NHS
East of England
Ambulance Service
NHS Trust

Patient Feedback and Involvement Policy

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Version:	V4.0

DOCUMENT CHANGE HISTORY		
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Trust requirement	2007	Clinical Specialist (Quality)
Version	**Date**	**Comments (i.e., viewed, or reviewed, amended approved by person or committee)**
1.2	10/07/2007	Approved by Trust Integrated Governance Group
1.2	25/07/2007	Approved by Trust Board

Version	**Date**	**Comments (i.e., viewed, or reviewed, amended approved by person or committee)**
2.0	July 2011	Discussed / reviewed by: Trust's Ethics Group and Trust User Group Reviewed by: PPI Manager, Research Manager, PE Dept, AD Clinical Quality
2.2	7 June 2018	Approved by SLB
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3.0	19 July 2021	3 month extension approved by Compliance and Risk Group
3.1	May 2022	Circulated to the Patient Safety and Experience Group for comments /
4.0	May 2023	Approved by Compliance and Risk Group

Document Reference	• The Care Quality Commission's (CQC) Essential Standards of Quality and Safety (CQC, 2010). • The NHS Constitution (Department of Health 2009) • The NHS Long Term Plan (NHS England, 2019) • NHS England and NHS Improvement Guidance: Using the Friends and Family Test to Improve Patient Experience. NHS England (NHS England, 2019) • NHS Five Year Forward (2014) • The Health and Social Care Act (2012) • General Data Protection Regulation (Information Commissioner's Office, 2018) • The Data Protection Act (2018)

Recommended at **Date**	The Patient Safety and Experience Group 24/05/2022
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Equality Analysis	Completed
Linked procedural documents	Patient and Public Involvement Strategy Policy for Complaints and Compliments Records Management Policy and Procedures Serious Incident Policy Privacy Statement
Dissemination requirements	All Trust staff and members of the public via publication on the Trust internal and public website
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity.

The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups.

This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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1 Introduction

The East of England Ambulance Service NHS Trust (hereafter referred to as the Trust) provides a wide range of services to the public, such as Emergency and Urgent Care, Patient Transport Services and Commercial Call Handling Services. The Trust serves the counties of Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk, and Suffolk which covers an area of 7,500 square miles and a population of more than 5.9 million people.

It is the Trust's aim to provide outstanding quality of care every hour of every day, and in line with the key principles of the NHS Constitution (Department of Health and Social Care, 2021), the patient is at the centre with the patient voice directly shaping the services provided.

This policy is written to ensure compliance with:

- The Care Quality Commission's (CQC) Essential Standards of Quality and Safety (CQC 2010).
- The NHS Constitution (Department of Health 2009)
- The NHS Long Term Plan (NHS England, 2019)
- NHS England and NHS Improvement Guidance: Using the Friends and Family Test to Improve Patient Experience (NHS England, 2019)
- NHS Five Year Forward (NHS England, 2014)
- The Health and Social Care Act (Department of Health and Social Care, 2012)
- General Data Protection Regulation (Information Commissioner's Office, 2018)
- The Data Protection Act (Department of Justice, 2018)
- East of England Ambulance Service NHS Trust (EEAST) Serious Incident Policy (2020)
- East of England Ambulance Service NHS Trust (EEAST) Patient and Public Involvement Strategy (2021)
- East of England Ambulance Service NHS Trust (EEAST) Records Management Policy and Procedures (2021)

2. Purpose

This policy is to outline how the Trust will manage feedback through patient surveys and patient and public involvement activity.

Patient experience feedback is used as part of the triangulation of information which informs the Trust of good practice and areas for improvement. This provides assurance and identifies key lessons for learning.

The policy covers all services and departments. It applies to organisations and individuals working on behalf of the Trust.

3. Duties

3.1 Responsible persons

Director

- The Director of Nursing and Clinical Quality is accountable for the monitoring of clinical standards.

