

## Report to Trust Board

Date 29 September 2010-

Agenda item no 6.4

Title	<b>Community Engagement Strategy</b>
Author	Communications and Marketing Manager
Responsible Director	Chief Executive
Purpose	Strategy/ Decision / <b>Ratification</b> / Assurance/Information <i>Delete as appropriate</i>
Action required	To approve the strategy
Executive Summary	
The strategy sets out how the Trust will work to ensure it fully engages with the local community	
Relevant CQC standard/ NHS Constitution pledge	Regulation 17- outcome 1 –respecting and involving people Principle 7 – The NHS works ...in partnership ..in the interest of local communities
Link to strategy/plans	See page 1 of strategy
Impact assessment:	
- quality	To improve quality by being more responsive to the community’s needs
- financial/business	To work in partnership where appropriate
- equality/diversity	A specific section covers hard to reach groups
- risk	None
- legal/statutory	Strategy confirms consultation principles
- sustainability	None
Previous consultation/decision/discussion/	Approved by EMG

Date: 22.9.2010

## Community Engagement and Involvement Strategy 2010 to 2012

Links to Internal Strategies	
1	Improving the Patient Experience Strategy (published October 2009)
2	Membership Strategy ( <i>currently being revised</i> )
3	Stakeholder Strategy ( <i>currently being revised</i> )
4	Marketing Strategy 2010 to 2012
5	Corporate Communications Strategy 2010 to 2012
Links to Legislation	
1	Section 242(1B) of the NHS Act 2006, the duty to involve and good involvement practice

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1.	Introduction and Scope of Strategy
1.1	Introduction
1.2	Scope of Strategy

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Bedford Hospital recognises the importance of effective, sustained and systemic community engagement to prevent illness and disease, improve access to healthcare services and reduce healthcare inequalities. The Trust also recognises that engagement must be inclusive and address the diverse needs of the many communities which comprise Bedford and Bedfordshire.

The Trust also has a duty to comply with statutory requirements for engagement, which include those set out by the NHS Act 2006 (Section 242), the Care Quality Commission and the National Institute for Clinical Excellence. The Trust is also required to effectively engage with and involves patients and the public as part of its contractual obligations with its main commissioner (NHS Bedfordshire).

This strategy is supported by both the improving patient experience strategy and the stakeholder strategy; both of which target distinct demographics.

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This strategy seeks to establish the framework in which the Trust will work to ensure it fully engages with its local community. This includes the engagement and involvement of patients as members of the community the Trust serves, however, patient involvement and experience is addressed exclusively and in detail in the Trust's improving patient experience strategy.

This strategy sets out the Trust's legal and statutory responsibilities in relation to engagement and consultation, as well as its aims and mechanisms for engagement.

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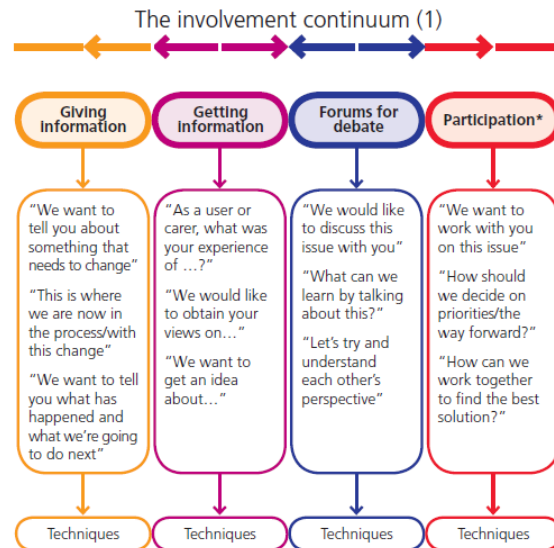
2.	Defining Community Involvement and Engagement
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The Trust's core purposes for engaging with its patients and local community are:

1. To support NHS Bedfordshire in tackling health inequalities and improving the health of local people;
2. To ensure equality of access to Trust services;
3. To involve and inform patients and the community about proposed service changes;
4. To respond to the needs of patients and the community in terms of service provision and care delivers; and
5. As an aspirant NHS Foundation Trust, to recruit members and governors.

The Department of Health’s publication *Real Involvement, working with people to improve health services (a guidance document to Section 242 of the NHS Act 2006)*, describes involvement in the following way:

“A number of activities can constitute involvement. Think about proportionality and appropriateness, understand and use a spectrum of involvement, and know when to use the different activities, which range from giving information through to active participation in planning the provision of services.” (See continuum diagram below).



