



South East Coast Ambulance Service



NHS Foundation Trust

# Draft Inclusion Strategy 2012-2015

**An inclusive, effective approach to engaging and involving people with an interest in SECAMB**

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اگر آپ کو یہ دستاویز کسی دوسری زبان یا شکل میں درکار ہے تو براہ کرم ہم سے بذریعہ فون ای میل رابطہ کریں یا اس پتے پر لکھیں۔

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**We would like to thank the hundreds of people who have participated in helping us develop this strategy. Whether you came to a workshop, filled in a survey, took part in a focus group or we chatted with you over a cup of coffee – thank you.**

A full report of what stakeholders told us during the strategy development is available. For a copy of the stakeholder feedback report, or if you have any questions or comments about this strategy, please contact:

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## Summary

South East Coast Ambulance Service NHS Foundation Trust (SECAMB) has a vision of inclusive, efficient and, above all, effective engagement between the Trust and all those who have an interest in it.

This strategy is the result of three months' of consultation with a huge number of people with an interest in SECAMB (our 'stakeholders') inside and outside the Trust.

The strategy aims to ensure:

- All of those with an interest in SECAMB are appropriately involved and engaged;
- Patients benefit from the best possible services, developed around their needs;
- Staff have the opportunity to have meaningful input into our service and to understand the changes that affect it;
- SECAMB exhibits best practice, complying with all statutory duties and its own internal standards around engagement and involvement, patient experience and equality and diversity.

The strategy has four main objectives:

1. We will embed accountability for effective and timely involvement and engagement in the Trust's planning, service development and patient experience work.
2. We will develop inclusive processes to enable our stakeholders to participate in ways that are right for them.
3. We will act on what we hear and feed back on what has changed as a result. If we are unable to act on what we hear we will tell people why.
4. We will work with our stakeholders to deliver our Inclusion Strategy and to monitor its success.

## Introduction

South East Coast Ambulance Service NHS Foundation Trust (SECAmb) was formed on 1 July 2006, following the merger of Kent, Surrey and Sussex ambulance trusts. It was authorised as an NHS Foundation Trust 1 March 2011.

It covers an area of 3,600 square miles, serves a population of about 4.5 million people, and employs around 3,000 staff, 85% of whom work directly with patients.

SECAmb is part of the National Health Service (NHS). We respond to 999 calls from the public, urgent calls from healthcare professionals and in Kent and Sussex we provide non-emergency patient transport services (pre-booked patient journeys to and from healthcare facilities).

SECAmb has a vision which has quality, innovation, improvement and meeting the clinical and care needs of patients at its core. The Trust has always worked hard to engage and involve patients and the public, and is committed to identifying and reducing health inequalities and to responding to the needs of all of its patients.

In March 2011 SECAmb was pleased to attain Foundation Trust status, a stamp of approval that the Trust's quality, management and finances are in good shape to meet the challenges of providing excellent care for patients into the future. In addition to all of the existing statutory requirements for the NHS to involve patients and the public in the development of services, as a foundation trust (FT) SECAmb has a new commitment to involve and engage with its foundation trust members, both public and staff.

In September 2011 the Trust set out a proposal to develop an integrated patient, public and stakeholder engagement and involvement strategy. At the centre of this proposal was to reinforce our commitment to put the patient at the heart of everything we do.

Up to now, equality and diversity work, patient and public involvement and membership engagement in the organisation were covered by three distinct strategies, all of which were due to be refreshed or revised, namely:

- Single Equalities Scheme and action plan
- Communications, Engagement and Involvement Strategy
- Membership Strategy

There are a number of reasons for developing an over-arching strategy (or 'Inclusion Strategy') to achieve the objectives currently outlined in the three existing strategies. These crucially include: the changing face of health and social care, with a new health bill passing through Parliament; a new landscape for Equality and Diversity work, with the introduction of the Equality Delivery System; new requirements as an FT; and an increasingly challenging economic environment.

To provide the best possible patient care we know it is essential to understand the needs of the communities we serve and to ensure their involvement in developing services to meet those needs.

## Definitions

We define '**stakeholder**' as someone affected by or with the potential to be affected by a decision or action of the Trust, which as an emergency service is most people.

Our **stakeholders** include:

- Patients
- Carers
- SECAMB staff and staff-side representatives (union representatives)
- SECAMB volunteers
- Members of the public across the area of the Southeast we serve
- Community and voluntary organisations
- Other NHS organisations, local authorities and other public sector organisations, members of Local Involvement Networks (LINKs), Local HealthWatch, and Health and Wellbeing Boards
- Our Foundation Trust members and governors.

We use the term '**inclusion**' here to mean "involving and engaging with our stakeholders to help improve access to our services and eliminate discrimination, better meet the needs of patients and fulfil statutory obligations."

The **Inclusion Working Group** (IWG) is a group of senior managers within SECAMB with responsibility for delivering the Trust's equality, diversity and human rights work. The IWG will be a key Trust group for delivery of the Inclusion Strategy.

The **Membership Development Committee** (MDC) is a committee of the Trust's Council of Governors and advises on ways to ensure governors are able to represent members' views at the Council, and the Trust builds a representative and vibrant membership. The MDC also advises on how the Trust fulfils its obligation to inform and involve Foundation Trust members effectively.

## The context

Several things have prompted us to look again at the way we involve and engage people in our work:

- The Trust wishes to improve the impact of patient and public involvement, and collect evidence that involvement and engagement makes a difference.

- The Trust wishes to mainstream its work to reduce health inequalities by embedding equality, diversity and human rights more effectively within the Trust.
- The Trust wishes to develop a staff engagement strategy to help to improve staff satisfaction.
- Achievement of foundation trust status, which brings with it the opportunity and the need to involve and engage our public and staff members, as well as to facilitate governors' involvement with members.

In addition there are a number of external factors, including:

- The current economic climate means we need to work more smartly, making better use of scarcer resources.
- The Government's response to the recommendations of the NHS Future Forum, which state that the Government will:
  - strengthen the duties of organisations across the system with regard to patient, carer and public involvement, and
  - strengthen the definition of involvement to reflect better the principle of "no decision about me without me".
- The new core duty for Monitor (the Foundation Trust regulator) to protect and promote patient interests, which means not only that Monitor must carry out appropriate patient and public involvement in the exercise of its own functions, but also presumably that it will require more rigorous evidence that FTs are doing the same.
- The Government White Paper, Equity and Excellence: Liberating the NHS describes numerous changes which require more outcome-focussed public involvement and engagement. This includes the evolution of LINKs to Local HealthWatch, which will expand existing powers by providing a seat on Health and Wellbeing Boards and a remit to report concerns about the quality of local healthcare to HealthWatch England (which reports to commissioners and the Secretary of State, and sits within the Care Quality Commission).
- The introduction of the Equality Delivery System (EDS) which is a tool to support compliance with the equality duty and which requires organisations to provide evidence of improved patient experience and outcomes.
- The new Clinical Quality Indicators (CQIs) shift the emphasis from meeting response time targets towards reporting on clinical outcomes and patient experience. We will be required to provide a narrative report on "the ways in which patient experience is captured and influences the design and delivery of services" on a quarterly basis.

