Isle of Wight NHS
NHS Trust

STAKEHOLDER ENGAGEMENT STRATEGY

February 2017

ISLE OF WIGHT NHS TRUST STAKEHOLDER ENGAGEMENT STRATEGY

FOREWORD

Health and health services play a significant part in the life of us all. As the provider of ambulance, community, hospital and mental health services to local people when they require care, the Trust and its activities are naturally of particular interest to service users, a wide range of individuals, groups and organisations, and to our staff. All of these people are our stakeholders.

This Strategy, which is very much a 'living document' represents our renewed commitment to engage more effectively with our local community in the future. We will work to ensure that our stakeholders are more aware of our work, our successes and our challenges in general - on a more regular basis. We will also listen and learn from what local people have to say about our services and in the development and consideration of options - before change is made or decisions are taken.

We particularly recognise the value and importance of effective stakeholder engagement. Effective stakeholder engagement requires strong and enduring relationships between the Trust and local people, which continue even in times of challenge or pressure. It relies on having a good understanding of our various perspectives and our respective areas of interest and concern.

We cannot achieve this Strategy alone. We collaborate closely with representatives of some of the Trust's key stakeholders, including the Health and Adult Social Care Scrutiny Panel, Health and Wellbeing Board, Isle of Wight Clinical Commissioning Group (CCG), Healthwatch IoW, Community Action Isle of Wight, Isle of Wight Council and our Patient Council. All have an important part to play.

ISLE OF WIGHT NHS TRUST STAKEHOLDER ENGAGEMENT STRATEGY

1. INTRODUCTION

Overall aim and audience

The aim of this Strategy is to provide a clear, high level and enduring framework within which the Trust can develop increasingly effective and appropriate means of engaging with its many and varied stakeholders – in ways which meet the needs and expectations of our stakeholders.

This Strategy is designed to set out our philosophy and principles for engaging with our stakeholders. It is intended to provide a checklist against which we can test our actions. It is also intended to set out for our stakeholders the way in which they can expect us to act and engage with them and how we can work together. The Strategy is also a guide for us to use for developing a more detailed delivery plan within the Trust, but is not intended, in itself, to be a detailed delivery plan.

The Strategy, which reflects both our statutory duties and our Trust values and corporate objectives, will be of especial relevance to a number of different groups, including:

- our external stakeholders;
- our internal stakeholders, our Trust Staff;
- our service users.

Amongst our many stakeholders are two significant groups – our service users and our staff. Whilst this Strategy provides the over-arching framework relating to all our stakeholders, details of our approaches to engaging with these particular groups will be set out in two linked, but separate, Trust documents. This Strategy should be considered alongside the Trust's:

- Patient Experience Strategy;
- Service User and Carer Involvement Strategy; and
- Health and Wellbeing Strategy

The format of the document

The remaining sections of this document cover:

- Definitions of stakeholder engagement
- The national and statutory context
- Why stakeholder engagement is important
- Who are our stakeholders?
- Our objectives for engagement
- Our philosophy and guiding principles for engagement
- Stakeholder engagement - principles into practice
- Roles and responsibilities
- Measuring success

2. STAKEHOLDER ENGAGEMENT – WHAT IS IT?

Definitions

- **Stakeholders** can be defined as any person or group of people who have a significant interest in services provided, or will be affected by, any planned changes in an organisation or local health community. They can be internal or external to that local health community, and they can comprise staff, patients, trade unions, MPs and members of the public and community groups.

- **Stakeholder Engagement** is a process by which an organisation or local health community learns about the perceptions, issues and expectations of its stakeholders and uses these views to assist in managing, supporting and influencing any planned changes/improvements in service delivery.

- **Service users** are those who use services or those who may use them. Service user involvement can be directly or through representatives.

3. THE NATIONAL AND STATUTORY CONTEXT

Engagement of people who use health and social services and the wider public has gained an increasing focus in government policy in recent years. Major government policies designed to improve and modernise the NHS reinforce this commitment to involve service users and stakeholders.

The legal duty to involve service users is set out in *the Health and Social Care Act 2012*. This places a duty of care on those providing health services to make arrangements to involve users of services - whether directly or through representatives:

- from the beginning in the planning and the provision of services;
- in the development and consideration of proposals for change in the way the services are provided;
- in decisions to be made by the body affecting the operation of services.

The Act also identifies a requirement to consult Health, Community and Care Overview and Scrutiny Committees (HCCOSC) where there is any proposal for substantial change or development of the health services in the areas of the local authority or for substantial variation in how that service is provided.

The NHS Constitution (DOH 2009, updated 2013) informs people of *"their right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided and in the decisions to be made affecting the operation of these services."*

Further guidance and good practice is set out in a range of national documents including:

- *Real Involvement: Working with people to improve* health service;
- *Guidance when undertaking major changes to NHS services*;
- *Planning and delivering service changes for patients*;
- *Transforming Participation in Healthcare*

4. STAKEHOLDER ENGAGEMENT – WHY IS IT IMPORTANT?

Building relationships based on mutual understanding and trust

Effective stakeholder engagement is about building sustainable relationships with people who are affected by what we do and the services which we provide, and who have a contribution to make with regard to what we do. It relies on a commitment to engage, listen, respond and communicate openly and honestly with stakeholders.

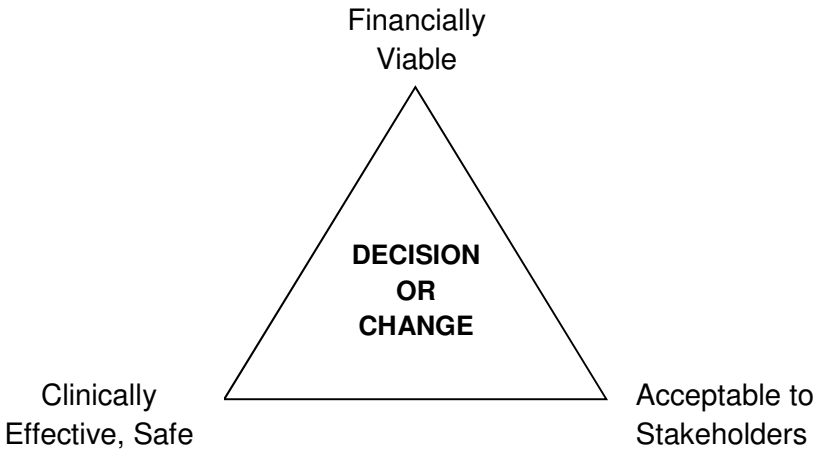
Most people naturally place a high value on their health and the health of their families and friends. As a consequence, services provided to local people by the NHS are of particular importance and interest to both individuals and groups – whether these services are provided in the community or in hospital.

Through working with our stakeholders, we believe that we can achieve improved mutual understanding and trust. By sharing more about the work which we do and how we do it, about our successes and our challenges, we hope that local people will feel that they know us better as the organisation which cares for them when they need our services. Through maintaining regular two-way dialogue we will also be able to listen to, and understand more clearly, the issues, concerns and ideas of local people. This also enables us to make improvements to the ways in which we provide our services.

Enabling and facilitating change

Change, development and innovation are on-going and inevitable in all areas of life. They are an essential part of health services nationally, and locally - within the wider Isle of Wight health community and within the NHS Trust. This is reflected in our commitment to continuous service improvement and in our values.

We believe strongly that change should be associated with improving service quality, or with improving the use of limited resources, and that stakeholder involvement is important in identifying the need for change and the means by which this can be achieved. The aim is to achieve a balance between providing clinically effective and safe services, acceptability to stakeholders, and making the best use of scarce resources.



Adapted from "Real Involvement" DOH 2008

David Nicholson, then Chief Executive of the NHS, reflected some years ago, that: *"…. the NHS needs to be much better at engaging with stakeholders, including the public and their representatives, patients and their carers, clinicians and staff, MPs and a whole range of other stakeholders. The NHS needs to do more to ensure that stakeholders are actively engaged in developing proposals for change and also explaining the reasons behind decisions that are made"*

(David Nicholson CEO letter Feb 2007)

This Strategy represents our commitment to engage more effectively with our local community in the future - to listen and learn from what local people have to say, in the development and consideration of options and before change is made or decisions are taken.