3. The Principles of Good Engagement and Involvement Practice

The Trust commits to the following principles of good engagement and involvement practice:

1. **Being clear:** The Trust will consider what it is saying, how it is best to say it and the potential impact of any message;
2. **Being timely:** Trust staff and patients, partner organisations and the wider community should hear news from us first, where possible and practical;
3. **Being accurate:** The Trust will provide accurate information at all times to maintain public trust and confidence;
4. **Being honest:** Where the Trust is unable to provide information, it will be honest about the reasons why;
5. **Acting on feedback:** The Trust will endeavour to ensure it has appropriate mechanisms in place to capture and act on feedback or responses as a result of engagement and involvement activity.

Good involvement:

1. Happens early and continues throughout the process
2. Is inclusive

3. Is informed
4. Is fit for purpose
5. is transparent
6. Is influential – it makes a difference
7. Is reciprocal – includes feedback
8. Is proportionate to the issue

4. Aims
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**4.1** To ensure that the planning, commissioning and reconfiguration of the Trust’s services is driven by the needs, views and preferences of patients, carers and the local community;

**4.2** To ensure the Trust involves and engages its community effectively, by using good involvement practice (as set out in *Real Involvement, working with people to improve health services*).

**4.3** To communicate more effectively, ensuring that patients and the public have easy access to good quality information, which is relevant and appropriate to their requirements/needs and that the Trust is open and accountable by providing honest, reliable, accurate information on how well it is performing

**4.4** To increase community engagement opportunities throughout and make sure that individuals and groups know how they can have their say; identifying new approaches and improving how we work with the local voluntary and community sector and other partners to consult and involve BAME, vulnerable and disengaged groups

**4.5** To have clear structures and mechanisms in place that enable patients and the public to provide feedback to staff and management and establish a dialogue in which their views, concerns and preferences are listened to and addressed and the outcome/impact is identified and fed back.

5.	Trust Responsibilities
5.1	Engagement and involvement (who, when, why)
5.2	Care Quality Commission
5.3	Contractual
5.4	Consultative
5.5	Working with other organisations
5.6	Hard to reach groups

### 5.1.1 Who

Section 242(1B) of the NHS Act requires that ‘users...whether directly or through representative, are involved.’ Section 242(1F) provides that a person is a ‘user’ of any health services if they are someone who is using the services or someone who may use them.

The Trust defines its primary groups for involvement as:

1. Existing patients (including inpatients and outpatients);
2. The relatives and carers of existing patients (including inpatients and outpatients);
3. The 270,000 residents of the Trust's primary catchment population (Bedford Borough and North Central Bedfordshire) as its local community and as prospective users of its services;
4. LINks (Local Involvement Networks)
5. Health OSCs (Overview and Scrutiny Committees)
6. Local residents with specific health needs (i.e. specific user groups);
7. Specific community demographic (sections of the community), including groups defined as hard to reach (depending on involvement issue);
8. Members and governors of the Trust (as an aspirant NHS Foundation Trust);
9. Key stakeholders and local opinion formers (including local authorities, MPs, councillors, partnership groups, public sector organisations, independent and third sector organisations, community and faith leaders – as appropriate).

#### **5.1.2 When**

Section 242 of the NHS Act states that users (patients, carers and the community) should be involved in the following matters:

1. The planning of the provision of services;
2. The development and consideration of proposals for changes in the way services are provided;
3. Decisions to be made (by the NHS body) affecting the operation of those services

The Trust is committed to involving users at the following times (as a minimum standard):

1. During or after time as an inpatient or outpatient (primarily through surveys);
2. During or after time as the relative or carer of an inpatient or outpatient (primarily through surveys);
3. Over the provision of services (particularly targeting patients by specialty and/or health condition, for example diabetes);
4. During the planning of future service developments;
5. Before proposed service changes, whether those changes apply to a specialty or to the Trust as a whole;
6. Before the introduction of new services;
7. Before any divestment of services.

#### **5.1.3 Why**

Public involvement is both a contractual and legislative obligation for NHS Trusts.

Targeted, effective and sustained involvement and engagement also benefits the Trust, by:

1. Ensuring services are designed around the needs of patients;
  2. Ensuring services meet the needs of patients;
  3. Ensuring equality of access for the local community;
  4. Reducing health inequalities;
  5. Improving care outcomes and patient satisfaction;
  6. Increasing levels of trust and public confidence in the hospital and health services locally;
  7. Ensuring a better understanding of the needs and expectations of patients;
  8. Ensuring a better understanding of the needs and expectations of the local community.
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The Trust has a duty to comply with the regulations and outcomes set out by the Care Quality Commission (replacing Standards for Better Health in 2010). Regulation 17, outcome 1; respecting and involving people who use services, is the regulation this strategy is concerned with.

The new regulation and outcome system is more expansive and less focussed than the Standards for Better Health system. As such, regulations and outcomes reach across many different areas of care.