Finally, the founding principles of the NHS, the principles behind the latest NHS reforms and SECAMB's own values and vision provide impetus to refresh and improve the way we engage, namely:

- “Nothing about me without me”, the emphasis on shared decision making described in the White Paper ‘Equity and Excellence: Liberating the NHS’
- “Putting the patient at the heart of everything we do”, SECAMB values
- The right to be involved: “NHS services must reflect the needs and preferences of patients, their families and carers”, NHS Constitution
- “A core principle of the White Paper is the need to eliminate discrimination and reduce inequalities in care. In our drive to secure Excellence in NHS services, we must not compromise the need to maintain and improve equity. There will be explicit duties to promote and tackle inequalities in the outcomes of healthcare service.” Liberating the NHS: Legislative framework and next steps.

## The benefits of involving and engaging

There are many benefits to involving our stakeholders in plans and service developments, some examples of which are shown below.

- Better decision making – involving those who use services is more likely to result in the right kinds of health services being developed.
- More effective service delivery – services are more likely to be successful in terms of relevance, take-up, outputs and health outcomes.
- Areas of waste and inefficiency can be identified and care pathways redesigned to be more efficient and effective.
- Improved services that meet people’s needs and preferences leading to better patient experience.
- More efficient services – better value for money for taxpayers and better use of available resources.
- Greater community support – by obtaining the cooperation and support of the community, services and partnerships will get wider endorsement and an increased chance of success.
- Improved communication and enhanced relationships with patients, their carers and staff.
- A greater degree of trust and confidence in local health services.
- Increased potential to deliver difficult change successfully and more speedily.
- Increased staff satisfaction, leading to improved performance.

## The process

In order to develop this new Trust-wide Inclusion Strategy, a process of engagement and involvement began in October 2011. This three-stage process was designed to ensure that the Trust involved stakeholders in developing the strategy from the very

beginning. Below is a brief overview, and a full description of the work is provided at Appendix 2.

**Stage One** comprised the invitation of a broad range of people to two scoping workshops, one in the east of our catchment area and one in the west. At the workshops, people were asked to think about what they considered good and poor engagement, about different types of engagement, and about who should be asked what, when and how. We asked those who attended who they felt we should be involving at Stages Two and Three.

**Stage Two** comprised a series of smaller, more targeted focus groups to ensure that we involved representatives from all our communities (November-December 2011). We talked to individuals and groups with protected characteristics and the 'seldom heard', as well as key staff, patients, governors, and other stakeholder groups.

We also developed a survey which was widely distributed to stakeholders, to check our understanding of the feedback from stage one and to capture any new views and suggestions which may have been missed from the workshops and focus groups.

**Stage Three** involved a diverse group of representatives who had taken part in Stage One and/or Two coming along to a further workshop (23<sup>rd</sup> January 2012) to help to consolidate our earlier work. At this workshop we considered the processes, mechanisms and principles that would be necessary to deliver our objectives.

The outcomes of this final stage of development are outlined below.

## What we heard

We gathered a huge amount of feedback during the consultation period and it would be impossible to include it all here. A comprehensive report of the feedback received will be made available on our website ([www.secamb.nhs.uk](http://www.secamb.nhs.uk) or by contacting 01273 897840)<sup>1</sup>. By the final stage, however, it was clear that there are some key issues that the Strategy should address, and we are including these below with participants' responses.

### How will we ensure stakeholders are able to get their issues onto SECAMB's agenda?

Participants emphasised that it is important that when stakeholders raise issues, the Trust must be honest, open and respectful but also manage expectations about the extent of change that is likely or possible as a result. The Trust should be clear that if plans change as a result of involvement and engagement input, the necessary resources should follow.

Participants suggested various mechanisms by which stakeholders could get their issues onto our agenda, including: via LINKs/Local HealthWatch, Facebook and Twitter, visits to stakeholders including minority groups, open discussions at Open

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<sup>1</sup> We will provide this report in languages other than English, and in other formats including Braille and large print on request. You can also request the report by SMS/Text on 07770 685772, Textphone (via TextRelay): 18001 01273 897840 or Fax: 01273 489444

Days, visiting patients in hospitals or their homes. The idea of a stakeholders' forum was put forward, with the suggestion that this should not only be a forum where SECAMB brings ideas to stakeholders but also where stakeholders raise their own issues.

There should be a variety of ways for stakeholders to influence SECAMB's agenda and 'be heard'. However, it is vital that there is a clear channel for stakeholders' views to be considered by appropriate decision-making groups within the Trust.

It will be vital that processes exist to facilitate two-way dialogue between the Trust and stakeholders.

### **How will we ensure the views we hear through people's engagement and involvement are acted upon by SECAMB?**

Participants said they would expect there to be a recognised process to ensure views are heard, changes investigated, action taken where appropriate, and feedback given. In circumstances where the Trust is not able to act upon feedback the Trust should explain why.

The principles of SECAMB's engagement should include: openness, integrity, and transparency and lead to effective, appropriate processes.

Any stakeholder group should be able to link with SECAMB's communications team and our staff network. It must be linked in to SECAMB's processes.

### **How will we ensure the groups we engage with are linked into the parts of SECAMB where decisions and plans are made?**

Participants suggested that any stakeholder group should take responsibility for ensuring and monitoring its own effectiveness. Any group needs to be closely linked with and have access to where decisions are made within SECAMB.

Participants felt a Non-executive Director with a portfolio for 'inclusion' should be part of this management group or forum, and the group should report to a committee of the Trust Board. The group would need to be resourced by the Trust and facilitated by someone able to access the Trust's key decision-making groups.

It is important that SECAMB staff embed inclusion principles into their day to day work. Working with stakeholders should be part and parcel of project management, service development, and strategic planning.

### **How will we ensure we engage with a representative group of people who can get involved as they wish, and with a membership which can be refreshed?**

Participants felt that a management group of external and internal stakeholders should be set up, by identifying the demographic make-up of our patch and working with others to ensure the group has good representation in terms of diversity, geography, and type of stakeholder (staff, patient, volunteer, representatives from partner organisations, Foundation Trust members etc.).