4.3 A reflection of our Trust values and strategic objectives

The Strategy reflects the Trust's mission, vision and values, which were developed in recent years in discussion with staff and patients. The values are also expressed in a shorter format through a number of key words:

listening, helping, excelling, improving, uniting, caring – better for you

The Trust's Mission, Vision and Values

For us our vision - Quality care for everyone, every time - means that:

- Our patients and their families will say that we care and will recommend us to others
- We will provide the right service for every individual, every time, delivered locally wherever clinically appropriate and cost effective
- We will be an excellent, trusted provider of health and social care, central to the health and wellbeing of Island residents and visitors

- Our services will provide the best integrated care in the country – services integrated with each other and with those of our partners – and as a result we will be locally and globally admired
- We will fully realise for our patients and our commissioners the potential of our integrated organisational form and deliver the Isle of Wight health system strategy of integrated care.

Our mission

Our mission is to *improve the health, wellbeing and life chances of the Island's residents and visitors and contribute to the long-term sustainability of the Island through the development of seamless and efficient integrated health and social care services.*

For us this means that:

- Our patients and their families will say that we care and would recommend us to others
- We will provide the right service for every individual, every time, delivered locally wherever clinically appropriate and cost effective
- We will be an excellent, trusted provider of care, central to the health and wellbeing of Island residents and visitors
- Our services will provide the best integrated care in the country – services integrated with each other and with those of our partners – and as a result we will be locally and globally admired
- We will fully realise for our patients and our commissioners the potential of our integrated organisational form and deliver an Isle of Wight system-wide strategy for integrated care.

Our values

Our values are the same as those written within the NHS Constitution, which establishes the principles and values of the NHS in England.

- **Working together for patients** – Patients come first in everything we do. We fully involve patients, staff, families, carers, communities, and professionals inside and outside the NHS. We put the needs of patients and communities before organisational boundaries. We speak up when things go wrong.

- **Respect and dignity** – We value every person – whether patient, their families or carers, or staff – as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest and open about our point of view and what we can and cannot do.

- **Commitment to quality of care** – We earn the trust places in us by insisting on quality and striving to get the basics of quality of care – safety, effectiveness and patient

experience – right every time. We encourage and welcome feedback from patients, families, carers, staff and the public. We use this to improve the care we provide and build on our successes.

- **Compassion** – We ensure that compassion is central to the care we provide and respond with humanity and kindness to each person' pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for patients, their families and carers, as well as those we work alongside. We do not wait to be asked, because we care.

- **Improving lives** – We strive to improve health and wellbeing and people's experiences of the NHS. We cherish excellence and professionalism wherever we find it – in the everyday things that make people's lives better as much as in clinical practice, service improvements and innovation. We recognise that all have a part to play in making ourselves, patients and our communities healthier.

- **Everyone counts** – We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste opportunities for others.

Our set of Vision, Values and Behaviours sets out how as individuals and as an organisation we will act.

The vision, values and behaviours were developed through consultation with a wide range of staff and patient representatives and reflect similar initiatives undertaken by other NHS and non-health related organisations. They support and reflect an organisational culture of empowerment, effective communications and inclusivity. We challenge unacceptable behaviour promptly, but we also recognise and acknowledge good work and behaviour.

Our Trust's Strategic Goals are:

- Excellent patient care
- Work with others to keep improving our services
- A positive experience for patients, service users and staff
- Skilled and capable staff
- Cost effective, sustainable services

Our Strategic Priorities are:

1. Align sustainable services to the needs of our patients, carers and people who use our services by:
    a. Designing efficient and effective treatment and care pathways
    b. Maximising the person's experience
    c. Providing 24/7 community services for the range of people with mental health needs
    d. Providing services across the seven days of the week
2. Become a centre of excellence for the care of older people
3. Provide excellent end of life care
4. Become excellent in the provision of dementia services
5. Become excellent in the provision of health and care services to children and young people

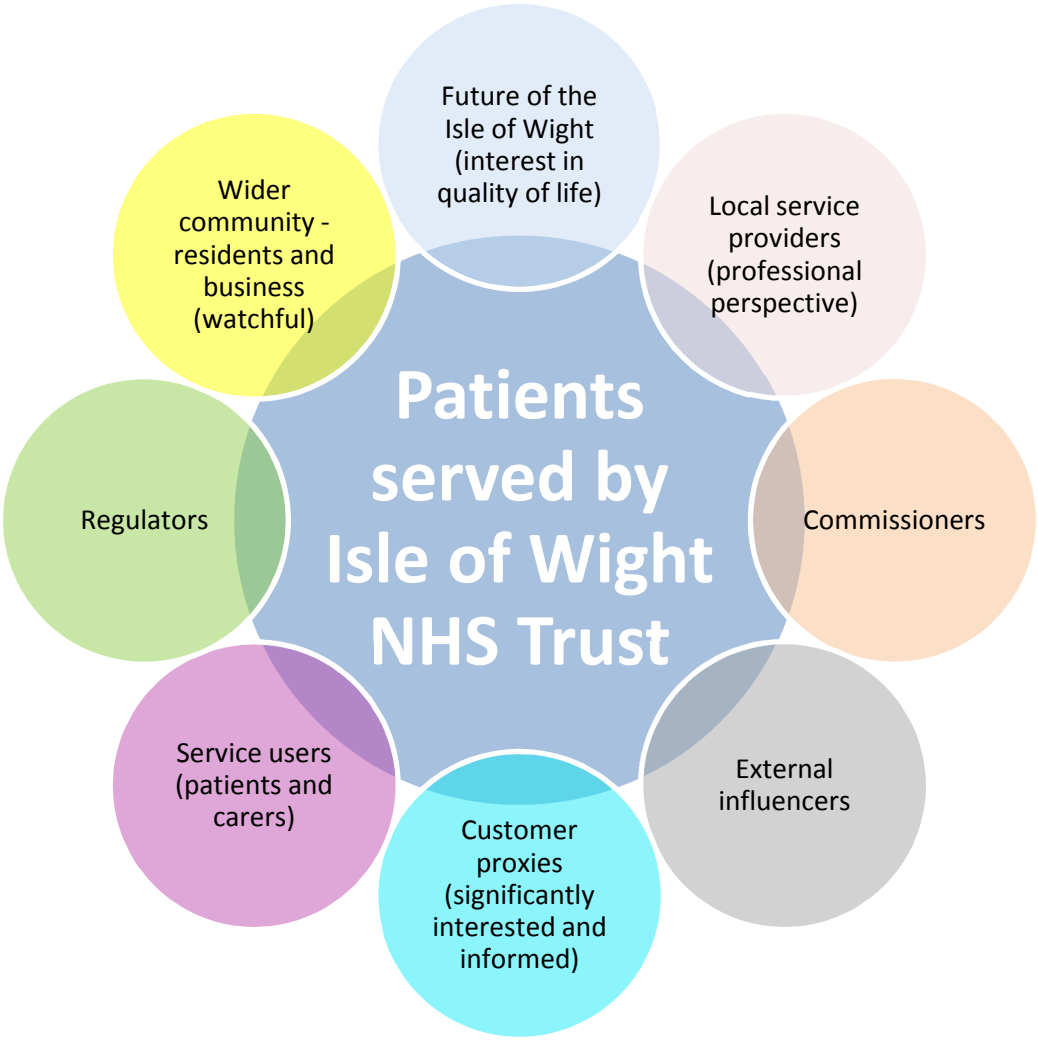
The achievement of all of our strategic objectives will depend on our ability as an organisation to interact and work effectively with our stakeholders. Effective stakeholder engagement is a core activity which must run through all of our activities, and at all levels.

5. WHO ARE OUR STAKEHOLDERS?

We recognise that it is important to have a clear understanding of who our stakeholders are. Each stakeholder or stakeholder group will have differing characteristics, roles, needs, expectations and interests and these will vary according to the issue under consideration. Careful stakeholder analysis and the development of a tailored "stakeholder map" and associated communications strategy will be essential to the success of individual engagement projects or activities.

The figure below, for illustrative purposes only, is designed to demonstrate the variety of broad external stakeholder groups who may have a potential interest in what we do.