The Trust's responsibilities under regulation 17, outcome 1 (which makes specific reference to involvement) are as follows (those highlighted in blue are of particular relevance to this strategy): *Readers note: the term 'registered person' can be read as 'Bedford Hospital NHS Trust'.*

The registered person must, so far as reasonably practicable, make suitable arrangements to ensure:

1. The dignity, privacy and independence of service users; and
2. That service users are enabled to make, or participate in making, decisions relating to their care or treatment.

The registered person must:

1. Treat service users at all times with consideration and respect;
2. Provide service users with appropriate information and support in relation to their care or treatment;
3. Encourage service users, or those acting on their behalf, to:
  - (i) Understand the care or treatment choices available to them, and discuss with an appropriate health care professional, or other appropriate person, the

balance of risks and benefits involved in any particular course of care or treatment, and

(ii) Express their views as to what is important to them in relation to the care or treatment;

4. Where necessary, assist service users, or those acting on their behalf, to express the views and, so far as appropriate and reasonably practicable, accommodate those views;
5. Where appropriate, provide opportunities for service users to manage their own care or treatment;
6. Where appropriate, involve service users in decisions relating to the way in which the regulated activity is carried on;
7. Provide appropriate opportunities, encouragement and support to service users in relation to promoting their independence, community involvement and the way in which they wish to live their lives; and
8. Take care to ensure that care and treatment is provided to service users with due regard to their age, sex, religious persuasion, sexual orientation, racial origin, cultural and linguistic background and any disability they may have

### **What should people who use the service experience?**

People using the service:

- Understand the care, treatment and support choices available to them
- Can 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

### **Those acting on behalf of people who use services:**

- Understand the care, treatment and support choices available to the people who use services
- Can represent the views of the person using the service by expressing these on behalf, and are involved appropriately in making decisions about their care, treatment and support

### **This is because providers who are compliant with the law will:**

- Recognise the diversity, values and human rights of people who use services
- Uphold and maintain the privacy, dignity and independence of people who use services.
- Put people who use services at the centre of their care, treatment and support, by enabling them to make decisions
- Provide information that supports people who use services, or others acting on their behalf, to make decisions about the care, treatment and support
- Support people who use services, or others acting on their behalf to understand the care, treatment and support provided.

- Enable people who use services to care for themselves where this is possible
- Encourage and enable people to be involved in how the service is run.
- Encourage and enable people who use services to be an active part of their community in appropriate settings.

*Please see Appendix 1 for evidence and assurance against this regulation (as at February 2010. This appendix will be updated to reflect future compliance reports up to 2011/12 when this strategy is due for review).*

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Schedule 8 of Bedford Hospital's contract (service level agreement) with NHS Bedfordshire (the Trust's main commissioner) states:

*NHS Bedfordshire and its providers have a duty to involve service users (or their representatives) in the planning and provision of services; in the development of proposals to change how services are provided; and in decisions they make that will affect how services operate.*

*Therefore, the following requirements will apply to all providers:*

- 1. To provide assurance to NHS Bedfordshire that the provider has robust arrangements for effective PPI through the development of a PPI strategy and implementation plan;*
- 2. To provide a quarterly report on the use of patient experience data and patient reported outcome measures in the planning, development and delivery of services.*

*To provide an annual report on the implementation of the PPI strategy, including PPI activities undertaken and how this has influenced service planning, development and delivery.*

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Under Section 11 of the Health and Social Care Act, both commissioners and providers of NHS services have a statutory obligation to consult and involve patients and the public from the beginning of any process leading to 'substantial variation' in health services including:

1. The ongoing planning of services, not just when a service change is proposed;
2. Developing and considering proposals for change in the way those services are provided;
3. Decisions that affect how those services operate.

The duty also requires consultation with the local Overview and Scrutiny Committee (OSC) and local involvement forums. What is defined as substantial depends on the specific

circumstances, but changes in response to the following issues are likely to be classed as substantial variations:

1. The needs of local people;
2. Outdated buildings and facilities;
3. New standards (such as National Service Frameworks);
4. Evidence of what works;
5. Workforce pressures;
6. Advances in technology and technique;
7. New thinking about how services are designed.

*(See Appendix 2 for further information)*

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The Trust has established relationships with other public, private and third sector organisations in Bedfordshire who also undertake engagement and consultation exercises within the local community.

To avoid engagement or consultation fatigue or conflict among residents, it is important that the Trust maintains its relationships with other organisations. The Trust can also draw on the expertise of other organisation as well as their engagement mechanisms to enhance its own engagement and involvement agenda.