Deputy Directors

- Understand their responsibilities for projects within the patient survey programme and the patient and public involvement workplan
- Understand the Trust's and management responsibilities for patient and public involvement and the need to obtain feedback
- Ensure allocated topics from the Trust's patient survey programme and patient and public involvement workplan are completed within deadlines
- Ensure that feedback activity and patient and public involvement is carried out in a robust manner and of an appropriate quality
- Ensure that appropriate changes are made as a result of feedback from patients
- Ensure that the Trust is meeting its statutory duties for feedback and patient and public involvement
- Provide statistical and quality assurance and information to the Trust Board

Operational Managers

- Meet the EEAST objectives in relation to monitoring patient experience
- Encourage and support local and regional patient and public involvement activity
- Disseminate and review patient experience reports and results
- Ensure that action plans are implemented at service level

Patient Experience Lead

- Reviews patient feedback and patient and public involvement activity
- Oversees the delivery of the Trust's patient survey programme and patient and public involvement workplan
- Oversees the management of the Patient Experience Department
- Oversees the implementation of Trust strategies relating to feedback and patient and public involvement
- Monitors and reviews statistical and qualitative information relating to feedback and patient and public involvement

Patient Experience/Patient and Public Involvement Managers

- Work with Trust staff and experts by experience to design projects within the survey programme (see Patient Survey Project: Standard Operating Procedure, Appendix 1)
- Manage the delivery of the patient survey programme and the patient and public involvement workplans
- Line manage the patient survey and patient and public involvement teams
- Act as specialists in this area, providing expert advice to the Trust
- Facilitate the Community Engagement Group (CEG)
- Provide statistical and qualitative information
- Ensure that patient feedback is managed in line with national and Trust guidance
- Work with Trust staff, volunteers, patients, public and stakeholders to deliver projects
- Manage and provide expertise in relation to specialist software

- Ensure the Trust meets national requirements for feedback and patient and public involvement
- Engage with relevant national networks

Patient Experience/Patient and Public Involvement teams

- Collate patient samples for survey projects (see Patient Samples for Obtaining Feedback: Standard Operating Procedure, Appendix 4)
- Collate and input patient feedback onto Trust systems
- Record and monitor patient and public involvement activity
- Facilitate and undertake patient and public involvement activities
- Communicate with patients and the public
- Design Trust surveys and make these available to the public
- Provide alternative methods for patients to feedback (see Alternative Format Requests: Standard Operating Procedure, Appendix 2)
- Provide engagement opportunities that are accessible to all
- Maintain the supply of promotional items and survey resources
- Support the learning from patient experiences by developing videos

3.2 Responsible groups

The Trust's **Board**

- Receive and scrutinise high level patient experience data
- Receive and review patient stories
- Provide executive commitment to patient and public involvement
- To ensure the Trust's strategic aims are met

The Trust's **Quality Governance Committee (QGC)**

- Receive the minutes from the Patient Safety and Experience Group
- Report to the Trust Board on key audit outcomes and identified risk

The Trust's **Patient Safety and Experience Group (PSEG)**

- Review monitoring data, identifying key themes and trends
- Monitor compliance against the patient survey programme
- Monitor compliance against work plans relating to patient and public involvement

- To review the Trust's patient survey programme and the patient and public involvement work plan
- Triangulate information and share resources across patient experience, patient and public involvement and patient safety
- Report key themes and challenges to QGC

The **Community Engagement Group (CEG)**

- The CEG comprises of volunteer patient and public representatives (see CEG Terms of Reference, Appendix 8)
- Members ensure the voices of our patients, their carers, and our communities are appropriately represented within the Trust.
- Members engage with and act as ambassadors for the Trust within the communities it serves.