Our external stakeholders



Regulators	NHS Improvement, CQC, HSE.
Wider community	Past / future patients, employees, families, businesses, education.
Future of the Isle of Wight	Media, MP, County, Town & Parish Councils, Employers, local partnerships.
Local service providers	Neighbouring NHS Trusts especially those providing services on the Island, GPs, social, residential and nursing care providers, housing providers, Care UK, dentists, opticians, pharmacists, chiropodists, 3rd sector providers.
Commissioners	Isle of Wight Clinical Commissioning Group, NHS England, Isle of Wight Council.
Customer proxies	Members, Healthwatch, Health Scrutiny Sub-Committee, Councillors, User and voluntary groups, members of the Patient Council.
Service users	Patients and carers.
External influencers	Academic Health Science Network (AHSN), Health Education England (HEE), NHS Providers, King's Fund.

Our **patients and service users** are at the centre of all that we do – our reason for being. Like the Trust itself, all the other stakeholder groups share this common focus of interest and concern. As the direct recipients of our care, individual service users may be seen as our *"customers",* although not in the sense of having a financial or formal contractual arrangement with us.

Those whom we have described as our **customer proxies** are groups in the community with a particularly close and informed interest in the services which our patients receive. As a consequence, they are often able to provide a further service user perspective or another reflection of the views of patients and carers.

In a business sense, our true *"customers"* are actually our **commissioners** – those organisations and groups with whom we have formal contractual service level agreements. These include Isle of Wight Clinical Commissioning Group (CCG) and other CCGs, NHS England, Isle of Wight Council and others who purchase services from us.

Local service providers are those who also provide services to local people – health care, social care or associated care or services. Often we are all involved in providing elements of a wider continuum of care. Close partnership and dialogue is essential between us – changes in service provision in one area will frequently have an impact in another area of service.

Those whom we have identified as having a particular interest in the **quality of life** of local people and individuals and in the **future of Isle of Wight** may have a formal representative role – for example, Members of Parliament, Local Councillors and other elected representatives.

External influencers include bodies such as Academic Health Science Network (AHSN), Health Education England (HEE), NHS Providers, Nuffield Trust, the Health Foundation and the King's Fund which all produces influential reports and comment on the NHS.

Others, for example, the media or local Strategic Partnerships and other partnerships will have a different relationship, but will still have a strong focus on the interests of local people and communities.

The wider community is likely to have what we have described as a watchful, broad interest in services from a distance – alert to potential issues which might be of interest from time to time, but perhaps not actively involved on a regular or day to day basis.

Our regulators are those external and formal bodies which regulate and monitor us from a distance. When we perform well they are likely to remain at a distance – alert and interested, but with limited involvement on a day to day basis.

Our internal stakeholders – our staff

Our staff, nearly 3,000 in all, and their representatives, are another of our key stakeholder groups. We have identified them amongst our external stakeholders as they, too, are members of the community and the public. In this capacity they will have an informed interest and views on the general provision of health services. However, as our staff, they are our also our *internal"* stakeholders – involved in and close to the day-to -day provision of services in the hospital. Our broad principles and approach to stakeholder engagement extends to all our stakeholders, including our staff. However, the relationship which we have with our staff will differ slightly from that which we have with other stakeholder groups.

6. OUR OBJECTIVES FOR ENGAGEMENT

We have identified three broad strategic objectives for engagement.

- Our processes and mechanisms for engagement are appropriate and effective;
- Our services and use of healthcare resources are enhanced through engagement with our stakeholders;
- Our stakeholders have a closer, on-going relationship with the Trust, they feel involved and that their contribution is considered, valued and can make a difference.

These objectives will form the basis for the development of more detailed delivery plans within the Trust. We would like to work with stakeholders to identify appropriate measures which we can use to assess our achievement of these objectives.

7. OUR PHILOSOPHY OF ENGAGEMENT

Our guiding principles

The Trust's core values lie behind our approach to stakeholder involvement. These values are reflected below in the following more detailed operational principles, which we will use as guiding principles for our future engagement activities. They have been developed by the small group which was established to develop this Strategy. They summarise the expectations and aspirations expressed by participants in the group, who included of members of the Trust and a number of representatives of key stakeholder groups who kindly agreed to work with us on this project:

- we will work towards ensuring wherever possible, there are ***"no surprises"*** – through on going, open communication with our stakeholders, a proactive approach and timely sharing of emerging issues;
- we will work to promote improved **general awareness and understanding** of the day to day role, work and activities of the Trust as a whole;
- we will focus on **improvement** - proposals for change which we bring forward will be associated with improving service quality, or with improving the use of limited resources;
- we will be **clear** about the purpose and scope of our engagement activities - what we are and not engaging on, what can change or not change;

- we will work to develop the concept of different types of **"conversations"** in our approach to stakeholder engagement, and explore opportunities for using **coproduction and experience-based design** methodologies;
- we will **listen,** reflect and explore issues and options *before* we agree a solution – we will take account of what we **learn** in our decision-making, to achieve better outcomes and mutually beneficial solutions;
- we will **value the contribution, expertise and time of our stakeholders** – where possible we will work through existing groups and networks, but continue to build alliances, to involve groups which may be seldom heard and overcome barriers to effective engagement. We will reflect our equality and diversity policies in our engagement activities.
- we will work to **strengthen relationships and build mutual trust** with stakeholders – through openness, honesty and supporting people in feeling "safe" in making their contribution;
- we will **communicate clearly and effectively** by using a variety of methods appropriate and proportionate to the context and circumstances - we will provide background information to the issues under discussion;
- we will **check understanding and provide timely feedback** *"you said, we listened, and this is the outcome"* and we will continue to keep people abreast of progress and to maintain links;
- we will **support and develop our staff** to enable them to contribute as internal stakeholders, and work with external stakeholders with confidence.

We recognise that however effective engagement processes may be, they will not always achieve universal agreement with a particular decision or change, although it might be preferred or supported by the majority of stakeholders. On occasions external and national imperatives may also restrict our freedom to take the option which is preferred. It will be important that on these occasions we acknowledge our differences and that the reasons behind a decision are clearly explained. Where relationships are strong, we believe these differences of view should not impede our ability to continue to work closely together.

Equality and diversity

Engagement activities should offer the widest opportunity for the involvement of stakeholders. Particular attention should be given to involving groups who may be seldom heard. For all engagement activities an equality and diversity impact assessment will be undertaken and activities will comply with the Trust's Single Equality Policy, designed to ensure that groups are not excluded through their disability; race, ethnicity or nationality; gender; sexual orientation; age (younger or older people); religion, belief or faith.

8. STAKEHOLDER ENGAGEMENT

PRINCIPLES INTO PRACTICE – SOME EXAMPLES

As a large and complex organisation we must constantly adapt to the changing needs of health care services and other demands upon us. In common with other large organisations, the majority of issues will lie within the legitimate remit of our internal management decision making processes.

Our expectation is that stakeholders would not generally expect to be involved in operational decisions which are about the day-to-day running of services. However, we wholly acknowledge the importance of keeping people informed and our duty to listen to and involve service users and stakeholders. This is both an on-going basis, and from an early stage in the consideration and planning of potential service development or change.

Through ensuring that our routine and on-going communication is effective, we hope that local stakeholders and organisations will gradually become more familiar generally with their local hospitals - about the range of our activities and what we do, what is happening, successes, general performance and on-going news. We too will become more familiar with our stakeholders' issues and concerns.

In the work which we have done to date, we have identified three different broad approaches, which we might adopt, with the support of stakeholders, in our engagement activities. The common theme is that of a two-way *"conversation"* - a conversation which will take different forms depending on the circumstances.

One to one conversations

Building links and relationships through key individuals

We believe that it would be of significant benefit to identify designated named individuals within the Trust who can establish links with individual stakeholders or with a designated named contact from particular a stakeholder organisation or group. Our expectation is that through continuity and regular contact, relationships can grow to enable better shared understanding of the other's perspective and current issues; to enable informal soundings to be taken where appropriate; to provide a contact to alert when unexpected issues may emerge at short notice. Sometimes the focus for the relationship or *"buddying"* arrangement might be associated with a particular subject or area of interest.

One possible option to explore is whether these designated individuals might also form part of a wider reference panel which the Trust could approach when required, for early advice or comment. Such a panel would be in addition to, and not a substitute for, wider engagement activities.