Forums and partnerships of particular relevance include:

1. The Bedford Borough Partnership Board (Bedford Borough Council)
2. The Borough Assembly (Bedford Borough Council)
3. Health Overview and Scrutiny Committees (Bedford Borough Council and Central Bedfordshire Council)
4. LINKs (Bedford Borough and Central Bedfordshire)
5. Health partners (NHS Bedfordshire, practice-based commissioning groups and general practitioners)
6. Third sector organisations (Bedford Race Equality Council, the Voluntary Services Association, health-related charities)
7. Faith groups
8. Statutory relationships (Bedfordshire and Luton Local Resilience Forum)

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Hard to reach groups should be defined each time the Trust undertakes an engagement or involvement exercise, as those demographics who are difficult to reach will change, depending on the reason for engagement.

It is not acceptable to assume a group is always hard to reach purely based on one demographic factor (e.g. ‘teenagers are always a hard to reach group’). Hard to reach groups should be defined in the context of the engagement or involvement exercise being undertaken.

That said, some community groups can be said to be hard to reach in almost every circumstance as they are unable to access information via traditional means of communication. These include:

1. Those who do not speak or read English (in particular those who live alone);
2. Those who are newly arrived in the UK (including asylum seekers and economic migrants);
3. Those without a permanent address (including the homeless and travelling communities);
4. Those suffering from serious mental health problems (including dementia);
5. Those with significant physical disabilities;
6. Those who are unable to read or write.

The Trust has a duty to seek to engage with and involve hard to reach groups and must tailor its methods of communication accordingly. This may include:

1. Providing written material in languages other than English;
2. Providing material in formats other than writing (audio, Braille);
3. Utilizing community networks to facilitate opportunities for face-to-face engagement.

### **Through direct communication**

1. Leaflets
2. Website
3. Consultation documents
4. Reports
5. Surveys (paper, online or via the telephone)
6. Focus groups
7. Advertising
8. Public meetings
9. Events

## 10. Social media

### **Through local media (including their websites)**

1. Bedfordshire on Sunday
2. Times and Citizen
3. Heart FM
4. BBC Three Counties radio
5. BBC Look East
6. ITV Anglia
7. The Press Association
8. Other local media outlets as appropriate

### **Through specialist media**

1. BBC Asian Network
2. Rokker Radio (via BBC Three Counties Radio)
3. Other local, regional or national specialist media outlets as appropriate

### **Through other organisations/ partnerships/ committees**

1. The Improving Patient Experience Committee (Bedford Hospital)
2. LINKs (Bedford Borough and Central Bedfordshire)
3. NHS Bedfordshire
4. GP surgeries
5. Practice based commissioners (Horizon, Chiltern Vale, Leighton Linlade, Ivel Valley and West Mid Beds)
6. NHS East of England
7. Bedford Borough Council (Bedford Borough Partnership Board)
8. Health Overview and Scrutiny Committees (Bedford Borough Council and Central Bedfordshire)
9. Local Safeguarding Children Board

### **Through clinical networks**

1. Specialty networks including cancer, critical care, neonatal, etc.

### **Through user groups**

1. Maternity Services Liaison Committee

### **Through charities**

1. Bedford Voluntary Services Council
2. Bedford Hospitals Charity
3. Friends of Bedford Hospital
4. Bedford Volunteer Bureau
5. Age Concern
6. Macmillan Cancer Support
7. Cancer Research UK

8. British Red Cross
9. St John Ambulance
10. Alzheimer's Society
11. Anthony Nolan Trust
12. Bedfordshire Rural Communities Charity
13. Bedfordshire Advocacy Service for Older People
14. Headway
15. Youth Action

**Through faith groups**

1. Bedford Council of Faiths

**Through community events**

1. Bedford River Festival
2. Health fairs
3. Other community events

**Through the voluntary services network**

Voluntary services manager community liaison including:

1. External agencies such as Hospital Radio, Sight Concern and National Society for Epilepsy
2. Bedford Race Equality Council
3. Bedfordshire & Luton Emergency Voluntary Executive Committee
4. University of Bedfordshire
5. Bedford College
6. Volunteers Centre Bedford (e.g. Networking events)
7. Empowa (Employment agency for those with mental health problems)
8. Bedford Hospital's Charity

7.	Year Activity Planners for 2010/11 and 2011/12
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**2010/11 (Please note, this is an active plan and will be subject to updates as when activities are scheduled)**

Month	Activity	Frequency	Responsibility	Comments
January				
February				
March				
April				
May				
June				

<b>July</b>	1. Bedford River Festival	1. Three-day event	1. Led by communications	1. Requires multi-departmental input
<b>August</b>				
<b>September</b>				
<b>October</b>				
<b>November</b>				
<b>December</b>	1. Bedford Christmas Tree Festival	1. Week-long event	1. Led by communications	1. Requires input from Riverbank Ward

