



Patient and Carers Involvement and Experience Strategy 2016-2019
"Just Ask Me"

1. Introduction

This strategy is for everyone who has or is likely to receive care or treatment from the trust including patients, service users, clients, parents, carers and families. This document sets out how Oxford Health NHS Foundation Trust (OHFT) intends to build on and improve how we work with people of all ages who use our services to ensure we work in partnership with patients, carers/ families and professionals. By working together we aim to achieve the personal needs of each individual, outcomes and goals that people want and to maintain good health for longer. By developing an understanding of each patient as an individual, including how their illness or condition affects them, we will ensure care is personalised, and co-ordinated to the needs of each individual. (NICE 2012)

We would like every person who receives care or treatment to be able to say;
"I can plan my care with people who work together to understand me and my carer(s), allow me control and bring together services to achieve the outcomes important to me."

(National Voices, May 2013)

During the public workshops held to develop and consult on this strategy and objectives a number of people commented that staff need to '*just ask me*' about when and how I want to be involved in both my care and in the development of services. This phrase is not to suggest that people need to wait to be asked but many people who use our services suggested that professionals need to feel less anxious about asking. Therefore this simple phrase has become the strap line for the strategy.

Throughout the document we have used the phrase patients, families and carers to mean any person who has used or will use our services, although we recognise that not all people will use these words and the terminology is often linked to the type of care they have or are receiving.

A full glossary has been developed in Appendix 1 which includes definitions of key terms used through the document.

Please contact us if you would like the information in another language or different format. getinvolved@oxfordhealth.nhs.uk Tel: 01865 902103

يُرجى الاتصال بنا إذا كنتم ترغبون في الحصول على المعلومات بلغة أخرى أو بتنسيق مختلف.
আপনি এই তথ্য অন্য ভাষায় বা আলাদা আকারে পেতে চাইলে অনুগ্রহ করে আমাদের
সাথে যোগাযোগ করুন।

اگر آپ یہ معلومات دیگر زبان یا مختلف فارمیٹ میں چاہتے ہیں تو برائے مہربانی ہم سے
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2. Aims

OHFT is committed to delivering outstanding care by outstanding people that is safe, effective and provides a positive caring experience to the communities, patients, families and carers we serve. We (OHFT) have developed our vision and a set of values, shown below, which are key to providing high quality care, that link to the behaviours we expect everyone who works for us, or with us, to demonstrate. 'Caring' emphasises the importance of treating people who use our services with respect, listening to their views and opinions and involving people in their care.

Oxford Health NHS FT vision and values

Outstanding Care Delivered by Outstanding People



Caring

- Put patients first
- Show respect
- Be understanding
- Listen and communicate

Safe

- Create a safe environment
- Be open and honest
- Be self aware
- Give and receive help

Excellent

- Be the best
- Take pride
- Work together
- Be professional
- Learn and improve

OHFT's aim is to put patients at the centre of everything we do and aim for, and to develop how we work better together by involving people at all levels of decision making and by recognising and respecting the valuable contribution we all make, and includes patients, carers/ families and professionals.

For more details of how this strategy links with the Trust's vision go to <http://www.oxfordhealth.nhs.uk/about-us/overview/our-strategy/>

The three main aims for this strategy are:



1. Person-centred care.

To develop a culture which encourages, and supports effective joint working and therapeutic relationships between people of all ages that use OHFT services and their carers/ families and staff. This will ensure care is tailored to the needs, circumstances and preferences of the person receiving care. We need to give patients the information and support they need in a way they need it, enabling patients to make informed decisions about their care with their professional. Good communication, relevant and clear information and mutual respect are the foundations to develop effective therapeutic relationships, partnership working and person centred care. It is through a shared and common language that respect is shown, and helps change attitudes and cultures. We are aiming for the person involved to be part of every conversation about them so that no decision is made without them as far as practically possible