Regular, organised conversations

These regular, organised, conversations would take a number of different forms depending on the context. They are likely to have some structure around them, and might take place within existing forums or meetings held by stakeholder groups, or as part of a specific event or seminar, or take the form of a *"road show".* Whilst there would be an opportunity for us to raise awareness of current achievements and issues facing the Trust, as *'conversations'* these would also offer the opportunity for two-way discussion, to listen to each other and share views and issues.

These conversations might take place at a set time during the year. For example, as we develop plans for the year ahead in our '*Annual Plan',* and as we reflect and report back on our performance in the year which is ending in *our 'Annual Report'* and associated *'Quality Account'.* We have an obligation to share these reports with key stakeholders, but recognise that there is an opportunity for more active engagement in these areas, and to share and discuss our emerging plans and pressures more fully.

For some of our stakeholder groups it might be more appropriate for us to meet more frequently or for there to be a standing agenda item at appropriate stakeholder meetings or ad hoc events. We recognise the pressures on stakeholder time and resources, and we propose that wherever possible or appropriate, we use existing meetings or networks as the setting for these conversations.

Targeted/in depth conversations, particularly associated with projects relating to service development and change

We would like to continue the concept of *"conversations"* with our stakeholders when the need for specific service change or development is indicated. However, these conversations are likely to take a different form, to be more in depth and vary in scale according to the context. They would be specifically designed and the relevant stakeholders carefully identified for each area of work. They might focus on one element of a specific patient pathway, be associated with the design of a new building or department, or be much wider in scope involving whole services.

Some of these conversations might take place in the context of a wider stakeholder involvement exercise or formal consultation undertaken jointly with the wider health community. They may involve internal or external stakeholders, or in most cases both of these groups.

In relation to these wider projects or discussions around change we believe that there is significant benefit to be gained in developing a consistent approach and philosophy, perhaps in collaboration with the CCG and others for engaging with both internal and external stakeholders groups.

It is characterised by two-way and open communication, a cycle of sharing and drawing out the issues, of listening and considering views, before potential options or solutions are identified.

Another essential feature of the process is to reflect back and check the understanding of those involved. On occasions it may be necessary to go through this cycle several times.
We would also like to explore opportunities, where appropriate, for developing *'co-production' and 'experience-based design'* methodologies in some of the areas in which we work together with stakeholders. Our patients and our staff are best placed to identify the changes which might be made to improve services. We believe that over time these approaches will enable us to explore potential changes or developments in a more collaborative and informed way.

We also believe that by engaging effectively at the level of the patient pathway or service delivery these activities can increasingly inform and influence annual planning activities and opportunities for broader service change.

Engaging with individual service users and patients in the course of their care

This is an important aspect of the services which we provide, but is different in nature from the much broader engagement situations highlighted above. It is reflected in the person to person activity, including relationship building and the quality of engagement and communication, which is established between people/patients, carers and relatives and the clinicians/staff during treatment and care. Feedback through comments, concerns, compliments and complaints from individual service users and members of the public can also influence and change in the ways in which we deliver our services.

Support and advice for engagement activities

We have outlined above, in very broad terms, a number of approaches for engaging with stakeholders. Toolkits to assist Trust staff and advice and support will be available from the Communications, Engagement and Membership Team. Annex 2 identifies a range of means of engaging and communicating with individuals and groups through personal contact or electronic means. Development and training initiatives will be required to further develop capacity and skills amongst our staff in the area of stakeholder engagement. There is a wealth of advice and guidance available including two well recognised and used models for engagement:

- the ladder of engagement and participation
- the engagement cycle

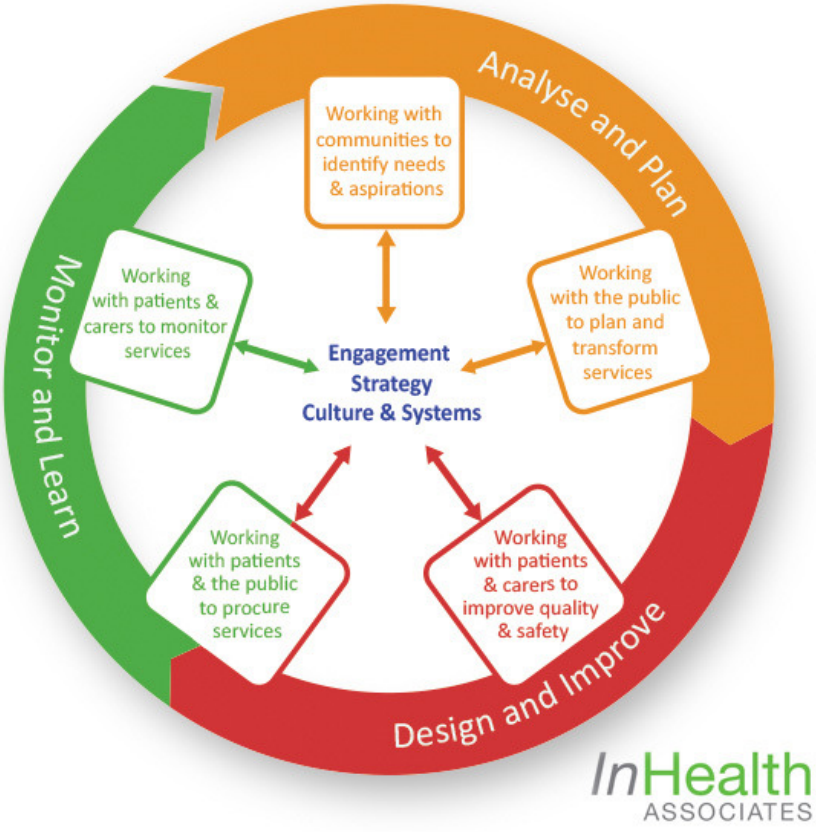
'Ladder of Engagement and Participation'

There are many different ways in which people might participate in health depending upon their personal circumstances and interest. The 'Ladder of Engagement and Participation' is a widely recognised model for understanding different forms and degrees of patient and public involvement, (based on the work of Sherry Arnstein). Patient and public voice activity on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder.

Devolving	Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach.
Collaborating	Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.
Involving	Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups and service users participating in policy groups.
Consulting	Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, citizens' panels and focus groups.
Informing	Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters and press releases.

The Engagement Cycle

The Engagement Cycle (pictured right) can help meaningful patient and public engagement for maximum impact. It is a tried and tested, practical resource, used by dozens of Clinical Commissioning Groups (and others) to plan, design and deliver great services for, and with, local people.



9. ROLES AND RESPONSIBILITIES

This is an ambitious Strategy and it important to recognise that it will take time to implement and require the commitment and input of both the Trust and our stakeholders. We need to ensure that we set challenging but achievable milestones along the way but are also realistic about managing expectations and perceptions. Relationships mature over time. As we progress, we need to reflect together regularly on our relationship and above all be willing to learn from our experience to build this learning into future ways of engaging with each other.

Within the Trust

The Strategic leadership and accountability for the Stakeholder Engagement, and associated activities within the Trust, rests ultimately with the Board and the Chief Executive. At present, contact with our stakeholders lies with a relatively small number of staff – particularly our Directors and our Communications and Engagement Team. Over time, we would wish to extend the range of those who are able and confident in working with both internal and external stakeholders, and to involve others including Non-executive Directors, Business Unit and Clinical staff more actively in this.

We are making a commitment to establish named links within the Trust for those of our key stakeholder groups who would find this a helpful approach. We are working towards developing a directory of key stakeholder contacts and areas of interest with our My Life a Full Life partners, building on the template included in Annex 3. We see this as live document which will be updated on a regular basis in the future.

Our staff are our internal stakeholders and an important and key group. Through cultural change across the organisation, our objective is that staff at all levels recognise the opportunities for active involvement in engagement activities, and have the confidence to contribute and to influence discussions. Patients, carers and the public respect the expertise of our staff and listen to what they say. There are clear opportunities for building on this existing trust and involving appropriate clinical and other staff more directly in external stakeholder engagement activities.

In order to achieve this we will need to incorporate engagement more explicitly into our core leadership programmes and to ensure that stakeholder engagement is embedded in our project management and other activities. We will also develop tool kits to support our staff.