**2011/12 (Please note, this is an active plan and will be subject to updates as when activities are scheduled)**

<b>Month</b>	<b>Activity</b>	<b>Frequency</b>	<b>Responsibility</b>	<b>Comments</b>
<b>January</b>				
<b>February</b>				
<b>March</b>				
<b>April</b>				
<b>May</b>				
<b>June</b>				
<b>July</b>				
<b>August</b>				
<b>September</b>				
<b>October</b>				
<b>November</b>				
<b>December</b>	1. Bedford Christmas Tree Festival	1. Week-long event	1. Led by communications	1. Requires input from Riverbank Ward

8. Monitoring and Evaluation

The effectiveness of this strategy, the activity plans and the Trust's compliance with its statutory and contractual obligations, will be monitored at the Improving Patient Experience Committee (chaired by the Director of Nursing and Patient Services). This committee meets on a monthly basis.

Prompts which do not refer to involvement and engagement (this regulation also covers other aspects of care, including direct patient care, which this strategy does not cover) have been deleted.

	<b>PROMPT</b> (These are not intended as a checklist but to help providers to identify if they are meeting the outcomes)	<b>OUTCOME ACHIEVED</b> (Assurance statement of current performance)	<b>DEMONSTRATED BY EVIDENCE</b> (What report - where this is reported? Document name and location)	<b>RAG Rating</b>
	<b>Ensure personalised care, treatment and support through involvement</b>			
<b>1H</b>	<p><b>People who use services are provided with information about:</b></p> <ol style="list-style-type: none"> <li>1. The aims, objectives and purpose of the service.</li> <li>2. The facilities that are available for their care, treatment and support.</li> <li>3. How their care, treatment and support is reviewed.</li> <li>4. The cost of the services, where charges are applied.</li> <li>5. How to raise a concern or complaint about the service, and how it will be dealt with. Local advocacy services.</li> </ol>	<p>The Trust publishes specialty-specific information on its website and provides patient information on treatments, procedures and services. Information suitability and accessibility is measured through national surveys (inpatient and A&amp;E) and internal audits.</p> <p>Complaint (PALS) leaflets are available on all wards and departments and information is also available on the Trust website.</p> <p>The Trust website is fully translatable (through Google Translate, which is a built-in site function) and all patient information is available in translated format on request.</p>	<ol style="list-style-type: none"> <li>1. Trust website</li> <li>2. Patient information database</li> <li>3. Published survey results</li> <li>4. Patient bedside folder</li> </ol>	
<b>1J</b>	<p><b>People who use services can influence how the service is run as they are given opportunities to take part in decision making through:</b></p>	<p>The Trust takes part in the national inpatient, outpatient and A&amp;E surveys and undertakes a range of internal surveys.</p> <p>The Trust works with independent and</p>	<ol style="list-style-type: none"> <li>1. National and local survey results</li> <li>2. APIG and IPEC terms of reference and minutes</li> <li>3. LINKs board minutes</li> </ol>	

	<ol style="list-style-type: none"> <li>1. General discussions with the provider, on an informal basis, as the person who uses services wishes.</li> <li>2. Periodic surveys or gathering of their views.</li> <li>3. A representative user group made up of people who are using, or have used, the service or similar services.</li> <li>4. The cooperation with local involvement networks, where they have the right to enter and view the service.</li> <li>5. The cooperation with any other relevant user forums.</li> </ol>	<p>advocacy groups including the local council for racial equality (BREC) and LINKs.</p> <p>The Trust has a close working relationship with its local LINKs forums, with LINKs and patient representatives sit on the Action for Patient Information Group and the Improving Patient Experience Committee, as well as on service-specific committees and campaign committees (e.g. organ donation).</p> <p>The Trust also involves patients and relatives in patient or relative experience stories, which are either played or told to the Trust Board at the start of every meeting.</p> <p>Patients and relatives/ friends are invited to share their comments and experiences of care at the hospital through the Trust's website and through NHS Choices.</p> <p>The Trust also has some 6,500 members (as an aspirant FT), who are regularly provided with opportunities to become involved in service development.</p> <p>The Trust works with NHS Bedfordshire's public engagement managers to draw on their expertise in targeting hard to reach or specific sections of the community, and also produces targeted material to reach specific groups when appropriate.</p> <p>The Trust is a recognised partner to numerous public and private partner agencies; including local authorities (signed up to Comprehensive Area Assessment, and local strategic</p>	<ol style="list-style-type: none"> <li>4. Trust website</li> <li>5. Membership strategy</li> <li>6. Stakeholder strategy</li> <li>7. Community engagement and involvement strategy</li> <li>8. NHS Bedfordshire contract (schedule 8 of the 2009/10 contract)</li> </ol>	
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		<p>partnership); NHS Bedfordshire; local universities (Bedfordshire, Hertfordshire and Cranfield) and voluntary sector agencies (see membership strategy).</p> <p>The Trust has signed up to a local compact with NHS Bedfordshire.</p> <p>The Trust's contractual obligations around engagement and involvement are set out in its contract with NHS Bedfordshire.</p>		
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Links