2. Acting on feedback.

To improve the experiences of people who use OHFT services and their carers and families by being more curious to ask for feedback, taking time to listen, and then acting and demonstrating changes made as a result of feedback. The approach to asking, acting and re-asking people about their experiences needs to be embedded to be part of continuous quality improvement. The key elements of good patient experience practice for teams are;

- Routinely asking for feedback
- Sharing and discussing feedback with all team members
- Acting on both positive and negative feedback
- Routinely sharing with patients the changes that have been made as a result of feedback



3. Patient involvement and /co-design of services

To improve the opportunities of involvement, ensuring there are not barriers for harder to reach groups, vulnerable patients, the public and people with a disability. Through working together and using the approach of a joint endeavour (sometimes called co-design), identifying issues and actions to improve services/ care pathways, to redesign services and in some instances to help deliver services.

To improve the opportunities of involvement, ensuring there are not barriers for harder to reach groups, vulnerable patients, the public and people with a disability.

There is strong national evidence and research (i.e. National Involvement Partnership, 2015) and feedback from patients that good involvement can transform a person's life, improve services and develop strong communities. The benefits of involving people are:

- ❖ Involvement in individual care and treatment can increase self-esteem, improve individual outcomes and increase people's satisfaction with services.
- ❖ Involvement in services can lead to enhanced quality of care, improved relationships between staff and patients, and improved outcomes for patients (as they gain new skills, confidence and support others); as well as improved outcomes for organisations.
- ❖ Involvement in planning, commissioning and governance can improve information and access for patients, and have positive effects on decision-making processes and staff attitudes and behaviour.

The above three aims will be delivered through the objectives and actions detailed in Appendix 2. As well as looking at what more we need to do it also provides an opportunity to identify what we need to stop doing which is preventing care from being person centred.

3. Factors for Success of the strategy

For this strategy to be successful the following factors need to be in place:

- ❖ Commitment, direction and leadership on the importance and value of patient experience and involvement. This will need to be supported and sustained through the commitment of the Board of Directors.
- ❖ Engagement and empowerment of staff. We need to value and recognise the achievements of our staff, to support them to deliver person centred care, to work together to make changes to practice, and to enable them to develop and act on improvements.
- ❖ Appropriately resourced. Currently the people and money identified for patient involvement and experience is limited and in order to deliver the aims of this strategy additional funding is required for:
 - Hardware/ software to improve collection and reporting on feedback
 - Procuring a membership database
 - Dedicated funding for at least one leadership post within each of the three clinical directorates
 - Funding for apprentices/ peer support workers/volunteers initially two posts per clinical directorate and one central role
 - Identified centralised 'pot' of funding for reimbursement for patients, carers and families time and travel
 - Volunteer service coordinator
 - Introducing new patient awards

4. How was the strategy developed

There are many examples across our (OHFT) services where involvement is working really well, both in individual care and in developing services, which we want to build on and share more widely. By doing this we will achieve greater consistency and clearer expectations around involvement and what this means across OHFT. Our (OHFT) plan is that the development of this new strategy will replace the current patient experience strategy which ends in March 2016.

From November 2015 a range of approaches were used as part of the 'get involved' campaign to hear from patients their carers/ families, and staff. During December 2015 we held four public workshops around the counties in Oxfordshire and Buckinghamshire. A follow up public workshop was held in January 2016 to consolidate and prioritise the themes and further discuss objectives to include in the strategy. Appendix 3 lists the groups and organisations who have been involved in developing the aims and objectives of this strategy.

The strategy could not have been developed without the involvement of patients, carers/ families and staff, and a special thank you to the people and the carers who gave a significant amount of their time to support the development.

The aims and objectives align to the following OHFT strategies, strategic work, policies and guidance with our number one priority to **continuously improve the quality of services** so that they are safe, patients, families and carers have excellent experiences and we achieve the outcomes patients want.