The group needs to be able to get things done and be seen to be effective, and it needs the sponsorship of the Board. Participants emphasised the importance of ownership and leadership from within the Trust.

By working with this group and constantly reaching out to new groups within SECAMB's patch, membership of the group can be flexible and sub-groups can be created depending on work to be done and stakeholder interests.

### **The focus must be on outcomes**

The Inclusion Strategy and its associated processes and structures must enable the Trust to perform more effectively and efficiently. Any stakeholder involvement and engagement must aim to improve the way we work and add value to what we do.

Some of the drivers for developing the Strategy are to do with meeting statutory and regulatory compliance objectives, and whatever structures and processes are put in place will need to provide evidence of compliance, for example in meeting the Public Sector Equality Duty.

## **The strategy**

### **Involvement and engagement will be embedded in the Trust**

We will make involvement and engagement an integral part of Trust business. We will train and educate Trust staff about the benefits of involvement and engagement, and Board level backing for this work will ensure staff understand when and how they should involve and engage stakeholders in their work. When developing projects, policies, or services, stakeholder involvement will be undertaken as standard, and where it is not felt to be necessary an exception report will be required.

### **We will work with our stakeholders in an effective, integrated way**

We will establish an "Inclusion Hub" of stakeholders, representative of the communities we serve. This broad Inclusion Hub will be many thousands strong, comprising all of our existing Foundation Trust members (staff and public) plus other stakeholders, and will allow us to invite stakeholders to be involved and engage with the Trust on issues that matter to them. Inclusion Hub members may form smaller Sub-Hubs to undertake particular activities or concentrate on specific issues. Sub-Hubs may be task and finish groups, set up to work on a specific project and then closed on completion, or may be on-going when beneficial.

We will work closely with our stakeholders to deliver our strategy. We will develop an Inclusion Hub Advisory Group of internal and external stakeholders which will be responsible for:

- Advising on the planning and delivery of involvement and engagement activity approved at the Inclusion Working Group.
- Advising on the planning and delivery of Foundation Trust member involvement and engagement activity recommended by the Membership Development Committee.
- Reporting the outcomes of stakeholder activity to the Inclusion Working Group (IWG) and Membership Development Committee (MDC).

- Advising the IWG and MDC of any additional potential work where involvement and engagement would be beneficial.
- Horizon-scanning to identify emerging issues within the communities that members represent and notifying IWG to enable appropriate SECAmb involvement or response.
- Reviewing and monitoring the implementation of the Inclusion Strategy.
- Advising the IWG about the quality of involvement and engagement activity taking place.

The Advisory Group will be drawn from members of the Inclusion Hub and we will ensure that membership is representative of all our stakeholders. There will be one Non-executive Director of the Trust sitting on the Advisory Group. It is envisaged that a workable sized group that would still provide adequate representation from our stakeholders would be twenty people. The group may wish to appoint a Chair and Deputy Chair.

We will provide training about the Trust for members of the Advisory Group.

### **We will involve stakeholders at the appropriate time and in appropriate ways**

We will involve stakeholders at an early stage in any change process, and provide accurate, relevant and accessible information to inform meaningful engagement and involvement. We will be open and honest with stakeholders about the scope for change, and will only consult where stakeholders have the opportunity to affect the outcome. We will also be clear when areas of work must remain confidential for reasons of commercial sensitivity or data protection.

We will involve stakeholders in ways that are effective and meaningful depending on the project. For example, simple engagement could be done virtually by email or a survey, a single or series of focus groups or a large-scale event. The Inclusion Hub Advisory Group will advise on appropriate ways to involve stakeholders.

We will reimburse reasonable travel expenses for Inclusion Hub Advisory Group members and Hub members who are involved and will develop a clear expenses policy. We will also reimburse people who need support to fully participate in meetings, including but not limited to accessible transport, language interpreters including British Sign Language, and support workers.

We will enable staff members to participate where relevant by allowing them to change shifts or be abstracted from shifts and paying travel expenses.

### **We will have transparent, accountable processes to deliver and monitor outcomes**

We will ensure the Inclusion Hub Advisory Group has access to, and is accessible by, the Board of Directors and the Council of Governors.

### **Board of Directors**

The Advisory Group will link directly into the Trust’s internal Inclusion Working Group (IWG) which consists of senior managers who report to a Director of the Trust. Two nominated representatives of the Advisory Group will be members of the IWG and will participate in its planning and activity.

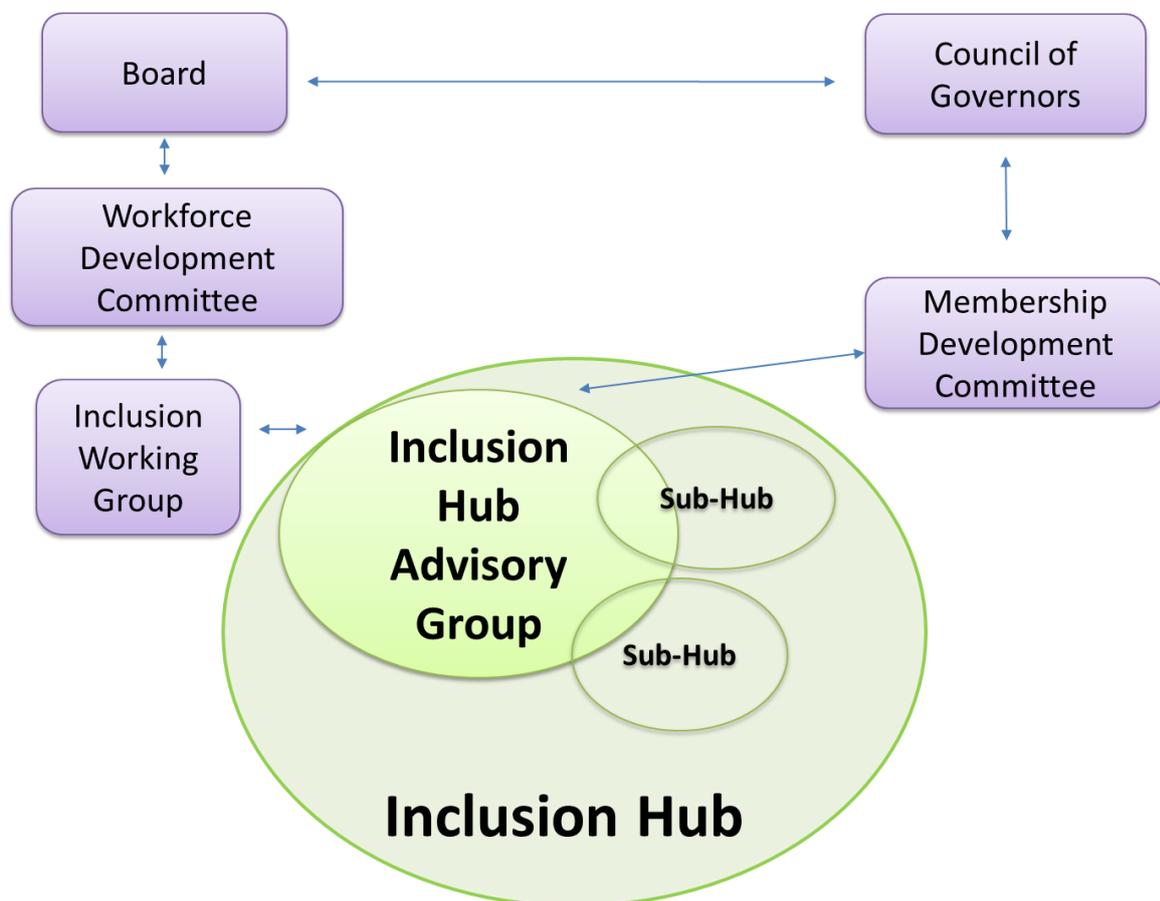
They will report back to the Advisory Group on the work of the IWG, and report to the IWG on the work of the Advisory Group and wider Inclusion Hub and Sub-Hubs. In this way there will be a direct link between the Advisory Group and the Trust’s senior managers, and cross-fertilisation of ideas. This will ensure that issues that are important to our stakeholders can be brought before the Trust’s senior management on a regular basis, and that the Trust’s agenda is brought before the Advisory Group to help identify appropriate engagement and involvement activity.