- C13a Dignity and respect
- C13b Consent
- C16 Accessible information
- C7e Discrimination
- C17 Patient and public involvement
- C18 Choice and equity
- C23 Public health cycle

Right 5: You have the right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability or mental illness) or age.

Right 11: You have the right to be treated with dignity and respect, in accordance with your human rights.

Right 18: You have the right to make choices about your NHS care and to information to support these choices. The options available to you will develop over time and depend on your individual needs.

Right 19: You have the right to be involved in discussions and decisions about your healthcare, and to be given information to enable you to do this.

Pledge 9: To offer you easily accessible, reliable and relevant information to enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the quality of clinical services where there is robust and accurate information available (pledge).

Pledge 11: To work in partnership with you, your family, carers and representatives (pledge).

The National Institute for Clinical Excellence (NICE) issued the following public health guidance note (number nine) in February 2008, to guide Trust's in formulating and implementing a community engagement plan. Bedford Hospital's current and planned activities to meet and implement this guidance are also set out.

NICE Guidance	Current Activities and Assurance	Planned Activities (and Timeframe)
<b>Long term investment</b>		
Understand the gradual, incremental and long-term nature of community engagement activities. Ensure mechanisms are in place to evaluate and learn from these processes on a continuing, systematic basis.	The Trust has set out a two-year community engagement strategy (2009/10 to 2011/12) to embed its engagement plans. The Trust recognises that engagement must be long-term and consistent to maintain public confidence and organisational credibility.	Consultations over service change/ future plans when appropriate Increasing public involvement in Trust committees and forums Maintaining and growing the Trust's membership Increasing patient and public feedback facilities on and off line (including surveys)
Align this long-term approach with local priorities (such as those defined by local area agreements).	Involvement in the two unitary authorities' comprehensive area assessment (Bedford Borough and Central Bedfordshire) Part of the Bedford Borough community partnership Involvement in NHS Bedfordshire's strategy (A Healthier Bedfordshire) and NHS East of England's vision (Towards the Best Together).	Maintaining current activities and ensuring continued active engagement in consultation over future priorities locally and regionally
Identify how to fund community	The Trust's membership activity is funded	Maintain current membership funding

engagement activities and identify lines of accountability. This could include arrangements for multiple funding sources. It may also include funds for shorter-term activities.	through a designated and recurring budget. This includes budgeting for engagement activities including membership magazines and open days.	
Set realistic timescales for the involvement of local communities and plan activities within the available funding. Recognise that a short-term focus on activities and area-based initiatives can undermine efforts to secure long-term and effective community participation.	The Trust ensures local communities are given adequate notice to enable involvement in events and consultations, and that consultations run for a reasonable period of time; allowing for maximum participation.	Maintain and develop current activities.
Build on past experiences to mitigate the possibility of communities experiencing 'consultation fatigue'.	Contractual agreement to share public engagement and involvement activity strategy and actions with NHS Bedfordshire to ensure engagement activity across the health sector is inclusive and not onerous on certain community groups (schedule 8 of the contract).	Maintain close working relationships with NHS Bedfordshire as a key health partner Maintain participation in the countywide communications and engagement forum so large-scale community engagement events and consultations are known about and planned for by all public sector organisations in a co-ordinated manner
Agree and be clear about how community engagement can influence decision-making and/or lead to improved services. Anticipate the degree of impact it can have on the wider social determinants of health and <b>health inequalities</b> .	Agreed through the community engagement strategy.	Maintain and develop current activities.
Negotiate with all those involved to determine which community engagement approaches are most appropriate for different stages of the initiative. Clearly state the intended outcomes of the	This is undertaken on a project/ campaign basis through agreed strategies and/ or action plans.	Maintain and develop current activities.