External stakeholders

For stakeholder engagement to be effective, it requires the commitment from all those concerned. Through the willingness of key stakeholders to contribute actively to the development of this Strategy, and by listening to their views, we believe that we are setting

down stronger foundations for working together more closely and effectively in the future. In earlier sections of the Strategy, we have highlighted a number of areas in which we would welcome the support of stakeholders and recognise that we need to work together, including, to:

- help us understand their particular areas of interest and expectations;
- identify link individuals within organisations to facilitate the building of on-going relationships;
- identify existing meetings in which on-going '*organised conversations'* can take place and other mechanisms for two-way communication.

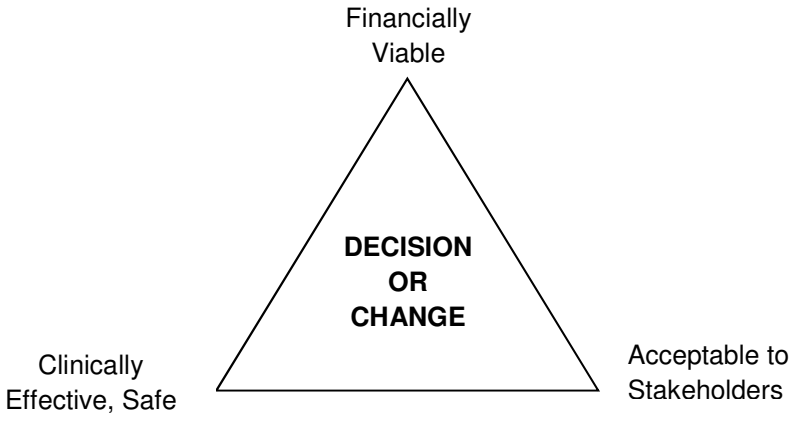
We recognise that early involvement with stakeholders is key and this is an approach to which we are committed. It will be necessary, however, to find means of reaching a mutual understanding of our roles and responsibilities in engaging in discussions in a way which is appropriate to the stage of development of ideas and proposals. On some occasions, for example, early or emerging issues or options may be of a particularly sensitive or confidential nature. A clear understanding of responsibilities and expectations in these cases will be especially important.

We appreciate that many of our service users are also users of other parts of the health and social care community. Each organisation will have its own engagement strategy and policy reflecting its role and responsibilities. We need to make sure that we work closely together and to ensure consistency of approach in circumstances where our engagement activities should or should not overlap.

10. WHAT WILL SUCCESS LOOK LIKE? HOW CAN WE MEASURE IT?

In earlier sections, we identified our guiding principles and the broad objectives which we believe we can achieve over time, by working jointly with our stakeholders.

A range of measures exist for patient and public involvement activities, and in relation to staff - for example, through patient surveys and the annual staff survey, iWantGreatCare, the 'Friends and Family' test, the 'Listening into Action' pulse checks – and we can draw on these. In relation to specific projects linked to service change it may be helpful to reflect on the three dimensions below.



We will need to work further to develop the range of measures which we can use to assess our progress and success in engaging with our other stakeholders. We would welcome their help in identifying suitable measures.

REFERENCES

- Planning and delivering service change for patients, NHS England, 2013
- Transforming Participation in Healthcare, NHS England, 2013
- External Stakeholder Engagement Strategy, Gloucestershire Hospitals NHS Foundation Trust, September 2012
- World Class Commissioning (Department of Health) December 2007
- Making Experience Count (Department of Health) June 2007
- Our NHS, Our Future: NHS Next Stage Review, Leading Local Change (Department of Health) 2008
- Real Involvement. Working with people to improve health services (Department of Health) 2008
- Guidance when undertaking major changes to NHS services (Department of Health) 2008
- The National Health Service Constitution for England (Department of Health) 2009.
- Better Regulation Executive 2008 Code of Practice on Consultation London BRE. www.bre.berr.gov.uk
- Her Majesty’s Government 2006 National Health Services Act (HMSO) 2006

GLOSSARY

Annual Plan	A forward look of the Trust's current future intentions.
Annual Report (and Accounts)	A statutory document produced by the Trust and which is laid before Parliament.
Care Quality Commission (CQC)	The Care Quality Commission (CQC) regulates all health and adult social care services in England, including those provided by the NHS, local authorities, private companies or voluntary organisation. It also protects the interests of people detained under the Mental Health Act.
Clinical Commissioning Group (CCG)	The NHS body responsible for commissioning and funding the majority of local healthcare services.
Commissioning / Commissioners	Commissioning is the process of assessing the needs of a local population and putting in place services to meet those needs. Commissioners are those who do this, and who agree service level agreements with service providers for a range of services. Commissioners may include PCTs or increasingly also groups of GP practices.
Co-production and experience-based design methodologies	Ways of working/activities which involve patients and staff or other stakeholders in re-designing services or improving care, and which draw on their experiences.
Customer proxies	In this document this term refers to specific groups with a particularly close and informed interest (from a public/patient perspective) in the service which the Trust patients receive – including, Trust Governors, Foundation Trust Members, Healthwatch, Health Scrutiny Sub Committee (the health overview and scrutiny committee (HOSC) for the Island), voluntary and support groups.
Health Overview and Scrutiny Committee (HOSC)	Health Overview and Scrutiny Committees (HOSCs) are made up of local government councillors and offer a view on local and social care matters. On the Island it is called the Health Scrutiny Sub Committee. This is responsible for overview and scrutiny of health related issues. It focuses on health issues from a public perspective and works in partnership with other agencies to improve local health services.
Healthwatch	Local organisation in each local authority area, set up to represent the views of local people on health and social care services. This organisation's predecessors include Local Involvement Networks (LINk); Patient and Public Involvement Forums (PPIF) and Community Health Councils (CHCs).
Internal stakeholders	Our staff are the Trust's internal stakeholders.
Local health and social care community	The local health community includes commissioners and providers of healthcare in the local area. The local health and social care community will also include commissioners and providers of social care.
Local Strategic Partnerships (LSPs)	These bring together representatives of all the different sectors (public, private, voluntary and community) and thematic partnerships. They have responsibility for

	developing and delivering the local sustainable Community Strategy and the Local Area Agreement.
NHS Constitution	A national document which describes the principles and values of the NHS in England, and the rights and responsibilities of patients, the public and staff.
NHS England	The public body which oversees commissioning of NHS services at a regional level.
NHS Improvement	The public body which oversees NHS Trusts. NHs Improvement brought together the Trust Development Authority (TDA) which oversaw organisations which have not yet achieved Foundation Trust status and Monitor, the independent regulator of NHS foundation trusts, established in January 2004 to authorise and regulate NHS foundation trusts.
Provider	Organisations which provide services direct to patient, including hospitals, community services, mental health services and ambulances.
Quality Account	A report on the quality of services published annually by providers of NHS care. Quality accounts are intended to enhance accountability to the public. Quality is assessed from a number of perspectives, including: patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided.
Reference panel	A group of people who can be approached for advice or guidance.
Regulators	External and formal bodies which regulate and monitor the Trust – these include NHS Improvement, the Care Quality Commission (CQC), Health and Safety Executive, NHS England, and the Department of Health.
Representatives	People who are in a position to speak on behalf of other service users. People are representatives when the views they share are the opinions of the people they are representing, which may not be the same as their own – these may be from statutory or voluntary or support organisations.
Service users	Those who use services or those who may use them. Service user involvement can be directly or through representatives.
Stakeholder engagement	A process by which an organisation or local health community learns about the perceptions, issues and expectations of its stakeholders and uses these views to assist in managing, supporting and influencing any planned changes/improvements in service delivery.
Stakeholders	Any person or group of people who have a significant interest in services provided, or will be affected by, any planned changes in an organisation or local health community. They can be internal or external to that local health community, and they can comprise staff, patients, trade unions, MPs and members of the public and community groups.


Hospital Services
Community Services
Mental Health Services
Ambulance Services
Quality Care
NHS
everyone
everytime

ANNEX 1

INVOLVING SERVICES USERS – OUR LEGAL DUTY

Since January 2003, all NHS bodies have had a legal duty to involve and consult the public about the running of local health services. Patients are listened to and actions taken to meet their concerns.

There are many ways in which patients and the public can get involved to influence and improve health and social care services. They include the following:

Healthwatch

Healthwatch is the independent consumer champion that gathers and represents the views of the public about health and social care services in England.