- ❖ Annual Quality Account and Annual Plan 2015/16
- ❖ Business Strategy 2014-2019 and Strategic Plans
- ❖ Nursing Strategy 2015 – priority around ‘what patients want’
- ❖ Carers Strategy 2012-2017
- ❖ Web Strategy 2015-2020
- ❖ Trust Governors election process and strategy 2016
- ❖ Research and Development draft strategy *for involving and engaging patients, carers and the public in research*
- ❖ Community ‘third party organisations’ involvement strategy (in draft)
- ❖ Public Health Strategy 2016 (in draft).
- ❖ Development work around large scale quality improvement
- ❖ Oxford Academic Health Science Network; the patient and public engagement, involvement and experience theme
- ❖ Service user and carer payment and reimbursement for involvement policy 2015
- ❖ Use of volunteers policy 13.10.11
- ❖ Guidance on capturing and sharing patient stories 2016

5. Scope of the strategy

Patient involvement and experience

The strategy covers both patient experience and involvement as the two are intrinsically linked. OHFT believe that if people of all ages are involved in their care and treatment, and in improving and developing the services they receive, they have a better experience and often a more effective personal outcome. By working in partnership and asking, listening and using feedback from people who use our services, their carers and families we can make improvements and changes which make a difference.

Trust wide

OHFT Employ over 6,100 staff and provide a wide range of community health, mental health and specialised health services across five counties including Oxfordshire, Buckinghamshire, Wiltshire, Swindon, and Bath and North East Somerset (BaNES). This strategy covers all the services provided by OHFT, as the actions to

deliver the aims of the strategy are further developed and reviewed each year, some actions may be identified for particular services as different approaches will need to be used.

6. Levels of involvement

This strategy is focused on developing how we involve and improve people's experiences at three levels;

- ❖ A person's own care and treatment
- ❖ Working to plan, develop and deliver services in some instances
- ❖ In development work which the trust carries out across all of the services and with other organisations such as writing strategies, shared agreements...

Involving people in research comes under a different patient participation and involvement (PPI) strategy, led by Oxford University Department of Psychiatry and supported by OHFT. This strategy is not covered in detail here, but further details can be obtained from research@oxfordhealth.nhs.uk Broadly the separate strategy for involving and engaging patients, carers and the public in research focuses on developing research that patients want.

7. National drivers

There is a vast range of national evidence and research to support the rationale and aims of this strategy, a few key documents are listed below. Best practice within health and social care recognises the vital part that patient voices and person centred care can make when delivering safe, cost-effective care which is led by patients to deliver the best possible outcomes.

- ❖ National Voices, particularly the vision for person centred coordinated care
- ❖ N.H.S England and Care Quality Commission, (2014). NHS five year forward view. *London: NHS England*
- ❖ Coulter, A. and Collins, A., (2011). *Making shared decision-making a reality: no decision about me, without me*. King's Fund.
- ❖ NHS England (2015) The NHS Constitution - the NHS belongs to us all
- ❖ The mental health taskforce for NHS England (2016. Five year forward view for mental health.
- ❖ NICE Clinical Guidance on Patient experience in Adult NHS services: improving the experience of care for people using adult NHS services (CG138,2012)
- ❖ NHS England, 2015 Patients and Information. Accessible Information
- ❖ Equality Act 2010
- ❖ Rightly the independent regulator of all health and social care, the Care Quality Commission (CQC), has put what patients (and staff) experience at the centre of their new regulatory approach.

8. Models of involvement

OHFT approach to involvement is based on working in partnership with patients of all ages and carers/ families to achieve the strategy aims. There are many models for involvement. For simplicity we have chosen an adaption of Arnstein's ladder of participation (1969) as shown in Appendix 4. It is helpful to determine the type of involvement activity and therefore drive forward improvements in this area. This model was found to be useful to start discussions at a series of staff conferences as part of developing this strategy. However we recognise the level of involvement may vary (it might not always be appropriate to aim for level 8) depending on the nature of the involvement, and how much people want to be involved (or are able to be at a particular point of time). The actions in Appendix 2 reference the use of the ladder of participation model.