The IWG reports to the Workforce Development Committee of the Trust Board, and through this to the Board itself.

### Council of Governors

The Trust has a responsibility to facilitate the Council of Governors’ engagement with Foundation Trust members, and FT members’ engagement with the Trust. We will ensure that governors and members have the opportunity to interact through the Inclusion Hub Advisory Group and as relevant through Sub-Hubs.

The Inclusion Hub Advisory Group will include Foundation Trust governors who are also part of the Membership Development Committee of the Council of Governors. They will be the conduit between both groups.



## **The Inclusion Hub will be effectively resourced and facilitated and will have broad membership**

This Inclusion Hub will be facilitated by SECAMB staff.

The Hub will include:

- Patients
- SECAMB staff
- SECAMB volunteers
- Foundation Trust members and governors
- Other key stakeholders – from NHS organisations, other parts of the public sector and voluntary/Third Sector, carers, members of Local Involvement Networks (LINKs) and Local Healthwatch,
- People with protected characteristics under the Equality Act or their representatives, including people from disadvantaged groups (Gypsies and Travellers, people with learning disabilities, and homeless people)

Hub members will be invited to become Foundation Trust members and the existing Foundation Trust membership database will be used to manage people's involvement. All stakeholders will be asked how they would like to be involved and whether they have any requirements that we should consider when involving them (for example, interpreting service, access to venues etc). We will collect diversity monitoring data about Hub members to ensure we are engaging with people from all the communities we serve.

There will be regular, clear communication with Inclusion Hub members, in a variety of formats, tailored as necessary to ensure accessibility. We will use these communications to:

- invite members to participate in Sub-Hubs and Trust events
- inform members about the outcomes of involvement and engagement activity
- keep members informed about SECAMB's work, plans and service developments.

## **We will ensure we involve people with protected characteristics under the Equality Act and develop a Hub membership representative of the communities we serve**

We will pay specific attention to involving and engaging people with protected characteristics as identified under the Equality Act. These characteristics are: age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity.

We will also include communities which have been identified as experiencing the greatest health inequalities in the South East Coast region, specifically Gypsies and Travellers, homeless people, and people with learning disabilities.

We will ensure we take into account the needs of different groups when designing our involvement and engagement processes.

See **Appendix 3** for a suggested ideal membership of the Inclusion Hub Advisory Group.

## **We will set up a clear process to help staff identify where stakeholder involvement and engagement is beneficial and necessary**

These activities will include:

### **1. All significant service development work**

We recognise that 'significant' is a difficult word to define. Service development work means any work which is intended to bring about a change to the way services are delivered or which services are provided. We envisage that where an impact on patients is expected or intended, stakeholders will be involved.

Inclusion Hub Advisory Group or wider Hub members may join Trust project groups for the duration of projects where appropriate. Those Hub members who sit on project groups will report back to the Inclusion Hub Advisory Group about their involvement and input. The Inclusion Hub Advisory Group will then ensure this is reported back to the wider Hub to enable stakeholders to understand the Trust's work, and also to the Inclusion Working Group.

### **2. Annual planning and other regular statutory activity**

We will continue to involve stakeholders in our annual planning process. The Inclusion Hub will also enable stakeholder involvement in:

- Developing our annual Quality Account and Clinical Audit Plan
- Equality Delivery System grading, objective setting and monitoring of the action plan to ensure the Trust meets its commitments
- Completion of Equality Impact Appraisals (EIAs). The Advisory Group will be available to review whether Trust strategies and policies need a full EIA and if so, recommend a Sub-Hub of relevant stakeholders.

### **3. Patient experience**

We will obtain regular and timely feedback from our patients in a variety of ways, and will utilise the Inclusion Hub Advisory Group in devising innovative and useful ways of doing this. We will create a databank of anonymised patient experience feedback that can be used by the Trust to inform service improvements and future service developments. We will publish our patient feedback and make it available to those who commission health services in order to influence future commissioning choices.

### **4. Significant changes affecting staffing, deployment or volunteers**

Again, we recognise that it is hard to define 'significant', but we intend to engage with stakeholders wherever staffing or volunteer changes are likely to have an impact on service delivery. We will engage with staff and volunteers respectively through Sub-Hubs where necessary in relation to changes that affect them. The existing Foundation Council of staff from across SECamb will become an inclusion Sub-Hub.

### **5. Governor consultation with members**

If there are specific issues Trust governors wish to talk to members about or vice versa, the Inclusion Hub Advisory Group will be able to provide advice and support

about appropriate engagement and involvement mechanisms, and the wider Hub can be accessed to involve people.