It operates both on a national and local level, and ensures that the views of the public and people who use services are taken into account.

National level - Healthwatch England

Healthwatch England was established in October 2012. As a national body it works closely with local Healthwatch and advises NHS England (the commissioning board), local authorities, the Care Quality Commission (CQC) and the Secretary of State. It was set up as a committee of the CQC.

Healthwatch England also alerts the CQC to concerns about health and social care providers, and recommends actions if necessary. It has its own identity within the CQC, and operates independently of them, but can use the CQC's expertise and infrastructure.

Healthwatch England is funded as part of the Department of Health's grant in aid to the CQC, and is required to make an annual report to Parliament.

Local level - Local Healthwatch

Local Healthwatch organisations were established in April 2013. They took over the work previously done by the Local Involvement Networks (LINks), but with additional functions.

A local Healthwatch is an independent organisation, able to employ its own staff and to involve volunteers, so it can become the influential and effective voice of the public. It will have to keep accounts and make its annual reports available to the public.

The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.

- It represents the views of the public, patients, health and care service users and their carers and families on the health and wellbeing boards.
- It reports to Healthwatch England any concerns about a health or social care service – Healthwatch England can then recommend that the CQC takes action, if necessary.

- It helps people find information about local health and care services, including how to access them.
- It provides authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care services.
- It visits services and provides reports and recommendations about how these could be improved.

Local Healthwatch has to be representative of its local community as laid out in the Health and Social Care Act 2012. This includes ethnic groups, different users of services and carers. Further information about Healthwatch Isle of Wight can be found at www.healthwatchisleofwight.co.uk

Patient Advice and Liaison Service

PALS is a key driver of public and patient involvement in the NHS. Officers from PALS are available in all hospitals. The Trust's PALS service can be found at the Main Entrance to St. Mary's Hospital, Newport . They offer confidential advice, support and information on health-related matters to patients, their families and their carers. Patients who are concerned about their care or treatment, are encouraged to speak to the staff treating them or to speak to a member of the PALS team and they will try to resolve the situation. If they are unable to help, they will explain the formal NHS complaints procedure and put the individual in touch with the right people to speak to.

Trust Membership

Isle of Wight NHS Trust has a free Membership scheme (www.iow.nhs.uk/membership). All local people, patients and NHS staff are eligible to become members and take an active part in its management. Members nominate representatives to serve on the trust's Patient Council.

Patient Council

The Trust has had a Patient Council for around 10 years. Membership comprises circa 25 patients who have volunteered to help the Trust develop policy, strategy and plans for healthcare.

Volunteering

In addition to the options mentioned above, there are lots of other ways to become involved in improving healthcare in the local community.

Source: based on NHS Choices (www.nhs.uk), August 2014

ANNEX 2

METHODS OF ENGAGEMENT

Methods of engagement and communication are many and varied. Different methods will be used depending on circumstances. We believe that wherever possible we should build on and seek to maximise the use of existing channels, networks and recognised geographical communities, to avoid establishing a separate structure of engagement networks. At the same time, where current mechanisms are insufficient or fail to include relevant stakeholders, we recognise that we will need to extend existing links and means of engagement. The table below is designed to capture some of the main methods commonly used in stakeholder engagement activities. A toolkit will be developed to assist staff. They will also be able to draw on the support and expertise of the Communications, Engagement and Membership Team.

FACE TO FACE PERSONAL CONTACT	DOCUMENTATION ELECTRONIC
Individual focused	**Written/printed**
• designated contact person/representative • informal meeting/conversation • formal meeting • one to one briefing • telephone call • interview – informal/in depth • open door/drop in opportunity • "hotline" facility/access to individual • visits	• letter – targeted/general • formal reports/agenda papers/plans • notes/minutes/summaries of meetings • press releases • consultation packs • leaflets/posters • briefings • newsletters/ articles in publications of others • storyboards • displays/stalls • roadshows • individual "stories" • survey/questionnaire • newspapers • frequently-asked questions
Group focused	**Electronic**
• meeting – other organisation (formal/informal) • meeting – Trust-based (formal/informal) • partners' meeting/reference group • public meeting • Annual General Meeting • briefing – regular/special/team • seminars/presentations • project/task/special interest groups • rapid improvement events • focus groups/forums/panels • open days/visits/tours • citizens juries and related approaches • public hearing	• e mail – targeted/global • website • webcasts/video • blogs/twitter • "Facebook" approaches • E news • web survey • electronic storyboards • SMS text-messaging • film/video • mass media – TV/radio

ANNEX 3

KEY CONTACTS AND CHANNELS FOR ENGAGING WITH KEY STAKEHOLDER GROUPS

We see this as a live and dynamic listing which we will refine and to which we will add over time. We will work to identify the Accountable Officer and key designated points of contact within the Trust. It is not, at this stage a comprehensive list. We would welcome the input of our stakeholders in helping us add to this and complete elements of relevance to them or their organisation or group and to ensure that the information we hold is current.

We recognise that individual stakeholders may fall within different broad stakeholder groups depending upon the area, service or project concerned, or into more than one group. Here we have grouped a range of stakeholders for illustrative purposes into the broad groups identified earlier, in section 5.1 of the draft Strategy. No specific order of importance is implied in the positions within this list.

STAKEHOLDERS KEY CONTACTS	TRUST ACCOUNTABLE OFFICER	DELEGATED TO, OR INVOLVEMENT OF, OTHERS IN TRUST	MEANS OF ENGAGEMENT (EXAMPLES)
SERVICE USERS/CARERS			
Service Users	Executive Director of Nursing	• Individual members of staff responsible for the care of a patient • Communications and Engagement Officers	• comments, concerns, compliments, and complaints ("4Cs") • Members Involvement Forum • special interest groups/ user • groups/project groups • service or condition-specific user / support groups in the county • Healthwatch • community events • general communication / website
Carers	Executive Director of	• Individual members of staff	• attend Carers' Forum

STAKEHOLDERS KEY CONTACTS	TRUST ACCOUNTABLE OFFICER	DELEGATED TO, OR INVOLVEMENT OF, OTHERS IN TRUST	MEANS OF ENGAGEMENT (EXAMPLES)
	Nursing	responsible for the care of a patient • Communications and Engagement Officers	• meetings run by Carers Isle of Wight • reports/briefings • Trust meetings / project groups • carers within condition specific • support groups • general communication / website
CUSTOMER PROXIES			
Members and Member Involvement Forum	Company Secretary	• Head of Communications & Engagement • Membership and Engagement Officer	• annual meeting • forum meetings / seminars • attend Trust meetings / project group / special interest groups • review of Annual Report / Quality Account • general communication / website
Healthwatch Isle of Wight	Executive Director of Nursing	• Head of Communications & Engagement • Communications and Engagement Officer • Quality Manager	• attendance Healthwatch meetings • briefings / presentations • Members forum / seminars • Partners Group • Review of Annual Report / Quality • Account • project groups / Trust meetings • open days • general communication / website
Community Action IoW (formerly Isle of Wight Rural Community Council)	Director for Strategy and Planning	• Head of Communications & Engagement • Communications and Engagement Officer	• attendance at meetings • briefings / presentations • project groups / Trust meetings • open days

STAKEHOLDERS KEY CONTACTS	TRUST ACCOUNTABLE OFFICER	DELEGATED TO, OR INVOLVEMENT OF, OTHERS IN TRUST	MEANS OF ENGAGEMENT (EXAMPLES)
			• general communication / website
Health Scrutiny Sub Committee	Chief Executive	• Executive Directors as appropriate • Head of Communications & Engagement • Communications and Engagement Officer	• attendance at meetings • briefings / presentations • meetings • visits to IoW NHST • general communication / website
Patient Council	Executive Director of Nursing	• Matrons • Chief Executive and Executive Directors as appropriate • Head of Communications & Engagement • Communications and Engagement Officer	• Council meetings • Briefings / presentations / open days • general communication / website
Voluntary Organisations	Chief Executive	• Lead clinical staff for areas where the voluntary organisation is orientated to a specific condition • Executive Directors • Head of Communications & Engagement • Communications and Engagement Officer	• Voluntary Sector Forum • Community Action IoW • Meetings / presentations • general communication / website
COMMISSIONERS			
GP Locality Groups x 3	Executive Medical Director	• Directorate Senior Management Teams (CDs, HOCs, ADs)	• Locality Executive Board meetings • other meetings targeted communications • general communications / website
Isle of Wight Clinical	Chief Executive	• Executive Directors as appropriate	• Strategic Forum meetings