The **Patient Survey Team**

- Monitor patient experience projects to provide quality assurance and quality improvement information
- Produce reports for Trust groups and committees

The **Patient and Public Involvement Team**

- Co-ordinate and support the CEG
- Produce patient stories to be shared at Trust Board
- Produce reports for Trust groups and committees

3.3 Types of activities undertaken

Patient survey activity:

- The Friends and Family Test
- Continuous surveys for emergency services and patient transport
- Planned survey projects in relation national/Trust priorities or areas in which a service is being developed or in need of an audit
- Co-production of survey projects, working with stakeholders, patients, the public and experts by experience
- The undertaking of surveys using various methods, such as: online, via social media, postal and telephone.
- Sharing of feedback and encouraging quality improvement

Patient and public involvement activity:

- Producing patient, family member or carer discovery interviews to be shared with the Trust
- Schools/educational visits
- Attending or facilitating public engagement events
- Talks and/or presentations for community groups
- Working with community or patient representatives
- Providing resources for those taking part in engagement activity
- Supporting Trust staff to undertake engagement activities
- To lead on patient and public co-production for the Trust (see Co-production Project: Standard Operating Procedure, Appendix 3)

3.4 Consultation and communication with stakeholders

This policy, and its previous versions, has been created with input from the various Trust staff with significant knowledge and experience of obtaining feedback from patients.

The CEG is used throughout the year to discuss particular matters related to obtaining patient feedback. This group has given significant input into the Patient and Public Involvement (PPI) Strategy, to which this policy is directly linked.

4 Definitions

A **'patient'** is a person who has had contact with the Trust and who requires medical assessment, care, advice, or assistance from a trained clinician.

'Feedback' is defined as any communication in relation to the service provided to patients by the Trust. Feedback is used for quality assurance and to support quality improvement.

5 Patient information

The Trust has a legal obligation to process patient data to obtain patient feedback to monitor the quality of the service provided. This falls under Article 6 (1) (e) of the UK General Data Protection Regulation (GDPR) and section 8 of the Data Protection Act (DPA) 2018. This is considered as a Public Task. Any patient data collated is kept securely in accordance with the GDPR principles, abiding by the Trust's Records Management Policy and Procedures (see Patient Feedback Retention Schedule: Standard Operating Procedure, Appendix 6). Feedback and information received from patients is confidential, and the patient is required to provide their consent for feedback to be shared publicly or for a compliment or complaint to be raised. Any survey or patient and public involvement reports are non-patient identifiable and only include comments from patients who have consented for their comments to be made public.

Patients have the right to withdraw consent to the Trust processing their data. There are some limited circumstances where the Trust may be required to continue to process personal data, and an explanation for this would be provided if applicable. Further guidance in relation to the processing personal data can be found in the Trust's Privacy Statement.

Further guidance about the use of patient identifiable (PI) information should be sought from the Trust's Information Governance Manager and the Trust's Caldicott Guardian when identifiable information is to be used. Consent should be sought in line with the Patient Feedback and Consent Standard Operating Procedure (see Appendix 5).

6 Stakeholder involvement

When designing a project, consideration should be given to seeking the view of the Trust's CEG. Other stakeholders, patients, the public and Experts by Experience should also be considered and involved as deemed appropriate. This is particularly important for the co-production of patient experience projects.

The Trust will network with stakeholders to share learning and good practice.

7 Learning from patient and public feedback

The results of patient experience projects should be made available through Trust's public website.

The Trust aims to improve patient care and service delivery through the monitoring of clinical and professional standards and learning from the patient voice. Theme and trends analysis should be used to identify good practice and areas for improvement.

Where possible, the Trust will benchmark its results with similar Trusts. A representative from the Trust will sit on relevant regional and national groups to triangulate feedback and share learning.

8 Process for monitoring compliance and effectiveness

What	How	Frequency
Results to the Friends and Family Test (FFT) Results to regular surveys and specialist projects Statistical data for surveys and patient and public engagement activity	Submission to NHS England Survey reports Patient Safety and Experience Group (PSEG) Dashboard	Monthly Dependent on project Bi-monthly
Patient survey data Patient and public involvement activity data	Quality Governance Committee (QGC) Dashboard	Bi-monthly

What	How	Frequency
Patient survey data Patient and public involvement activity data Patient discovery interviews	Integrated Performance Report (IPR) to Board	By exception

References

Care Quality Commission (2010) *Guidance about Compliance Essential Standards of Quality and Safety.* Care Quality Commission