### **We will measure our success**

The Inclusion Hub Advisory Group will review evidence of all engagement and involvement activity and the influence this has had on our services, plans and other elements of our work. This will be reported to the IWG regularly and at least annually to the Board and Council of Governors. Diversity monitoring data about the people we have involved will also be reported, and we will publish this data annually as part of the Specific Public Sector Equality Duty.

The Inclusion Hub Advisory Group will monitor the Inclusion Strategy Implementation Action Plan (see Appendix A) and will raise any issues in relation to this with the IWG. The IWG will be responsible for delivering the Inclusion Strategy.

### **We will feedback to people we have engaged with**

We will feed back to stakeholders about what their engagement and involvement has achieved. If for any reason the Trust has been unable to take stakeholders' views on board, we will still feed back and will explain why.

### **We will collect evidence of what involvement and engagement has achieved**

Evidence of the impact of involvement will be included within SECAmb's Annual Report and other statutory reports produced by the Trust throughout each year. We will develop a databank of anonymous stakeholder feedback which can be used by the Trust as necessary to inform and support its work.

See **Appendix 4** for more about the regulatory and statutory requirements this strategy will help us to fulfil.

## Appendix 1 – Implementation Action Plan

Action	Outcome	Timescale	Milestone	Resources
<b>Circulate to internal and external stakeholders</b>	Feedback on final draft received by 14 <sup>th</sup> March	24.02.12		
<b>Circulate to stakeholder readers panel</b>	Feedback on 'readability' in final draft	24.02.12		
<b>Feedback and draft Inclusion Hub Advisory Group (IHAG) membership criteria developed with Membership Development Committee</b>	Feedback on final draft received from governors  Draft IHAG membership criteria developed	28.02.12		
<b>Take to Executive Team</b>	Feedback on final draft	07.03.12	Paper submitted 28 February, Director briefed	
<b>Take to Non-Executive Directors</b>	Feedback on final draft	12.03.12	Paper submitted, Chair briefed	
<b>Discussion with stakeholders at EDS/Inclusion workshop 20.03.12</b>	Feedback on final draft  Suggested criteria for IHAG membership  EIA undertaken	20.03.12		
<b>Take to Trust Board</b>	Board sign off	28.03.12	Paper submitted 19.03.12	
<b>FT member communications</b>	Members are aware of SECAMB's new approach to involving and engaging them	March 2012	Membership newsletter article  Invitation to update involvement preferences	
<b>Action plan and suggested criteria for Inclusion Hub Advisory Group (IHAG)</b>	Action plan signed off  IHAG membership criteria signed off	02.04.12		

<b>membership to Inclusion Working Group</b>			
<b>Staff communications re strategy and advisory group</b>	Staff are aware of the Inclusion Strategy and its implications for them	April 2012	<p>Article in the Bulletin</p> <p>All staff email</p> <p>Intranet page</p> <p>Staff-Elected Governors' newsletter</p> <p>Hard-copy briefings for all COMs/SOMs and Team Leaders, PTS, EDC, HQs plus copy for all stations</p>
<b>Stakeholder communications</b>	Stakeholders are aware of SECAMB's new approach to inclusion and how to get involved	April 2012	<p>Press release issued</p> <p>Published on Trust website</p> <p>Circulated to NHS communications leads</p> <p>Circulated to LINKs, HOSCs</p> <p>Circulated to Local Authorities, Parish Councils</p> <p>National Diversity Forum</p> <p>Protected characteristics groups</p> <p>Carers organisations</p> <p>MPs</p>
<b>Develop role</b>	Clear draft terms	May 2012	

<b>brief for IHAG members, draft terms of office, frequency of meetings etc</b>	of reference for group		
<b>Ask staff their preferences for involvement and whether they wish to be part of the IHAG</b>	Understand staff involvement needs	May 2012	Survey distributed to staff
<b>Ask non-FT-member staff to re-engage and get involved in Hub/IHAG</b>	Non-FT-member staff given opportunity to get involved	May 2012	Communication to non-FT-member staff
<b>Invite stakeholders to join Hub, ask for involvement preferences, IHAG invitation</b>		May 2012	
<b>Invite FT members to join IHAG</b>	Expressions of interest for IHAG gathered	May 2012	Communication with membership inviting expressions of interest
<b>IWG and MDC sign off IHAG membership criteria and members</b>	Clear criteria for IHAG membership established and members selected	18.06.12 and 19.06.12 respectively	
<b>Inaugural IHAG meeting</b>		12.07.12	
<b>IHAG review and update Inclusion Strategy action plan</b>	Future actions dependent on IHAG recommendations and IWG and MDC input	12.07.12	

## **Appendix 2 –Stakeholder engagement process**

To develop a new Trust-wide Inclusion Strategy, a process of engagement and involvement was started in October 2011. This three stage process was designed to ensure that the Trust involved stakeholders in developing the strategy from the very beginning.

An interesting challenge in developing the engagement plan for who should be involved in this work, was that identifying who we should be involving and engaging going forward was one of the very issues we wished to resolve with our stakeholders. This put us in a 'chicken and egg' situation.

Therefore, at Stage One, we invited as broad as possible a range of individuals known to the Trust. We invited people who had previously been involved with the Trust as Patient and Public Representatives, Foundation Trust governors and members (including patients), staff, people from partner organisations we had previously worked with on specific projects, and contacts from community and voluntary sector organisations and local authorities as well as other parts of the NHS. It is hoped that this broad pool of input enabled us to get a good range of early input.

We asked stakeholders who attended at Stage One who we should be involving at Stages Two and Three.

### **Stage One – Scoping workshops**

Two initial scoping events were held, one in the East and one in the West of the area where SECAMB works. The first event took place 12<sup>th</sup> October in East Malling and the second 20<sup>th</sup> October in Horsham.

Participants were invited to think about what 'good' engagement and 'poor' engagement looked like, and then to consider two of four case studies of work currently taking place within SECAMB to test whether different types of involvement and engagement might be appropriate depending on the type of work being undertaken.

Participants were asked who they would expect the Trust to involve, when we should involve people, what level of involvement/engagement is best for what, what support is required from the Trust and were also asked to consider the challenges faced by an organisation covering such a large geographical area and propose possible solutions.

We engaged with more than 60 people over the course of these two days, including SECAMB staff, governors, FT members, and patients as well as staff from other NHS organisations, Local Authorities, and the third sector. The group of people invited was deliberately diverse.

The input from participants at these events was used to design the rest of the strategy development process.

## Stage Two – Focus groups and Survey

This comprised a series of focus groups to ensure that we have involved representatives from all our communities (November-December 2011). We invited or visited individuals and groups with protected characteristics and the ‘seldom heard’, as well as key staff, patients, governors, and other stakeholder groups.