9. Implementation and monitoring of the strategy

Once approved, the strategy will be circulated to each of the groups and people involved in the consultation and published on OHFT's website; in addition an easy read and shortened version will be made available. A strategy launch event will be held to raise awareness and to help finalise the leads and timescales for the actions for the first year. The proposed objectives and actions to deliver the strategy are detailed in Appendix 2.

The Director of Nursing and Clinical Standards is overall responsible for enabling the strategy to be delivered, supported by the Board of Directors. All our (OHFT) staff, at all levels and in all services are responsible for putting this strategy in place. The current trust wide group focused on developing patient experience will oversee the delivery of the strategy and report quarterly on progress to the Quality Committee, Council of Governors and Board of Directors. At the beginning of each financial year (April) the objectives and actions will be reviewed and any amended or added as appropriate to deliver the aims identified in the strategy.

The overall measure to assess the impact of the strategy will be a positive experience for every patient and their carers/ family members, so that everyone is able to say;

"I can plan my care with people who work together to understand me and my carer(s), allow me control and bring together services to achieve the outcomes important to me." (National Voices, May 2013)

Underneath this overall measure the following indicators have been identified to monitor the success and impact of the strategy. These will be further worked up in the first six months;

- Patients and carers feedback an improvement in being involved in their care
- Increase the amount of patient and carer feedback received
- Each service/ team is better able to demonstrate the actions they have taken as a result of feedback

- Improvement or sustained high performance in the feedback received to the core questions used across all surveys
- Increase the number of patients and carers being involved in activities such as interviews, training, decision making meetings, writing newsletters, service developments etc...
- An increase in the number of volunteers, apprentices and peer support workers employed within the trust

Mandy McKendry and Jane Kershaw

18th April 2016

(approved by Board of Directors on 27th April 2016)

Appendix 1. Glossary of terms

Term	Definition
BaNES	Bath and North East Somerset
Carer	<p>A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, husband, wife, partner or friend who is ill, frail, disabled or has mental-health or substance-misuse problems (The Carers Trust 2016).</p> <p>In the strategy we use the word carer and/ or family member to include anyone who supports a person receiving a service provided by Oxford Health NHS Foundation Trust.</p>
Co-design	<p>This describes an approach to review, develop and change a service and/ or care pathway with patients and carers/ families in partnership.</p> <p>Experience based co-design is one recognised method which involves gathering experiences from patients, carers/ families and staff to identify key 'touch points' and to capture positive and negative feelings of their experience of the service. Everyone involved is then brought together to explore the findings and work to identify and implement activities to make improvements. For more details see http://www.kingsfund.org.uk/projects/ebcd</p>
Co-production	Co-production is an approach which describes working in partnership with patients, carers and families to develop care pathways and services, that help organisations to achieve person-centred, personalised and empowering care.
CQC	<p>Care Quality Commission, is the independent regulator of health and social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.</p> <p>We monitor, inspect and regulate services to make sure each provider meets fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care. More information can be found on their website at https://www.cqc.org.uk/content/who-we-are</p>
Hard to reach groups	<p>A hard-to-reach group is any group or section of the community who is difficult to access for any reason such as:</p> <ul style="list-style-type: none"> ❖ Physical inaccessibility (e.g., disability, older or frail people) ❖ Language (e.g., first generation immigrants to the UK) ❖ Cultural perceptions and traditions (e.g., disadvantaged young people) ❖ Social expectations (e.g., children and young people who are often not considered as appropriate to be engaged with and who themselves often do not expect to be taken seriously). <p>Thus, hard-to-reach groups may include:</p> <ul style="list-style-type: none"> ❖ Asylum seekers ❖ Children and young people ❖ Drug users