Department of Health (2009) *The NHS Constitution for England*. Department of Health, London

Department of Justice (2018) *The Data Protection Act 2018.* UK Parliament

East of England Ambulance Service NHS Trust (EEAST) (2020) *Serious Incident Policy.* EEAST

East of England Ambulance Service NHS Trust (EEAST) (2020) *Policy for Complaints and Concerns.* EEAST

East of England Ambulance Service NHS Trust (EEAST) (2021) *Records Management Policy and Procedures.* EEAST

East of England Ambulance Service NHS Trust (EEAST) (2021) *Patient and Public Involvement Strategy*. EEAST

East of England Ambulance Service NHS Trust (EEAST) (2022) *Privacy Statement.* [online] Available at: https://www.eastamb.nhs.uk/privacy.htm [Accessed 5 May 2022]

GOV.UK (2022) *The NHS Constitution for England.* [online] Available at: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england#principles-that-guide-the-nhs> [Accessed 4 May 2022].

Information Commissioner’s Office (2018) *Guide to the General Data Protection Regulation (GDPR).* Information Commissioner’s Office

Department of Health and Social Care (2012) *Health and Social Care Act 2012.* UK Parliament

NHS England (2014) *Five Year Forward View.* NHS England Publications

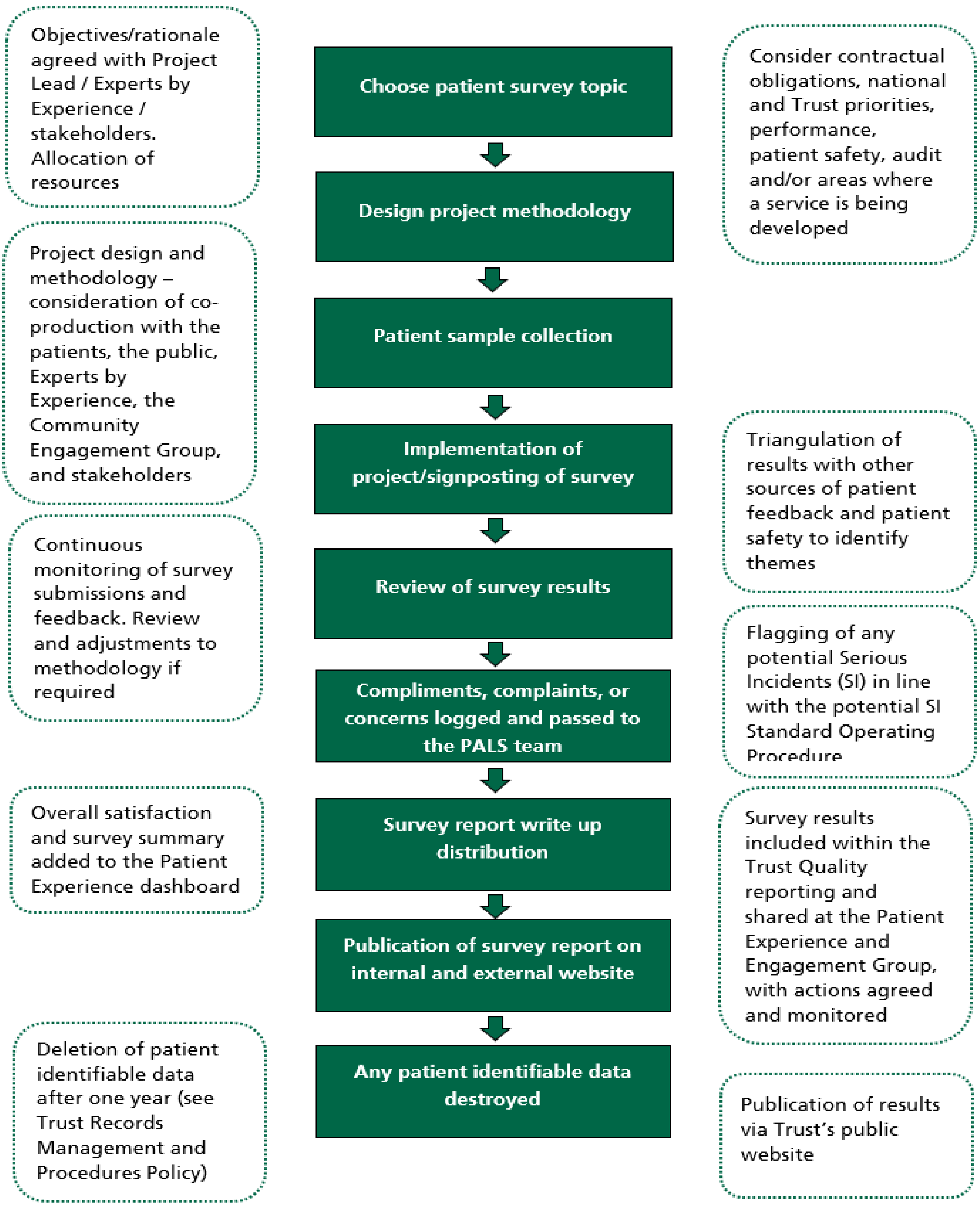
NHS England (2019) *The NHS Long Term Plan.* NHS England Publications

