

# PAPER

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(Agenda Item: 21)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**29 April 2015**

**Patient Engagement Strategy Proposal**

**For Approval**

**Executive Summary**

The purpose of this report is to describe the Trust’s current approach to patient engagement and to set out a plan to develop and launch a new patient engagement strategy.

**Current Position**

The Trust’s overall strategic plan 2014-2019 has at its heart a focus on patients. This manifests in the plan with the third aim clearly stating that the strategy is to “fully involve patients and carers in their care”, and three of the spokes in the ‘strategic wheel’ focusing on patients; their experiences, their outcomes, and working with them to achieve the health outcomes that they want.

Within the context of the overall strategic plan, there exists two strategies that set out the current approach to patient engagement:-

*1. Communications & Involvement Strategy*

In the past, the Trust’s approach to patient engagement was encapsulated in a strategy document that dealt with both traditional communication strands (such as media handling, managing the Trust’s brands, etc.) and ‘involvement’. The last of these documents was produced in 2010. Whilst there are many links and symmetries between the two elements, it has become clear over time that these were not sufficient to sustain a coherent combined strategy; the traditional communication strands typically became the focus of effort and the involvement strand was marginalised and simply became a ‘list’ of involvement tasks.

Consequently, a new communications only strategy has now been articulated (which focuses just on those traditional communication elements) and the involvement strand was not included. Whilst this has resulted in a clearer and more achievable communications strategy, there is now a gap on patient engagement.

*2. Trustwide Patient Experience Strategy*

In 2013 a new patient experience strategy was launched. It was recognised that the experiences of patients was key to improving services and taking account of experiences helped ensure that patients were at the centre of everything we do. The strategy was launched as the wider patient experience agenda was developing and means to gather and analyse data had improved and also because it had become clear that there was a gap in the Trust (and experience was outside of the scope of the Communications & Involvement Strategy).

Given the above, in terms of delivering patient engagement, there is not a coherent approach across the Trust. Centrally, there is no one individual, team or function responsible for developing and coordinating this agenda. In line with the Communications & Involvement Strategy, the Trust’s communications team had taken on a number of key central engagement roles however, given the problems experienced with implementing that strategy (and particularly the involvement aspect), the role of the team largely became developing lists of involvement activities rather than championing engagement, leading the development of the strategy and articulating actions. Alongside this, other functions, such as in the Nursing & Governance directorate, took on lead roles in elements of engagement (i.e. through the experience agenda). This overall central corporate gap remains.

The Trust’s Communications & Involvement Strategy set out that each service directorate would be responsible for developing and supporting their directorate specific engagement agendas. This has seen much engagement work take place in those directorates providing CAMHS, forensic services and adult mental health services, but the engagement work in community health services is less developed. So whilst there are areas of excellent work taking place, this is by no means standards across services and, given the lack of a clear strategy, there is no means to address this gap.

Alongside this, the Trust has traditionally supported engagement activities on specific projects. For example, the Whiteleaf Centre development saw a detailed patient and community engagement project as part of the overall programme which supported involvement in most elements of the design and build of the new building.

Finally, as an NHS foundation trust, there exists a Membership database of people who are potentially willing to engage with the Trust. The database is managed by the communications team and the resource is available for any department in the Trust to access. To date, the resource has not been fully explored and utilised.

**Next Steps**

The current position shows that whilst there are specific engagement activities taking place across the Trust, there is no overall coherent strategic framework to support these and ensure where there are gaps that these are addressed.

In addition, over the past few years, the Trust has been focusing more on ‘person-centred care’; our strategies and services have been re-modelled and designed to focus on the patient. The Health Foundation (an independent charity working to improve the quality of healthcare in the UK), describes person-centred care as seeing “patients as equal partners in planning, developing and assessing care to make sure it is most appropriate for their needs. It involves putting patients and their families at the heart of all decisions.

“Person-centred care aims to be user focused, promote independence and autonomy, provide choice and control and be based on a collaborative team philosophy. It takes into account service users' needs and views and builds relationships with family members.”

The Health Foundation goes on to state that person-centred care involves the following priorities:

* *Compassion, dignity and respect* – these are the essential foundation stones for the greater involvement of people in their own care.
* *Shared decision making* – this requires the involvement of patients as equal partners in their healthcare.
* *Collective patient and public involvement* – this is about involving people in decisions about the design and delivery of services.

Accordingly, it is proposed that the Trust develop an overarching patient engagement strategic framework which supports the person-centred care philosophy.

To develop this in a meaningful way, patients must be involved at the outset in planning this work and then throughout its development. This must include patients helping to set the overall aim of the strategic framework.

This work will be jointly led by the communications team, nursing and governance directorate, and will call on the expert support and advice of the Oxford AHSN through Dr Sian Rees in her capacity as Director for Patient and Public Involvement, Engagement and Experience. However, to ensure that meaningful and real engagement is support, the Board of Directors must take a lead role in informing this agenda and taking it forward.

Assuming the Board supports the direction of travel, it is proposed that representatives from the above, representatives from each service directorate and patient representatives (both from the Council of Governors and other existing known and active networks) will convene with the Board of Directors to discuss and set out the proposed aims and key pillars of a strategic framework for engagement.

**Recommendation**

The Board is asked to:-

* Support the development of an overarching patient engagement strategic framework.
* Consider devoting either one of the two-hour Board strategy sessions or another time (such as a Board seminar) to the development of the strategic framework.

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1. *A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors.*