We also developed a survey which was widely distributed to stakeholders, to check our understanding of the feedback from stage one and capture any alternative views which may have been missed from the workshops and focus groups.

Focus groups and meetings were held with these individuals and groups as follows:

<b>Date</b>	<b>Focus</b>	<b>Group</b>
30.11.11	People with learning disabilities	Peppercorns, Kent
05.12.11	Gypsies and Travellers	Friends, Families and Travellers, Sussex
07.12.11	People with dementia and their carers, including Black and Minority Ethnic people	Friend with Dementia, Surrey
13.12.11	Older people	East Sussex Seniors Association, East Sussex
15.12.11	Young people	Dartford Pupil Referral Unit, Kent
16.12.11	SECamb staff	Invited staff group
16.12.11	FT governors and members	Invited public group
19.12.11	People with a disability and Black and Minority Ethnic people	Surrey Coalition of Disabled People and Surrey BME Forum, Surrey
21-22.12.11	People with long term conditions	Renal dialysis PTS patients, Brighton and West Sussex
22.12.11	Lesbian, Gay and Bisexual people	Brighton and Hove Actually Gay Men’s Chorus and Gay Women’s Chorus, Brighton

We would like to again thank these groups and the people who participated in these sessions for their invaluable input.

A survey was distributed widely to staff, stakeholders, members, governors and patients. The aim of the survey was to enable wider participation, and to check whether a broader stakeholder group agreed with what we had heard during the workshops.

608 people completed the survey, and a full breakdown of the monitoring information is available in the final report, however it is worth noting here that a diverse group of patients, staff and other stakeholders took part. The response was excellent and we would like to thank everyone who took the time to participate.

The vast majority of survey respondents agreed with the proposed way forward for the Inclusion Strategy which had been developed through the initial workshops.

In addition, participants were asked for any additional comments about how and whether this would work for them. Particular attention has been paid to understanding the views of those who disagreed with what we had heard at the workshops, to enable us to understand more about who has different views.

Any specific comments relating to services, staff/volunteer or 'special interest' groups will be passed on to relevant senior managers and/or taken into account in the detail of the Inclusion Strategy, as relevant.

### **Stage Three – Strategy Development**

On 23 January 2012, a final workshop was held bringing together more than twenty-five stakeholders, some of whom had participated at earlier stages and some who were new to the consultation.

All participants were sent the feedback from Stages One and Two of this consultation prior to attending to inform their involvement.

The workshop considered the inclusion process and the key practical elements necessary to deliver a strategy that will work effectively given all the feedback received so far. The Inclusion Cycle developed at this workshop is set out in Appendix 5. The practical elements developed are within the Inclusion Strategy itself.

## Appendix 3 – Ideal Inclusion Hub Advisory Group membership

Within the Inclusion Hub Advisory Group we will encourage participation from:

- Protected characteristic group representatives (race, gender reassignment, sexual orientation, and disability),
- Disadvantaged group representatives (homeless people, Gypsies and Travellers and people with learning disabilities),
- Patients (including one regular Patient Transport Service user plus a patient with recent experience of A&E),
- Governors (one staff governor and at least one public governor),
- Staff (one clinical staff member, one PTS staff member, one member of support staff, one Emergency Dispatch Centre staff member),
- Representatives of stakeholder organisations (at least one person from the NHS, and one from the third sector),
- One LINKs member (or subsequent statutory patient and public involvement group),
- One Non-Executive Director.

In addition, care will be taken to ensure the membership includes representatives from different age groups, geographical locations, religions and beliefs, as well as ensuring a gender mix.

Membership would not be expected to exceed twenty people, which should ensure representative membership within a manageable sized group.

## Appendix 4 – Meeting our statutory and regulatory duties

Drivers	Evidence
<p><b>Equality Act 2010</b></p> <p>A public sector Equality Duty, section 149(1) of the Act, applies to most public authorities (and bodies exercising public functions) requiring them in the exercise of their functions to have due regard to the need to:</p> <p>Eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act.</p> <p>Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.</p> <p>Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</p> <p>Regulations to ensure better performance of the public sector Equality Duty came into force in September 2011. The Equality Act 2010 (Specific Duties) Regulations 2011 require relevant bodies, including NHS organisations, to:</p> <p>Publish information to demonstrate its compliance with the public sector Equality Duty at least annually, starting by 31 January 2012.</p> <p>Prepare and publish equality objectives at least every four years starting by 6 April 2012. All such objectives must be specific and measurable. The information must be published in a manner that is accessible to the public, either in a separate document or within another published document.</p> <p>The Trust is also required to show we have given due regard to the impact of our decisions, functions and services on equality. Case law has established that the duty has to be complied with before and at the time a decision is made or policy is reviewed.</p>	<p>Trust policies and procedures, and potentially Equality Delivery System (EDS) improvement objectives relating to this</p> <p>Policies and practices demonstrate EDS implementation and monitoring</p> <p>Policies and practices demonstrate EDS implementation and monitoring</p> <p>Evidence collected and submitted</p> <p>EDS grading process informs equality objectives and progress is monitored</p> <p>Carrying out Equality Impact Analysis (EIAs) on relevant policies and procedures</p>
<p><b>Section 242 Health Act</b></p>	

<p>A strengthened ‘duty to involve’ came into force on 3 November 2008. The duty requires certain NHS organisations to involve users of services in:</p> <ul style="list-style-type: none"> <li>• the planning and provision of services;</li> <li>• the development and consideration of proposals for changes in the way services are provided; and</li> <li>• decisions affecting the operation of services.</li> </ul> <p>When developing and considering proposals for changes in the way services are provided, or when making decisions affecting the operation of services, the organisations to which the duty applies are under a duty to involve.</p> <p>The duty applies where the proposals or decisions have an effect on the way in which services are delivered to users or on the range of health services available to users.</p>	<p>Stakeholder involvement in service development and workforce/volunteer deployment planning and decision-making</p>
<p><b>Human Rights Act/EHRC Regulators</b></p> <p>The Act makes all public bodies in England and Wales responsible for behaving in a way that does not breach the rights of individuals, as identified by the European Convention of Human Rights. It is a clear statement of rights that need to be taken into account in the delivery of public services. The vision behind the Act was that it would bring about cultural change where service decisions would be made with reference to basic rights, such as the right to privacy and family life, the right to a fair hearing and the right not to suffer degrading treatment. The Government expected that public service decision-makers would work within a human rights framework. Managers would have a clear understanding of their obligations under the Act and carefully balance an individual’s rights against those of the wider community when making their decisions.</p>	<p>Policies and procedures comply with legislation</p> <p>EIAs completed with appropriate stakeholder involvement</p>
<p><b>CQC Compliance</b></p> <p>The CQC has set out standards for all health and social care providers. Specifically relevant is outcome 1, Regulation 17: Respecting and Involving People Who Use Services. The regulatory standard requires the trust to ensure that people who use services (or their representatives):</p> <ul style="list-style-type: none"> <li>• Understand the care, treatment and support choices</li> </ul>	