NHS England (2019) *NHS England and NHS Improvement Guidance: Using the Friends and Family Test to Improve Patient Experience.* NHS England Publications

Abbreviations

CEG	Community Engagement Group
CQC	Care Quality Commission
EEAST	East of England Ambulance Service NHS Trust
FFT	Friends and Family Test
GDPR	General Data Protection Regulation
IPR	Integrated Performance Report
NHS	National Health Service
PSEG	Patient Safety and Engagement Group
PI	Patient Identifiable
QGC	Quality Governance Committee

Appendix 1 – Patient Survey Project: Standard Operating Procedure



Patient Survey Project: Standard Operating Procedure

Choose patient survey topic

Design project methodology

Patient sample collection

Implementation of project/signposting of survey

Review of survey results

Compliments, complaints, or concerns logged and passed to the PALS team

Survey report write up distribution

Publication of survey report on internal and external website

Any patient identifiable data destroyed

Objectives/rationale agreed with Project Lead / Experts by Experience / stakeholders. Allocation of resources

Project design and methodology – consideration of co-production with the patients, the public, Experts by Experience, the Community Engagement Group, and stakeholders

Continuous monitoring of survey submissions and feedback. Review and adjustments to methodology if required

Overall satisfaction and survey summary added to the Patient Experience dashboard

Deletion of patient identifiable data after one year (see Trust Records Management and Procedures Policy)

Consider contractual obligations, national and Trust priorities, performance, patient safety, audit and/or areas where a service is being developed

Triangulation of results with other sources of patient feedback and patient safety to identify themes