STAKEHOLDERS KEY CONTACTS	TRUST ACCOUNTABLE OFFICER	DELEGATED TO, OR INVOLVEMENT OF, OTHERS IN TRUST	MEANS OF ENGAGEMENT (EXAMPLES)
Commissioning Group		• Head of Communications & Engagement	• Clinical Priorities Forum meetings • other meeting / groups • general communication / website
Isle of Wight Council	Chief Executive	• Executive Directors as appropriate • Head of Communications & Engagement	• Strategic Forum meetings • Clinical Priorities Forum meetings • other meeting / groups • general communication / website
NHS England and Wessex LAT	Executive Director of Finance	• Contracts Team • Head of Communications and Engagement	• Ad hoc meetings
LOCAL SERVICE PROVIDERS AND PARTNERS			
Care UK (HMP IoW healthcare provider)	Executive Medical Director	• Staff dealing with the treatment of prisoners	• Meetings as required • E-mail • Website
Dentists	Executive Medical Director	• Staff receiving referrals from local dentists • NHS 111 service advisers	• Meetings as required • E-mail • Website
Domiciliary Care Agencies	Executive Director of Nursing	• Staff working with staff arranged by Domiciliary Care Agencies	• Meetings as required • E-mail • Website
Earl Mountbatten Hospice	Executive Medical Director	• Staff dealing with the palliative care treatment	• Meetings as required • E-mail • Website
GPs	Executive Medical Director	• Business Unit Senior Management Teams (CDs, HoN&Q, HoOps) • Head of Communications and	• attendance at MSC / LNC meetings • targeted communications • general communications / website

STAKEHOLDERS KEY CONTACTS	TRUST ACCOUNTABLE OFFICER	DELEGATED TO, OR INVOLVEMENT OF, OTHERS IN TRUST	MEANS OF ENGAGEMENT (EXAMPLES)
		Engagement • NHS 111 service advisers	
Mental health partner providers – Solent, Southern, Oxford and Hertfordshire	Executive Medical Director	• CDs, HoN&Q, HoOps responsible for mental health services	• Meetings as required • E-mail • Website
Independent sector providers	Executive Director of Finance	• Head of Commercial • Contracts Team • Head of Communications and Engagement	• Meetings • general communication / website
Isle of Wight Council	Chief Executive	• Staff making referrals and accessing services provided	• E-mails, telephone calls and ad-hoc meetings
Isle of Wight Youth Trust	Executive Director of Nursing	• Staff making referrals and accessing services provided	• E-mails, telephone calls and ad-hoc meetings
NHS Blood & Transplant	Executive Medical Director	• Chair of the Organ Donation Committee • Chief Pharmacist • Head of Intensive Care	• Meetings of the Organ Donation Committee • E-mails, telephone calls and ad-hoc meetings
NHS Business Services Authority	Executive Director of Finance	• Staff accessing services	• E-mails, telephone calls and ad-hoc meetings
NHS Litigation Authority	Executive Director of Finance	• Head of Governance • Risk Management Officers	• E-mails, telephone calls and ad-hoc meetings
NHS Supplies Authority	Executive Director of Finance	• Staff accessing services	• E-mails, telephone calls and ad-hoc meetings
Nursing Homes	Executive Director of Nursing	• Executive Medical Director • Staff working with homes on	• E-mails, telephone calls and ad-hoc meetings

STAKEHOLDERS KEY CONTACTS	TRUST ACCOUNTABLE OFFICER	DELEGATED TO, OR INVOLVEMENT OF, OTHERS IN TRUST	MEANS OF ENGAGEMENT (EXAMPLES)
		admissions and discharges	
Opticians	Executive Medical Director	• Staff receiving referrals from local opticians • NHS 111 service advisers	• E-mails, telephone calls and ad-hoc meetings
Pharmacists	Executive Medical Director	• Chief Pharmacist • NHS 111 service advisers	• E-mails, telephone calls and ad-hoc meetings
Portsmouth Hospitals NHST	Executive Director of Finance	• Contracts Team • Head of Communications and Engagement	• meetings • general communication / website • Strategic Forum meetings • Clinical Priorities Forum meetings
Residential Care Homes	Executive Director of Nursing	• Executive Medical Director • Staff working with homes on admissions and discharges	• E-mails, telephone calls and ad-hoc meetings
Solent NHS Trust	Chief Executive	• Executive Directors and other staff as appropriate	• E-mails, telephone calls and ad-hoc meetings
Southern Health NHSFT	Chief Executive	• Executive Directors and other staff as appropriate	• E-mails, telephone calls and ad-hoc meetings
University Hospitals Southampton NHSFT	Executive Director of Finance	• Contracts Team • Head of Communications and Engagement	• meetings • general communication / website • Strategic Forum meetings • Clinical Priorities Forum meetings
FUTURE OF ISLE OF WIGHT/LOCAL QUALITY OF LIFE PERSPECTIVE			
County, Town and Parish Councils	Chief Executive	• Executive Directors as appropriate • Directorate Senior Management Teams (CDs, HoN&Q, HoOps) • Head of Communications &	• briefings • attend meetings (specific issue) • Association of Local Councils • open days

STAKEHOLDERS KEY CONTACTS	TRUST ACCOUNTABLE OFFICER	DELEGATED TO, OR INVOLVEMENT OF, OTHERS IN TRUST	MEANS OF ENGAGEMENT (EXAMPLES)
		Engagement	• general communication / website
Health and Wellbeing Board	Chief Executive	• Executive Directors and other staff as appropriate	• E-mails, telephone calls and meetings
Isle of Wight Chamber of Commerce, Tourism & Industry	Director for Strategy and Planning	• Executive Directors and other staff as appropriate • Head of Communications and Engagement	• E-mails, telephone calls and meetings
Member of Parliament	Chairman	• Chief Executive • Company Secretary • Head of Communications and Engagement	• regular meetings • briefings • visits to IoW NHST / open days • general communication / website
Media	Company Secretary	• Chief Executive • Executive Directors • Head of Communications and Engagement • Communications Manager • Communications and Engagement Officers • Clinical or project leads as appropriate	• briefings/press releases • one-to-one contact • open days/photo-opportunities • general communication / website
REGULATORS			
Care Quality Commission	Executive Director of Nursing	• Chief Executive and other Executive Directors as appropriate • Quality Governance Team	reports/clarifications/registration - meetings - visits/inspections
Health and Safety	Executive Medical	• Chief Executive and other Executive	Reports / correspondence / clarification

STAKEHOLDERS KEY CONTACTS	TRUST ACCOUNTABLE OFFICER	DELEGATED TO, OR INVOLVEMENT OF, OTHERS IN TRUST	MEANS OF ENGAGEMENT (EXAMPLES)
Executive	Director	Directors as appropriate	- meetings - visits/inspections
Health Research Authority	Executive Medical Director	• Research and Development staff	• E-mails, telephone calls and meetings
Human Fertilisation & Embryology Authority (HFEA)	Executive Medical Director	• Consultants	• E-mails, telephone calls and ad-hoc meetings
Human Tissue Authority	Executive Medical Director	• Pathologists	• E-mails, telephone calls and meetings
Medicines and Healthcare Products Regulatory Authority	Executive Medical Director	• Clinical and managerial staff as appropriate	• E-mails, telephone calls and meetings
National Institute for Clinical Excellence (NICE)	Executive Medical Director	• Clinical and managerial staff as appropriate	• E-mails, telephone calls and meetings
National Patient Safety Agency (NPSA)	Executive Director of Nursing and Workforce	• Executive Medical Director	• E-mails, telephone calls and meetings
NHS England	Chief Executive	• Executive Directors as appropriate	• regional meetings • other meetings • reports/briefings
NHS Improvement	Chief Executive	• Executive Directors as appropriate	• regional meetings • other meetings • reports/briefings
Public Health England	Executive Medical Director	• Executive Director of Nursing and Workforce	• E-mails, telephone calls and ad-hoc meetings