Term	Definition
	<ul style="list-style-type: none"> ❖ Faith communities ❖ Gay, lesbian and bi-sexual men and women, transsexual and transgendered people ❖ Homeless people ❖ Minority ethnic communities ❖ Offenders/ex-offenders ❖ Older people (especially frail and/or isolated older people) ❖ People with disabilities ❖ People with learning difficulties ❖ People with mental health problems ❖ People who travel or commute into the area ❖ Single parents ❖ Travellers ❖ Victims of domestic abuse ❖ Young men of working age
Involvement	<p>Involvement covers a broad range of activities and can mean different things to different people. Terms such as “engagement”, “consultation” “co- production” and “participation” are often used interchangeably with “involvement” as the meaning of all these terms which overlap. However, each term has a slightly different emphasis: “engagement” has an emphasis on having someone’s understanding and interest in an issue or process, “consultation” is often used to refer to a formal process where people are asked their views on a proposed decision, “co-production” has an emphasis on working in partnership from the very beginning of a project, and “participation” has an emphasis on behaviour and action.</p> <p>Involvement is about shared decision making which as an ethical imperative by the professional regulatory bodies which expect professionals to work in partnership with patients, informing and involving them whenever possible. It is important for patients because they want to be more involved than they currently are in making decisions about their own health and health care. There is also compelling evidence that patients who are active participants in managing their health and health care have better outcomes than patients who are passive recipients of care (Coulter 2011).</p> <p>Involvement is about including people in how we deliver services. It is about giving people the opportunity to take part in improving their local health services by offering their views about these services and using their expertise to help us make changes for the future. The best way of achieving this is to work in partnership with patients, service users and their carers.</p> <p>For the purposes of this strategy, involvement will be used to cover all of the above terms, and will be defined as:</p> <p style="padding-left: 40px;">“how we enable and support people who use our services, families, carers, the public and staff to be able to work in partnership, whether this is in</p>

Term	Definition
	discussions and decisions about their own care, in developing and delivering services and/ or helping to set the direction for the trust".
Joint endeavour	This is another word used to describe working in partnership and or co-production.
NICE	The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care.
OHFT	Oxford Health NHS Foundation Trust
Patient	People who receive or have received any of the services provided by Oxford Health NHS Foundation Trust. The person could also be called a service user, client, resident etc...
Person centred care	<p>Person centred coordinated care is described as;</p> <p>"I can plan my care with people who work together to understand me and my carer(s), allow me control and bring together services to achieve the outcomes important to me." (National Voices, May 2013).</p> <p>More resources can be found at; http://www.nationalvoices.org.uk/</p> <p>Care is tailored to the needs, circumstances and preferences of the individual receiving care, and this is likely to change over time. Patients are given the information and support they need to make informed joint decisions about their care with their clinician.</p> <p>Four key principles of person centred care;</p> <ul style="list-style-type: none"> ❖ Affording people dignity, compassion and respect ❖ Offering coordinated care, support or treatment ❖ Offering personalised care, support or treatment ❖ Supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life.
(a) Patients experience	<p>A patients experience is defined as feedback from a person about their individual feelings, views and opinions on the care they have received and which sometimes explores levels of satisfaction the feedback received can be used to confirm we are delivering care in the way a patient expects, to share good practice and to make improvements.</p> <ul style="list-style-type: none"> ❖ Patient experience is a key element of providing high quality services, alongside providing the most effective interventions and safe care. ❖ It is the aim that every patient receives good care in the way they expect, and therefore they have a positive experience.
PPI	Patient and Public involvement
Staff	Any member of staff employed by Oxford Health NHS Foundation Trust, this could be a nurse, doctor, occupational therapist, social worker, paramedic, physiotherapist, psychological therapist, speech and language therapist, a senior manager to name a few. A staff member can also be called a professional clinician or practitioner.