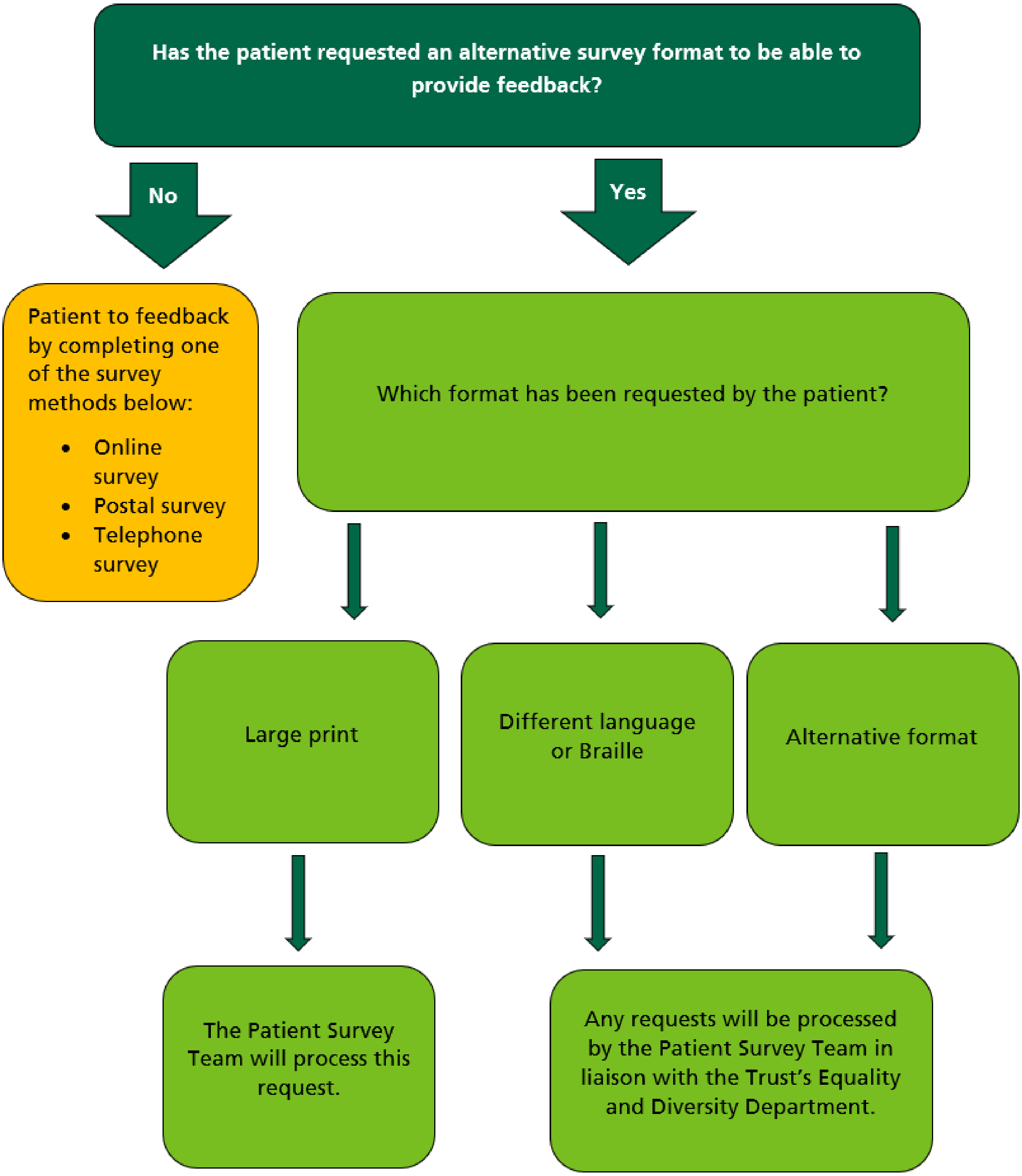
Flagging of any potential Serious Incidents (SI) in line with the potential SI Standard Operating Procedure

Survey results included within the Trust Quality reporting and shared at the Patient Experience and Engagement Group, with actions agreed and monitored