activity		
<b>Organisation and cultural change</b>		
Work with the target community to identify how the culture of public sector organisations (their values and attitudes) supports or prevents community engagement.	The Trust uses focus groups and surveys to establish the best methods of engagement/ barriers to engagement on a project/ campaign basis. The Trust also work closely with NHS Bedfordshire community engagement managers to share best practice.	Maintain current activities.
Make any necessary changes (for example, to the performance management structure) to encourage successful engagement.	The Trust ensures the results of focus groups and surveys stimulate change and are not tokenistic.	Maintain current activities.
Acknowledge the skills and knowledge in the community by encouraging local people to help identify priorities and contribute to the commissioning, design and delivery of services.	The Trust engages with LINKs and includes membership (council of governors), on Trust committees and working groups. The Trust is involved in local community partnership boards and communication and involvement/ engagement networks.	Maintain current activities. Continue to develop the role of members and governors. Increase patient and public involvement on appropriate Trust committees (particularly the Improving Patient Experience Committee).
Draw on the expertise of the particular communities concerned. Consider providing diversity training and other activities to raise cultural awareness within the organisation. Do not stereotype the target community or community groups with regard to age, sex/gender, disability, race/ethnicity, sexual orientation, religion or belief, or any other characteristic.	The Trust provides diversity and equality training and recognises the differing needs of different sectors of the community. Engagement activities take diversity into account, and are adapted to suit need. The Trust's membership is representative of its catchment area in terms of diversity/ ethnicity.	Maintain current activities.
Encourage all communities and individuals	The Trust actively seeks the views of all its	Maintain current activities.

(including those whose views are less frequently heard) to express their opinions, regardless of whether they disagree – or are dissatisfied – with national, regional or local policy and strategy.	patients and uses different engagement methods to target different groups (e.g. social media/ online media to target young people).	
Give weight to the views of local communities when decisions affecting them are taken. Make lines of accountability clear so they can see the response to their views. Where community views have been overridden by other concerns, this should be explicitly stated.	The Trust engages with LINKs and includes membership (council of governors), on Trust committees and working groups. The Trust is involved in local community partnership boards and communication and involvement/ engagement networks.	Maintain current activities. Continue to develop the role of members and governors. Increase patient and public involvement on appropriate Trust committees (particularly the Improving Patient Experience Committee).
Manage conflicts between communities (and within them) and the agencies that serve them.	The Trust is actively involved in local community partnerships through the local authorities, as well as countywide engagement and communications groups, where any issues of conflict would be identified and managed.	Maintain and develop current activities.
<b>Levels of engagement and power</b>		
Identify how power is currently distributed among all those involved (including public sector agencies/organisations and representatives and individuals from the community). Negotiate and agree with all relevant parties how power will be shared and distributed in relation to decision making, resource allocation and defining project objectives and outcomes.	The Trust is actively involved in community partnership boards, engagement groups and involvement networks, and has established relationships with public, independent and third sector stakeholders (see the Trust’s stakeholder strategy for more information). The Trust is committed to joint working and ‘power sharing’ to access other	Maintain and develop current activities.

(Recognise that 'power' takes many forms including: access to and use of data, information and people; responsibility for setting agendas; responsibility for allocating resources and funds; and skills and capacity.)	organisations' skills and resources to aid and facilitate better engagement (where appropriate).	
Make all parties aware of the importance, value and benefit of community involvement in decision-making, service provision and management. This includes public sector agencies and organisations, representatives and individuals from the community.	The Trust engages with LINKs and includes membership (council of governors), on Trust committees and working groups. The Trust is involved in local community partnership boards and communication and involvement/ engagement networks.	Maintain and develop current activities.
Identify and recognise local diversity and local priorities (both within and between communities). Ensure diverse communities are represented (particularly those that tend to be under-represented or at risk of poor health). Clearly state the responsibilities of all parties involved and put in place mechanisms to track accountability.	Trust membership is demographically representative of the community the hospital serves. This is continually monitored.	Continue to develop, grow and monitor membership.
Identify and change practices that can exclude or discriminate against certain sectors of the community (for example, short-term funding, organisational style and timing of meetings).	The Trust carefully plans consultation and involvement activities to 'do the most for the most'. As the membership develops, the Trust will consult more frequently and in more depth around engagement.	Maintain and develop current activities.
Let members of the local community decide how willing and able they are to contribute to decision-making, service provision and management (recognise	The Trust consults with its membership over involvement and states in its membership material that members can be as involved as they wish in Trust	Maintain and develop current activities.