<p>available to them</p> <ul style="list-style-type: none"> <li>• Can express their views, and are involved in making decisions about their care</li> <li>• Have their privacy, dignity and independence respected</li> </ul> <p>People who use services experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights (Regulation 9, Outcome 4)</p> <p>People who use services 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; and have their views and experiences taken into account in the way the service is provided and delivered (Regulation 17, Outcome 1)</p> <p>People who use services can be confident that their human rights are respected and taken into account (Regulation 18, Outcome 2)</p>	<p>Patient experience data collected and patients involved in service development</p> <p>Patient involvement and engagement in service development outcomes and impact</p> <p>Equality Delivery System implemented and patients are involved in grading, developing and monitoring action plans</p>
<p><b>CQI (SQU03_04: Ambulance Clinical Quality – service experience)</b></p> <p>Patient experience – patient experience narratives.</p>	<p>Qualitative accounts of patient experience are gathered and accessible to the Trust</p>
<p><b>Quality Account</b></p> <p>Quality Accounts: Aim to improve organisational accountability to the public and engage Boards in the quality improvement agenda,</p> <p>Enable providers to review services, decide and show where they are doing well, but also where improvement is required,</p> <p>Enable providers to demonstrate what improvements they plan to make,</p> <p>Provide information on the quality of services to</p>	<p>Stakeholder (including FT governor and member) involvement in developing and reviewing achievement against the Trust’s Quality Account priorities</p> <p>Trust sets improvement priorities based on feedback and evidence</p> <p>Trust Quality Account made available to stakeholders in accessible formats</p> <p>Trust Quality Account made</p>

<p>patients and the public,</p> <p>Demonstrate how providers respond to feedback from patients and the public as well as other stakeholders. (DoH Quality Accounts Toolkit 2010)</p>	<p>available to stakeholders in accessible formats</p> <p>Quality Account process and reporting to stakeholders demonstrates how feedback has impacted on Trust activities</p>
<p><b>Health Overview and Scrutiny Committee (HOSC)</b></p> <p>Section 244 of the NHS Act 2006 (formerly Section 7 of the Health and Social Care Act 2001) places a statutory duty on commissioners and providers of NHS services to consult Local Authority HOSCs on any proposals for significant development or substantial variation in health services. NHS organisations will note that this duty is quite distinctive from the routine engagement and discussion that takes place with Local Authorities as partners and key stakeholders.</p> <p>Significant development and substantial variation are not defined in the legislation but supporting guidance is clear that the NHS body responsible for the proposal should initiate early dialogue with the HOSC(s) affected by the proposal to determine:</p> <p>a) If the HOSC(s) consider that the change constitutes a significant development or substantial variation in service</p> <p>b) The timing and content of the consultation process.</p> <p>Where it is agreed that the proposal does constitute a substantial change the response of the HOSC(s) to the subsequent consultation process will be shaped by the following considerations:</p> <p>a) Has the development of the proposal been informed by appropriate engagement and involvement of local people and those using the service. This should take account of the relevant equality legislation and be clear about the impact of the proposal on any vulnerable groups.</p> <p>b) The extent to which commissioners have informed and support the change</p>	<p>Stakeholder input early in proposed change process. EIA completed effectively with stakeholders</p>

<p>c) The strength of clinical evidence underpinning the proposal and the support of senior clinicians whose services will be affected by the change.</p> <p>d) How the proposed service change affects choice for patients, particularly with regard to quality and service improvement</p> <p>NHS organisations will also wish to invite feedback and comment from the relevant Local Involvement Networks (LINKs) which were established by legislation to facilitate the involvement of people using health and social care services in their area. The LINK has specific legal powers, including the ability to refer issues of concern to the HOSC(s) and to enter and inspect health and social care premises. Locally good working relationships exist with LINKs and HOSCs will normally expect evidence of their contribution to any proposals for varying health services from the NHS.</p>	<p>Stakeholder perspectives on proposed change available</p> <p>Regular on-going engagement with LINKs. Feedback from LINKs.</p>
<p><b>World Class Commissioning</b></p> <p>Patient and public involvement and engagement is a key priority for commissioners in making decisions. Engaging with the local community and building this knowledge into commissioning plans, will help to ensure that services commissioned are better suited to patient's needs.</p> <p>It is important to engage with patients and the public to discuss with them their ideas and experiences, what they want from services and how to make the best use of resources. Commissioners should take opportunities to discuss commissioning plans and proposed changes to services. It is important to ensure that services continue to meet the needs and preferences of patients. Good involvement makes a difference and enables feedback to show how patients and the public have been involved and how their responses have been used.</p> <p>Commissioners need to be proactive in seeking out the views and experience of patients, carers and stakeholders, especially those least able to speak up for themselves. It is important that Clinical Commissioning Groups have mechanisms for engaging with and listening to patients, carers and stakeholders, as well as a means of ensuring that these experiences can be taken into account when</p>	<p>The Trust shares patient and public feedback with commissioners to inform future commissioning decisions</p>

<p>commissioning decisions are made.</p>	
<p><b>The NHS Operating Framework</b></p> <p>The NHS Operating Framework states that the need for good systematic engagement with staff, patients and the public is essential so that service delivery and change is taken forward with the active involvement of local people. Our staff and patients provide essential insights into the quality of services.</p> <p>Organisations should listen closely and act on any information from staff about service improvement. Organisations should also listen closely to patient feedback and complaints, using this information to improve services.</p>	<p>Feedback from patients and staff is available, and processes for on-going engagement exist</p> <p>The Trust is able to demonstrate how its service delivery has changed as a result of staff and patient feedback</p>
<p><b>NHS Constitution</b></p> <p>You have the right to expect your local NHS to assess the health requirements of the local community and to commission and put place the services to meet those needs considered necessary You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.</p> <p>You have the right not to be discriminated against in the provision of NHS services including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disability or appropriate and effective ways mental illness) or age (and other protected characteristics).</p> <p>The NHS also commits to make the transition as smooth as possible when you are referred between services, and to include you in relevant discussions (pledges).</p> <p>The NHS also commits to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered (pledge).</p>	<p>Regular patient feedback and analysis informs service provision and plans</p> <p>EDS implementation and monitoring</p> <p>Patient feedback about transitions regularly sought, analysed and changes made as a result, if relevant</p> <p>Stakeholder engagement helps to inform decision-making</p>
<p><b>Equality Delivery System</b></p> <p>Genuine engagement with local interests and the effective use of evidence lie at the heart of both the public sector Equality Duty and the NHS reforms. Without them, NHS organisations will not be able to focus on those matters that are most important to</p>	