STAKEHOLDERS KEY CONTACTS	TRUST ACCOUNTABLE OFFICER	DELEGATED TO, OR INVOLVEMENT OF, OTHERS IN TRUST	MEANS OF ENGAGEMENT (EXAMPLES)
Royal Colleges	Executive Medical Director or Executive Director of Nursing	• Chief Executive • Human Resources staff • Clinicians dependent on their registration and specialisms	• E-mails, telephone calls and meetings
INTERNAL STAKEHOLDERS			
Our staff and their representatives	Executive Director or Financial and Human Resources	• Chief Executive and other Executive Directors as appropriate • Deputy Director of HR • Head of Occupational Health • Head of Communications & Engagement	- Hospital Management Staff Committee - Joint Staff Consultative Committee - Local Negotiating Committee - Staff side/CUPAC - staff briefings - team briefing - team meetings - global e mails - Outline - general communication/website
WIDER COMMUNITY			
IoW Children's Trust	Chief Executive	Executive Director of Nursing	• Attendance and participation • general communication / website
Local Safeguarding Children Board	Executive Director of Nursing	Executive Director of Nursing	• Attendance and participation • general communication / website
Local Safeguarding Adult Board	Executive Director of Nursing	Deputy Director Nursing	• Attendance and participation • general communication / website
Local Education & Training Board (LETB)	Chief Executive	Executive Director of Nursing	• Attendance and participation • general communication / website

STAKEHOLDERS KEY CONTACTS	TRUST ACCOUNTABLE OFFICER	DELEGATED TO, OR INVOLVEMENT OF, OTHERS IN TRUST	MEANS OF ENGAGEMENT (EXAMPLES)
EXTERNAL INFLUENCERS			
Academic Health Sciences Network	Chief Executive	Executive Director of Nursing	• Attendance and participation • general communication / website
Association of Chief Ambulance Officers	Head of Ambulance	Deputy Ambulance Officers	• Attendance and participation • general communication / website
Cancer Research Network	Executive Medical Director	Research and Development staff Staff dealing with cancer	• E-mails, telephone calls and meetings
Carer'sTrust (formerly The Princess Royal Trust for Carers and Crossroads Care)	Executive Director of Nursing	Other Executive Directors and staff as appropriate	• E-mails, telephone calls and meetings
NHS Providers	Chief Executive	Other Executive Directors and staff as appropriate	• E-mails, telephone calls and meetings
Department of Health	Chief Executive	Other Executive Directors and staff as appropriate	• E-mails, telephone calls and meetings
NHS Digital (formerly Health & Social Care Information Centre)	Executive Director of Transformation and Integration	Other Executive Directors and staff as appropriate	• E-mails, telephone calls and meetings
Health Education England (HEE)	Executive Director of Nursing	Other Executive Directors and staff as appropriate	• E-mails, telephone calls and meetings
Healthwatch England	Executive Director of Nursing and Workforce	Other Executive Directors and staff as appropriate	• E-mails, telephone calls and meetings
King's Fund	Chief Executive	Other Executive Directors and staff as appropriate	• E-mails, telephone calls and meetings

STAKEHOLDERS KEY CONTACTS	TRUST ACCOUNTABLE OFFICER	DELEGATED TO, OR INVOLVEMENT OF, OTHERS IN TRUST	MEANS OF ENGAGEMENT (EXAMPLES)
Mental Health Research Network	Executive Medical Director	Research and Development staff Staff dealing with mental health	• E-mails, telephone calls and meetings
National Institute for Health Research	Executive Medical Director	Research and Development staff	• E-mails, telephone calls and meetings
NHS Confederation	Chief Executive	Other Executive Directors and staff as appropriate	• E-mails, telephone calls and meetings
NHS Employers	Executive Director of Nursing	Other Executive Directors and staff as appropriate Deputy Director of HR	• E-mails, telephone calls and meetings
Patients Association	Executive Director of Nursing	Other Executive Directors and staff as appropriate	• E-mails, telephone calls and meetings
Queen's Nursing Institute	Executive Director of Nursing and Workforce	Other Executive Directors and staff as appropriate	• E-mails, telephone calls and meetings

Annex 4

Equality Analysis and Action Plan

Step 1. Identify who is responsible for the equality analysis.

Name: Andy Hollebon
Role: Head of Communications and Engagement
Other people or agencies who will be involved in undertaking the equality analysis:

Step 2. Establishing relevance to equality

Show how this document or service change meets the aims of the Equality Act 2010?

Equality Act – General Duty	Relevance to Equality Act General Duties
Eliminates unlawful discrimination, harassment, victimization and any other conduct prohibited by the Act.	Engaging in a meaningful way with all strata of society will enhance understanding between individuals and organisations.

	Relevance		
Protected Groups	**Staff**	**Service Users**	**Wider Community**
Age	All	All	All
Gender Reassignment	All	All	All
Race	All	All	All
Sex and Sexual Orientation	All	All	All
Religion or belief	All	All	All
Disability	All	All	All
Marriage and Civil Partnerships	All	All	All
Human Rights	All	All	All
Pregnancy and Maternity	All	All	All
Advance equality of opportunity between people who share a protected characteristic and people who do not share it	Engaging in a meaningful way with all strata of society will enhance understanding between individuals and organisations.		
Foster good relations between people who share a protected characteristic and people who do not share it.	Engaging in a meaningful way with all strata of society will enhance understanding between individuals and organisations.		

Step 3. Scope your equality analysis

	Scope

What is the purpose of this document or service change?	The aim of this Strategy is to provide a clear, high level and enduring framework within which the Trust can develop increasingly effective and appropriate means of engaging with its many and varied stakeholders – in ways which meet the needs and expectations of our stakeholders.
Who will benefit?	Patients, the population of and visitors to the Isle of Wight.
What are the expected outcomes?	Improved health services.
Why do we need this document or do we need to change the service?	This document will assist the development of improved health services.

It is important that appropriate and relevant information is used about the different protected groups that will be affected by this document or service change. Information from your service users is in the majority of cases, the most valuable.

Information sources are likely to vary depending on the nature of the document or service change.

Listed below are some suggested sources of information that could be helpful:

- Results from the most recent service user or staff surveys.
- Regional or national surveys
- Analysis of complaints or enquiries
- Recommendations from an audit or inspection
- Local census data
- Information from protected groups or agencies.
- Information from engagement events.

Step 4. Analyse your information.

As yourself two simple questions:

- What will happen, or not happen, if we do things this way?
- What would happen in relation to equality and good relations?

In identifying whether a proposed document or service changes discriminates unlawfully, consider the scope of discrimination set out in the Equality Act 2010, as well as direct and indirect discrimination, harassment, victimization and failure to make a reasonable adjustment.

Findings of your analysis

	Description	Justification of your analysis
No major change	Your analysis demonstrates that the proposal is robust and the evidence shows no potential for discrimination.	This strategy sets the direction of travel and requirements for the Trust to engage with individuals and organisations. It does not exclude anyone. It seeks to encourage those planning changes to health services to consider how to engage with as wide a range of individuals and organisations as appropriate to the issue under consideration.
Adjust your document or service change proposals	This involves taking steps to remove barriers or to better advance equality outcomes. This might include introducing measures to mitigate the potential effect.	
Continue to implement the document or service change	Despite any adverse effect or missed opportunity to advance equality, provided you can satisfy yourself it does not unlawfully discriminate.	
Stop and review	Adverse effects that cannot be justified or mitigated against, you should consider stopping the proposal. You must stop and review if unlawful discrimination is identified	

5. Next steps.

5.1 Monitoring and Review.

Equality analysis is an ongoing process that does not end once the document has been published or the service change has been implemented.

This does not mean repeating the equality analysis, but using the experience gained through implementation to check the findings and to make any necessary adjustments.

Consider:

How will you measure the effectiveness of this change	The Communications and Engagement Officer will produce an annual review of all consultation and engagement activity.
When will the document or service change be reviewed?	The document is a 'living document' especially Annex 3 and will be reviewed on an annual basis.
Who will be responsible for monitoring and review?	Head of Communications and Engagement
What information will you need for monitoring?	Records and plans for engagement and consultation.
How will you engage with stakeholders, staff and service users	See Annex 2.