Appendix 2. Objectives and Actions

(note the actions with leads, timescales and outcomes to indicate success will be developed once the strategy is finalised)

	Aim	Objective	Action (draft to be finalised)
1	Person centred care	To ensure all people who use our services and their carers are involved and are valued as equal partners in the involvement activity.	<ul style="list-style-type: none"> • Use the involvement ladder (Appendix 4) and the 4Pi National Involvement Standards (developed by the National Survivor User Network) to identify the level of patient involvement in Trust wide activities to role model expectations e.g. board meetings, training and education, serious incident investigations, complaints process, service developments, conferences and leadership programmes. Improvements to be identified following exercise. <ul style="list-style-type: none"> ○ For the trust to explore staffs current beliefs in regard to involvement ○ Complete a trust wide mapping of current involvement activities to establish a baseline measure to assess improvements and to share good practice. To also include an update of the mapping exercise of how services/ teams are collecting, sharing and using feedback. • Develop a patient/ carer charter relating to how we involve people and improve the experiences people should expect whilst receiving care from OHFT. • Developing a peer support group for staff who suffer from a mental illnesses recognise their experiences .to • Scope developing a designated budget for all services to use to pay for reimbursement of involvement work, so that

	Aim	Objective	Action (draft to be finalised)
			<p>funding does not potentially become a barrier to involvement.</p> <ul style="list-style-type: none"> • Develop a training film for staff developed with patients/ carers about person centred care. • Support patients and carers/ families to manage their own care, through developing a resource library to enable easy access to self-management resources and information on OHFTs website. • Develop a regular method for sharing and celebrating across teams and services excellent examples of person centred care, this could be a conference, learning event, emails, blogs etc.... • Identify teams/ services which could employ peer support workers, initiatives for staff to mentor patients, taking young people for work experience and use volunteers. Support these teams to fully utilise the benefits of these roles e.g. peer support worker training (possibly from a voluntary organisation), peer support worker networking events, set up a volunteer service to coordinate volunteering etc... • To develop a mentor/buddy system to enable those people who wish to be involved are well supported and have access to an advocate if required to help them 'get involved' • A range of approaches should be offered giving participants choice and options as to how they participate • Develop an annual patient experience/involvement award, valuing the achievements of services users who are engaged in participation projects and celebrate teams using patient/ carer feedback and involving people routinely to improve services

	Aim	Objective	Action (draft to be finalised)
			<ul style="list-style-type: none"> • Develop a scheme to identify 'beacon teams' demonstrating good practice for all aspects of patient feedback/ involvement to spread to other teams so clearly demonstrating why good involvement 'looks like' • Set up a library of patient stories (with appropriate consent) to share across teams.
		<p>Improve engagement of patients and carers in care planning in all teams so that; All patients, and where appropriate carers, are offered the opportunity to develop their care plan and risk assessment as part of working in partnership</p> <p>All care plans are personalised and meet the individual's need and identify clear goals</p>	<ul style="list-style-type: none"> • Directorate level care planning forums to be established to identify/ share good examples of care plans and areas for improvement across teams and professionals to improve the quality of care plans. • Organise visits to other organisation to learn from them. • Trust wide work to bring clarity around standards for care planning and share learning across the trust. Further work to be scoped by the Chief Clinical Information Officer.
		<p>Increase the number of patient and carers which co-design, co-deliver and participate in the same training as staff (learn from the recovery college model)</p>	<ul style="list-style-type: none"> • Trust induction, training and education activities should, as joint partners, involve and include people of all ages who have are using our services from planning through to delivery and attend the same training events when the involvement activity requires the same level of involvement.
		<p>All projects for service</p>	<ul style="list-style-type: none"> • All service redesign project plans will undertake a patient

	Aim	Objective	Action (draft to be finalised)
		redesign/ developments will include people who use our services from the planning stage	<p>involvement assessment to ensure involvement of patients takes place from the outset of any project.</p> <ul style="list-style-type: none"> • Involvement assessment tools for service developments to be developed and agreed.
		Information will be provided in a format which is easily understandable, so enabling accessibility for all	<ol style="list-style-type: none"> 1) Service leaflets will be available as easy read and in the most commonly used languages as identified by NHS England/and locally, where English is not the first language. 2) When replacing signage for services, new signs will include easy read format and where appropriate, in languages additional to English. 3) Assessment of the most appropriate methods for sharing information will be undertaken and should consider audio, visual, written, Braille, according to peoples individual needs 4) Develop the insight magazine so that it is a joint endeavour with equal contribution from staff and those people who have used our services.
2	Act on Feedback	To increase the amount of feedback from patients and making changes for improvements based on the feedback	<ul style="list-style-type: none"> • Embed the quality improvement approach (plan, do, study, act) to better demonstrate at service/ team level the changes made as a result of feedback and how this impacts on people’s future experiences. This will be monitored through the information reported to the Board of Directors quarterly. • Review how the information from various sources of feedback is pulled together and presented at team/ service and trust wide level ensuring the feedback is shared across all the services • Patient experience/ involvement lead to be identified in every