<p>patients, communities and their staff in an informed, consistent and robust way.</p> <p>Engagement refers to the process of getting people – patients, community members and staff – involved in decisions about them in a sustained way. This includes planning, developing and managing services, as well as activities that aim to improve health or reduce health inequalities. For staff, engagement also means helping to plan, develop and manage working environments, and activities that aim to improve working lives.</p> <p><u>Local interests</u> For the purposes of the EDS, local interests comprise but are not restricted to:</p> <ul style="list-style-type: none"> <li>• Patients and those local groups that represent them</li> <li>• Communities and the public in general</li> <li>• Governors and members of NHS foundation trusts</li> <li>• NHS staff, staff networks, and staff-side organisations (that is, unions such as Unison)</li> <li>• Voluntary and community organisations</li> </ul> <p>Genuine and empowered engagement - When engaging with these local interests, the engagement must be sustained, informed and meaningful. It must go beyond consultation, which can often comprise occasional and one-off explorations of patient, community and staff views on a particular topic. The engagement must span all protected groups and other disadvantaged groups. Contacting, hearing and working with some of these groups will challenge some parts of the NHS, which can sometimes make itself hard-to-reach.</p> <p>Care should be taken to ensure that seldom-heard interests are as engaged as much as other interests, and are supported to participate. Care should also be taken to include not only those spokespeople who already give so generously of their time to engage with NHS organisations, but also those individuals who have important things to say but whose views are rarely sought or heard.</p> <p>Participating in public life can be expensive or difficult for local patients, communities and staff groups. It can be difficult in terms of the practicalities of participating in meetings or discussions, especially for seldom-heard groups. It can also be difficult for those patients and members of the public who may not be</p>	<p>Sustainable mechanism (Inclusion Hub) in place for on-going engagement with stakeholders, including staff and those with protected characteristics</p> <p>Inclusion Hub and Inclusion Hub Advisory Group is representative of local interests as defined under the EDS</p> <p>Best practice engagement process is followed to ensure meaningful engagement</p> <p>Inclusion Hub has inclusive membership</p> <p>Stakeholders receive expenses payments and appropriate support to enable full participation</p>
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<p>used to talking to NHS staff and clinicians on equal terms about matters of healthcare strategy or planning. So that these local interests can be enabled and empowered, support and/or financial assistance will need to be considered by NHS organisations.</p>	
<p><b>Monitor/FT-local accountability, governor &amp; trust members</b></p> <p>Monitor Compliance Framework 2011-12</p> <p>Growing a representative membership</p> <p>94. Monitor will directly assess whether an NHS foundation trust is complying with its Authorisation to grow a representative membership. If this is not the case, Monitor will assess whether boards' membership plans are likely to ensure compliance in the future. Material failure may result in Monitor applying an override to the governance risk rating.</p> <p>The submissions [Trusts submit quarterly reports to Monitor] will also assist us to collate information to support evidence on the development and effectiveness of local engagement with members and local accountability within NHS foundation trusts.</p> <p>Quality Governance Framework</p> <p>3C Does the board actively engage patients, staff and other key stakeholders on quality?</p> <p><input type="checkbox"/> Quality outcomes are made public (and accessible) regularly, and include objective coverage of both good and bad performance</p> <p>The Board actively engages patients on quality, e.g.:</p> <p><input type="checkbox"/> Patient feedback is actively solicited, made easy to give and based on validated tools</p> <p><input type="checkbox"/> Patient views are proactively sought during the design of new pathways and processes</p> <p><input type="checkbox"/> All patient feedback is reviewed on an on-going basis, with summary reports reviewed regularly and intelligently by the Board</p> <p><input type="checkbox"/> The board regularly reviews and interrogates</p>	<p>FT membership/Inclusion Hub is representative of eligible population</p> <p>Stakeholder engagement includes on-going engagement with FT members. FT governors have opportunities to interact with FT members</p> <p>Inclusion Hub, Advisory Group and relevant Sub-Hubs are set up and used to improve quality</p> <p>Quality Account is public and accessible</p> <p>Patient feedback is gathered regularly</p> <p>Patients are engaged in service design</p> <p>Patient feedback is reported to the Board</p> <p>Complaints and SUIs</p>

<p>complaints and serious untoward incident data</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The board uses a range of approaches to “bring patients into the boardroom” (e.g. face-to-face discussions, video diaries, ward rounds, patient shadowing)</li> </ul> <p>The board actively engages staff on quality, e.g.:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Staff are encouraged to provide feedback on an on-going basis, as well as through specific mechanisms (e.g. monthly “temperature gauge” plus annual staff survey)</li> <li><input type="checkbox"/> All staff feedback is reviewed on an on-going basis with summary reports reviewed regularly and intelligently by the board</li> </ul> <p>The board actively engages all other key stakeholders on quality, e.g.:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Feedback from PALS and LINKs is considered</li> <li><input type="checkbox"/> The board is clear about Governors’ involvement in quality governance</li> </ul>	<p>continue to be reviewed by the Board The Trust is currently considering the best way to deliver this</p> <p>Staff engagement is regular through the Inclusion Hub and staff Sub-Hub</p> <p>Staff feedback reported to the Board</p> <p>LINKs are included in engagement processes</p> <p>Governors continue to contribute to and review Quality Account</p>
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## Appendix 5 – Inclusion Cycle

The most beneficial way of involving and engaging patients, staff and the public is via a project management approach in which engagement is integral, and changes are made, outcomes monitored, and feedback given. We have called this an Inclusion Cycle.

This Inclusion Cycle attempts to show the various stages of activity that occur when the Trust considers making changes to services or undertaking other work which might affect patients or other stakeholders.

The Cycle is not rigid – certain elements may need to be revisited several times during the lifetime of a project, for example checking back with stakeholders for further input, and designing services stage by stage. The Cycle does not necessarily start with the Trust reviewing a service, but could start when patient feedback suggests something needs to change, or when in trying to implement a change it is found that there are key stakeholders whose views should be considered.

