensure people who use services and carers have information about independent advocacy services.</td>
<td>All service areas.</td>
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**Priority 3: Enable service users and carers to be collectively involved in the overall improvement of services and the running of the Trust**

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<tr>
<td>Ward forums</td>
<td>Working with the Voluntary Services Team, we will promote the development of ward forums where service users who are inpatients will have the opportunity to get involved in making the decisions that affect them. Service users and carers will also be able to use the forum to raise concerns about inpatient services or when they do not feel involved.</td>
<td>Quality and Innovation Directorate</td>
<td></td>
</tr>
<tr>
<td>Involvement in governance</td>
<td>Corporate services of the Trust will agree and put in place involvement in key meetings and governance arrangements of Trust-wide activity.</td>
<td>Quality &amp; Innovation</td>
<td></td>
</tr>
<tr>
<td>Involvement in Trust Decisions</td>
<td>We will develop a Customer Relationship Management Strategy which will include the development of an effective mechanism to ensure service user and carer groups and networks are kept informed about trust business, this mechanism will also be used to raise concerns and comments wherever they feel they have not been consulted or involved in the Trust's decisions.</td>
<td>Business Development Team</td>
<td></td>
</tr>
<tr>
<td>Involvement in Trust decisions relating to Cost Improvement Programmes (CIPs) and Business Development</td>
<td>The Trust will ensure that the views of the people who use services and their carers are sought and considered in relation to decisions regarding CIPs. The Trust will involve people who use services and their carers in appropriate business development opportunities.</td>
<td>Business Development Team</td>
<td></td>
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</tbody>
</table>
| Involvement in Clinical Audit | We will develop guidelines for user involvement and clinical audit projects. CA Team. 2012/13  
We will develop mechanisms to recruit patients, carers and members to participate in the clinical audit process.  
We will train the Clinical Audit team in how to engage patients, public in Clinical Audit.  
We will establish a baseline of the Clinical Audits that have involved patient and public involvement and will aim to increase that involvement by 10% year on year. | Clinical Audit Team  
Clinical Audit Team  
Clinical Audit Team  
Clinical Audit Team |
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<tr>
<td>Involvement in research</td>
<td>We will promote a partnership approach with service users and carers to undertake research. We will train, support and enable service users and carers to work with us on research initiatives.</td>
<td>Research and Development Team</td>
</tr>
</tbody>
</table>
| Involvement in our premises | We will combine the views and opinions of service users and carers with available best practice and advice concerning all areas where care and treatment are provided.  
We will support and train service users and carers to undertake inspections (such as PEAT) to ensure our premises are the best that they can be. | Corporate Services Estates and Facilities |
## Priority 4: Put in place supporting communications and information sharing

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<th>What</th>
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<th>Who</th>
<th>What will be different as a result?</th>
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</thead>
<tbody>
<tr>
<td>Transparency, accessibility and availability of information</td>
<td>We will promote the communication of Trust-wide business to all service user and carer groups. We will provide information about the Trust’s work, developments, successes and progress in a way that can be accessed and understood by our diverse population, using a broad range of media. Documents will be made available in easy read formats and languages.</td>
<td>Quality and Innovation Directorate, Communications Team, Care Services</td>
<td></td>
</tr>
<tr>
<td>Involvement in website</td>
<td>The Trust’s central website and communications teams will develop and support services to involve and consult people in a range of ways including through social media. Service users and carers will be involved in reviewing and recommending how best to communicate important information on the Trust’s website.</td>
<td>Communications Team</td>
<td></td>
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<tr>
<td>Communication</td>
<td>The integrated communication team will constantly seek new and effective ways to engage with those that come into contact with the Trust. The Trust’s mission is to be focussed on the user and to meet their needs – for some this could mean engaging through social media channels,</td>
<td>Communications Team</td>
<td></td>
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<tr>
<td>Accessible information</td>
<td>All communications and information will recognise the wide range of people’s abilities and disabilities. Staff will have good access to additional resources, support and training to help them involve people with different disabilities in their own care and in involvement at a collective level. New patient information and key trust documents will be reviewed by Lay Reader Panels. We will work with service users and carers to ensure accurate, timely information is received which enables people to make informed choices.</td>
<td>Communications Team support for Trust wide action</td>
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<tr>
<td>Patient and Public Involvement Toolkit</td>
<td>A toolkit will be developed to assist in supporting staff to further develop their resources and skills to enable successful involvement of service users and carers.</td>
<td>Quality and Innovation</td>
<td></td>
</tr>
<tr>
<td>Attitude, Behaviour and Communication Standards</td>
<td>The values we hold will be supported by the roll out across all services of the ‘Changing Your Experience for the Better’ programme</td>
<td>Quality and Innovation</td>
<td></td>
</tr>
<tr>
<td>What</td>
<td>Detail</td>
<td>Who</td>
<td>What will be different as a result?</td>
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<tr>
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<tr>
<td>Carer involvement</td>
<td>Carers should be fully involved in all of the above where service users are happy for this to be the case or where service users have written advance directives to nominate carers to take decisions on their behalf as and when necessary.</td>
<td>All service areas</td>
<td></td>
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<tr>
<td>Carer assessments</td>
<td>As set out in the Fair deal for carers, every carer will be supported in accessing an assessment of their own needs as well as being kept well informed about the needs of the person they care for. This will be achieved through accurate signposting by staff to the Local Authority and by working in partnership with local carer organisations.</td>
<td>All Care Service areas</td>
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<td>Quality and Innovation Directorate</td>
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<tr>
<td>Carers Rights</td>
<td>The Trust will develop, in partnership with staff and carers, a Carers Charter of Rights which will be underpinned with appropriate training, support and communication for both carers and staff.</td>
<td>Quality &amp; Innovation Directorate</td>
<td></td>
</tr>
</tbody>
</table>