	Aim	Objective	Action (draft to be finalised)
			<p>team/ ward or cluster of teams.</p> <ul style="list-style-type: none"> • Every team/ ward to introduce a standing agenda item on their business meeting to discuss positive and negative feedback from patients/ carers and what improvements will be introduced. • Complete external re-tender for patient experience contract (software and hardware) to support teams with collecting and receiving information in a user friendly format and in a variety of ways according to patient need. • Make positive and less positive feedback more readily available to teams and develop how information is published. • Increase the amount of feedback received. • Develop both the internet and intranet patient experience and involvement pages on OHFT website, to share feedback received, actions taken and the impact of these actions.
3	Patient Involvement in services	To increase the use of 'social media' and modern technology as a means of engaging and involving people better so that people can share their experiences	<ul style="list-style-type: none"> • Develop both the internet and staff intranet patient experience and involvement site on OHFT web sites so that learning from patient experiences are able to be shared • Report and publish feedback received quarterly and the actions taken as a result of the feedback at directorate and service level. • Develop both the internet and intranet patient experience and involvement pages on OHFT website so that the patient involvement activities are promoted • Show clearly and diagrammatically the tiers of management/ panels/boards that are responsible for the delivery of the

	Aim	Objective	Action (draft to be finalised)
			<p>strategy and commissioning of the Services. Their contact details should be shown. There should be a clear demonstration of the structure of management and how this sits in relationship to all of the patients, families and carers panels.</p> <ul style="list-style-type: none"> • Develop how we use modern technology e.g. APPS on pads to improve and support the patient experience, involvement and clinical care.
		<p>To ensure those people who want to get involved are able to access information easily and in a format which they can understand</p>	<ul style="list-style-type: none"> • Information about involvement activities will be made available in a variety of places and in a range of ways. This will be updated regularly to promote involvement and to build a network e.g. social media, internet, newsletters, working closely with partner and voluntary organisations, discharge information etc.... • A single member's database will be procured and introduced to capture members and all individuals who want to be involved with activities across the OHFT. The level of involvement people want to have will be decided by them and might be from just receiving information to joining a project team to help design a service. All members on the list will be contacted regularly about available involvement activities. • Develop and deliver a plan on how to promote the members database. • Review the 'Use of volunteers' policy 13.10.11 to ensure it is in line with this strategy. • Work with the voluntary sectors to share information about

	Aim	Objective	Action (draft to be finalised)
			<p>people who would like to be involved in activities at OHFT.</p> <ul style="list-style-type: none"> • Develop resources including guidance/ a toolkit for staff to support them to actively and consistently involve people. This will include sharing excellent examples of co-design and partnership working. • Develop and provide involvement coaching workshops/ films for staff. • Review whether and how all patients on discharge could be contacted about how to get involved with activities in OHFT through membership.
		<p>Increase the amount of involvement activities offered and being taken up and peoples experiences of being involved</p>	<ul style="list-style-type: none"> • Involvement activities will be reported quarterly in the patient experience and involvement report to the caring and responsive quality sub-committee and Board of Directors and to the council of governors. • An evaluation form will be developed and introduced to understand people’s experiences of being involved in OHFT activities. The results collected will be analysed to help steer the future development of involvement. • Introduce virtual/ actual ‘involvement centres’ across the trust to enable people to come and talk about involvement activities available and to share/ network with peers.
		<p>To increase the number of people in involvement activities from the ‘harder to reach groups</p>	<ul style="list-style-type: none"> • Develop the use of demographic data to identify those harder to reach groups where we do not receive feedback. • Explore with harder to reach groups how we can involve them better so that they have good experiences of care and can be involved as much as they wish.