<p>that this may change over time). The allocation of responsibilities should match this. Training and support should be available to help all those involved meet their responsibilities.</p>	<p>activities (at the appropriate strategic level). As the council of governors develops, this process will be managed through them, thereby handing over decisions regarding community contribution to decision-making to community representatives.</p>	
<p>Recognise that some groups and individuals (from the public, community and voluntary sectors) may have their own agendas and could monopolise groups (so inhibiting community engagement).</p>	<p>The Trust recognises that individuals, groups and organisations may have different or competing agendas. To manage this internally, effective management of the council of governors will be vital to ensure individuals do not monopolise groups or agendas.</p>	<p>Maintain and develop current activities.</p>
<p>Jointly agree ways of working with relevant members of the community at both a strategic and operational level. This includes:</p> <ul style="list-style-type: none"> <li>• Identifying who will be involved in decisions concerning the scope, vision and focus of initiatives</li> <li>• Identifying and agreeing project priorities, objectives and outcomes and what can be realistically achieved by involving community members</li> <li>• Selecting the community engagement approach most likely to achieve the project's objectives and outcomes</li> <li>• Agreeing governance structures and systems (including how each party will be represented and involved)</li> </ul>	<p>The Trust has identified these issues in its membership strategy, constitution and responsibilities and structure of the council of governors.</p>	<p>Review strategies and structures as necessary. Develop the role of the council of governors.</p>

<ul style="list-style-type: none"> <li>• Agreeing the criteria that will be used to allocate, control and use resources</li> <li>• using a variety of methods to elicit the views and concerns of different communities such as black and minority ethnic groups, older people and those with disabilities</li> <li>• Agreeing to hold meetings in accessible, suitable venues and timing and conducting them in a way that allows community members to participate fully and is sensitive to their needs. (For example, where necessary, translation and other services such as Braille and the loop system should be used or crèche facilities provided)</li> <li>• Agreeing to avoid technical and professional jargon</li> <li>• Building feedback mechanisms into the process (to ensure achievements are reported and explanations provided when proposals are not taken forward or outcomes are not achieved).</li> </ul>		
<p><b>Mutual trust and respect</b></p>		
<p>Learn from and build on previous or existing activities and local people's experiences to engage them, using existing community networks and infrastructures.</p>	<p>Trust plays an active role in a number of existing networks, including professional forums and community groups.</p>	<p>Maintain and develop current activities.</p>
<p>Identify and provide the structures and resources needed to help community</p>	<p>The Trust has established structures for involvement through surveys (patient</p>	<p>Maintain and develop current activities.</p>

organisations and their representatives participate fully.	focussed) and through its system of membership and the council of governors.	
Working with the community, assess its broad and specific health needs. In particular, work with groups that may be under-represented and/or at increased risk of poor health, such as black and minority ethnic groups, older people, those with disabilities and people living in rural communities.	The Trust has undertaken a comprehensive market assessment, which includes health inequalities and demographic profiling. The Trust works with NHS Bedfordshire to support its public health priorities and to ensure equality of access to services for all members of the community.	Maintain and develop current activities.
Tailor the approach used to involve and reach out to under-represented groups, but respect the rights of individuals and communities not to become involved. Recognise that some individuals or groups may create barriers to community engagement and identify ways to overcome these barriers. Negotiate and agree how much control and influence community members have and the commitment required from them (in terms of their time and workload).	The Trust actively seeks the views of all its patients and uses different engagement methods to target different groups (e.g. social media/ online media to target young people). The Trust has empowered members and future governors to decide on their levels of involvement in Trust business.	Maintain and develop current activities.
Regularly inform communities about the progress being made to tackle issues of concern. Use mechanisms such as existing community networks or forums	The Trust issues a quarterly membership newsletter and has a dedicated website. It also uses social media, mainstream and specialist media to inform communities of its work. The Trust is involved in community partnership forums, LINKs, stakeholder forums.	Maintain and develop current activities.

This appendix provides further details on formal consultation requirements required of NHS bodies.

Full public consultation requires:

1. A detailed consultation document setting out the options;
2. A summary version publicly available;
3. 13 weeks' minimum formal consultation;
4. A public engagement strategy, involving public meetings, working with the media and affected local organisations;
5. Engagement with MPs, councillors and the Overview and Scrutiny Committee (OSC);
6. A report to the Trust Board on the outcome of the consultation.

For minor changes, the following consultation mechanisms should be considered and followed depending on the extent of the proposed changes:

1. A letter to the OSC inviting their views (with sufficient time to respond);
2. Advertisements in a local newspaper, inviting comments;
3. Public meetings to discuss the plans in the affected area;
4. Letters to the public who are affected by the decision, explaining the options and inviting them to give their views;
5. Website publication and documents placed in local libraries.

A public body which fails to consult leaves itself open to a challenge by way of Judicial Review and may not lawfully be able to take decisions and implement the proposed changes until consultation has occurred. The courts may also award legal costs against the NHS body.

**Working Group**

Tabled at the Action for Patient Information Group

Distributed to Members of the Action for Patient Information Group

**Committee**

Tabled at the Improving Patient Experience Committee

Distributed to all members of the Improving Patient Experience Committee

**Executive Committee**

Submitted to the Executive Management Group for Information

**Approved:** March 2010

**Responsible Department:** Communications and Marketing

**Responsible Executive:** Director of Nursing and Patient Services