	Aim	Objective	Action (draft to be finalised)
			<ul style="list-style-type: none"> • To proactively raise awareness of the involvement opportunities within local communities • To work in closer partnership with voluntary /charitable agencies, who are experts by experience e.g. Personality Disorder Training & Emergence Charity , MIND, STARS, Age UK, Barnardos,
		<p>Interview panels will include people who use or have used our services and carers, as equal partners</p>	<ul style="list-style-type: none"> • Joint interview training will be developed and introduced for staff and patients. • Interview and recruitment guidance for staff and patients will be developed. • The development of a sub group led by patients will be set up: 'employment resourcing interview forum' to support the above work. • Scope adding 'lived experience' as desirable criteria in all job descriptions.
		<p>Peer review visits will include people who have used our services as a normal part of the process.</p>	<ul style="list-style-type: none"> • Peer review teams will include people who have used our services and will consider accessibility of information as part of their visits. • Guidance and mentoring will be provided for those on the peer review teams. • People who have used our service will be included in regular observational feedback events for inpatient wards • Trust governors will be active participants in involvement activities/ peer review visits. • Develop a structured framework for governors to use when undertaking 'walk-rounds' so enabling an assessment on

	Aim	Objective	Action (draft to be finalised)
			<p>experience, involvement and safety.</p> <ul style="list-style-type: none"> • Develop a joint patient experience and involvement working group with our partners; OUH, BHT, voluntary organisations, so that we can fully understand experiences across the whole patient journey not just within individual services. • To explore development of a research/evidence based project, based on the patient's journey, working in partnership with patients, carers and families and partner organisations (e.g. OUH, BHT, OBU) so contributing to the national body of evidence in regards to patient experience and involvement.

Appendix 3.

People involved in the development of the strategy

A variety of methods were used i.e. email, announcements, attending meeting, running workshops...to share and discuss an initial document around 'getting involved' which asked people a series of questions to help us to develop a draft patient involvement and experience strategy. The draft strategy was also circulated to the same people for comment.

Below is a list of the people and groups who contributed to the development of the strategy.

- Larry Gardiner Secretary - Meadow Brook Residents Association
- Alice Hicks. Researcher and trainer with lived experience of mental distress
- Jacqui
- Miss Angela Rye.
- Inspector Jan Penny, Thames Valley Police Mental Health Lead
- Rosemary Wilson.
- 19 patients, carers and members of the public gave a significant amount of their time to develop this strategy in partnership with OHFT
- Existing service user/ patient/ carer/ parent forums which are held around the counties
- Public workshops in December 2015 and January 2016
- Foundation Trust Members
- Council of governors (plus a decision at the governors sub committees)
- Tweets
- A public YouTube film
- Circulation to minority groups via the Trusts Equality and Diversity Lead
- All staff (through an announcement, meetings and senior staff and linking leader conferences)
- Taking Action on Patient Feedback meeting members
- Various voluntary organisations including Alzheimer's, Age UK, Beat, Barnardos, MIND, Restore, Response, Connection Floating Support and Elmore Community Services, my life my choice, carers association, STARS, Article 12,
- Health watch organisations in Oxfordshire and Buckinghamshire
- Clinical commissioning groups and Local Authorities across Oxfordshire, Buckinghamshire, Wiltshire, BaNES and Swindon
- Neighbouring NHS trusts i.e. Buckinghamshire Healthcare NHS Trust, Oxfordshire University Hospitals NHS Trust, Avon and Wiltshire mental health partnership NHS trust, Southern Health NHS Foundation Trust, Great Western Hospitals NHS Foundation Trust

Appendix 4.

Eight levels of participation - Adapted from Arnstein's ladder of citizen participation (1969)