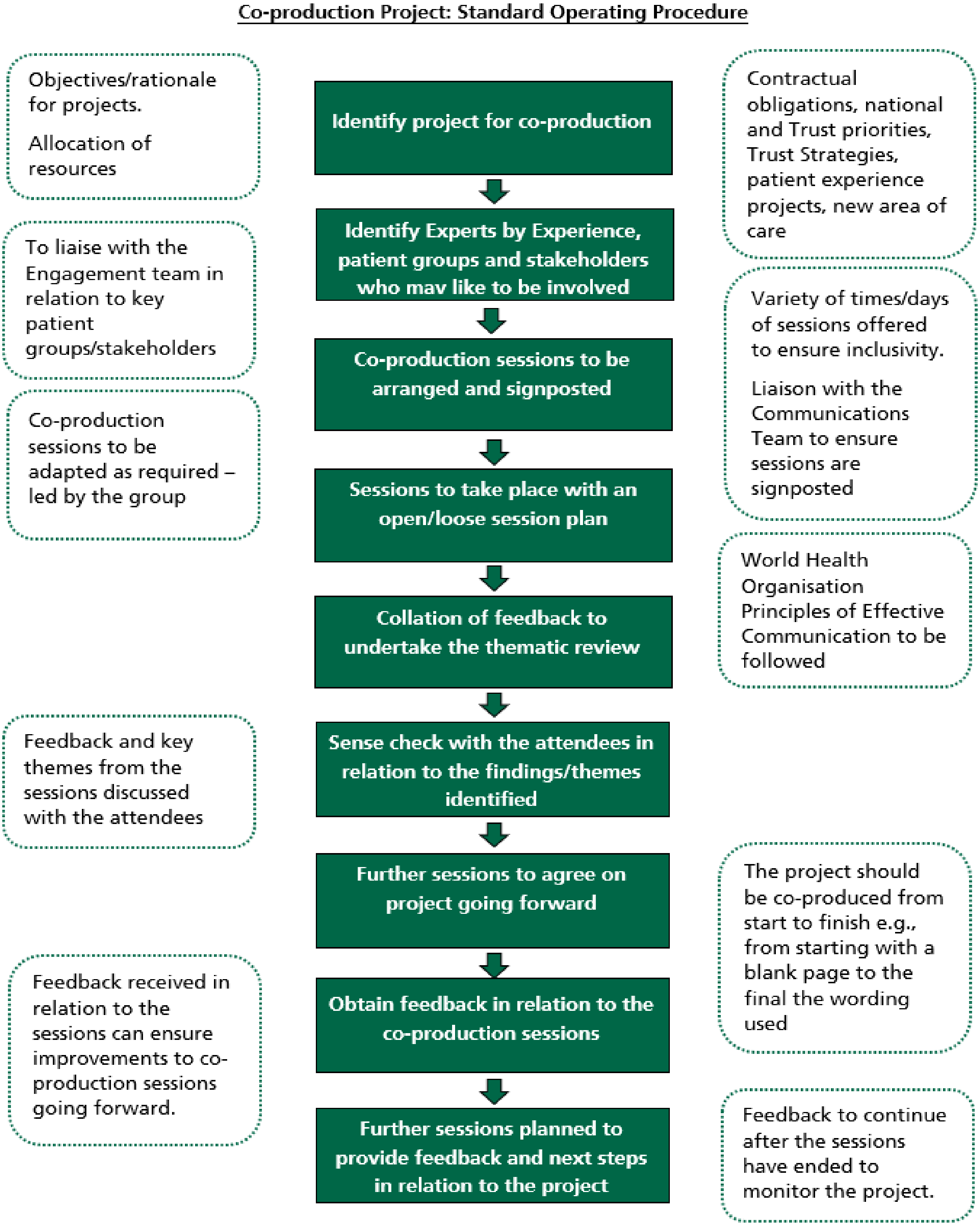
Publication of results via Trust's public website

Appendix 2 – Alternative Format Requests: Standard Operating Procedure

Alternative Format Requests: Standard Operating Procedure



Appendix 3 – Co-production Project: Standard Operating Procedure



Co-production Project: Standard Operating Procedure

Identify project for co-production

Identify Experts by Experience, patient groups and stakeholders who may like to be involved

Co-production sessions to be arranged and signposted

Sessions to take place with an open/loose session plan

Collation of feedback to undertake the thematic review

Sense check with the attendees in relation to the findings/themes identified

Further sessions to agree on project going forward

Obtain feedback in relation to the co-production sessions

Further sessions planned to provide feedback and next steps in relation to the project

Objectives/rationale for projects.

Allocation of resources

To liaise with the Engagement team in relation to key patient groups/stakeholders

Co-production sessions to be adapted as required – led by the group

Feedback and key themes from the sessions discussed with the attendees

Feedback received in relation to the sessions can ensure improvements to co-production sessions going forward.

Contractual obligations, national and Trust priorities, Trust Strategies, patient experience projects, new area of care

Variety of times/days of sessions offered to ensure inclusivity.

Liaison with the Communications Team to ensure sessions are signposted

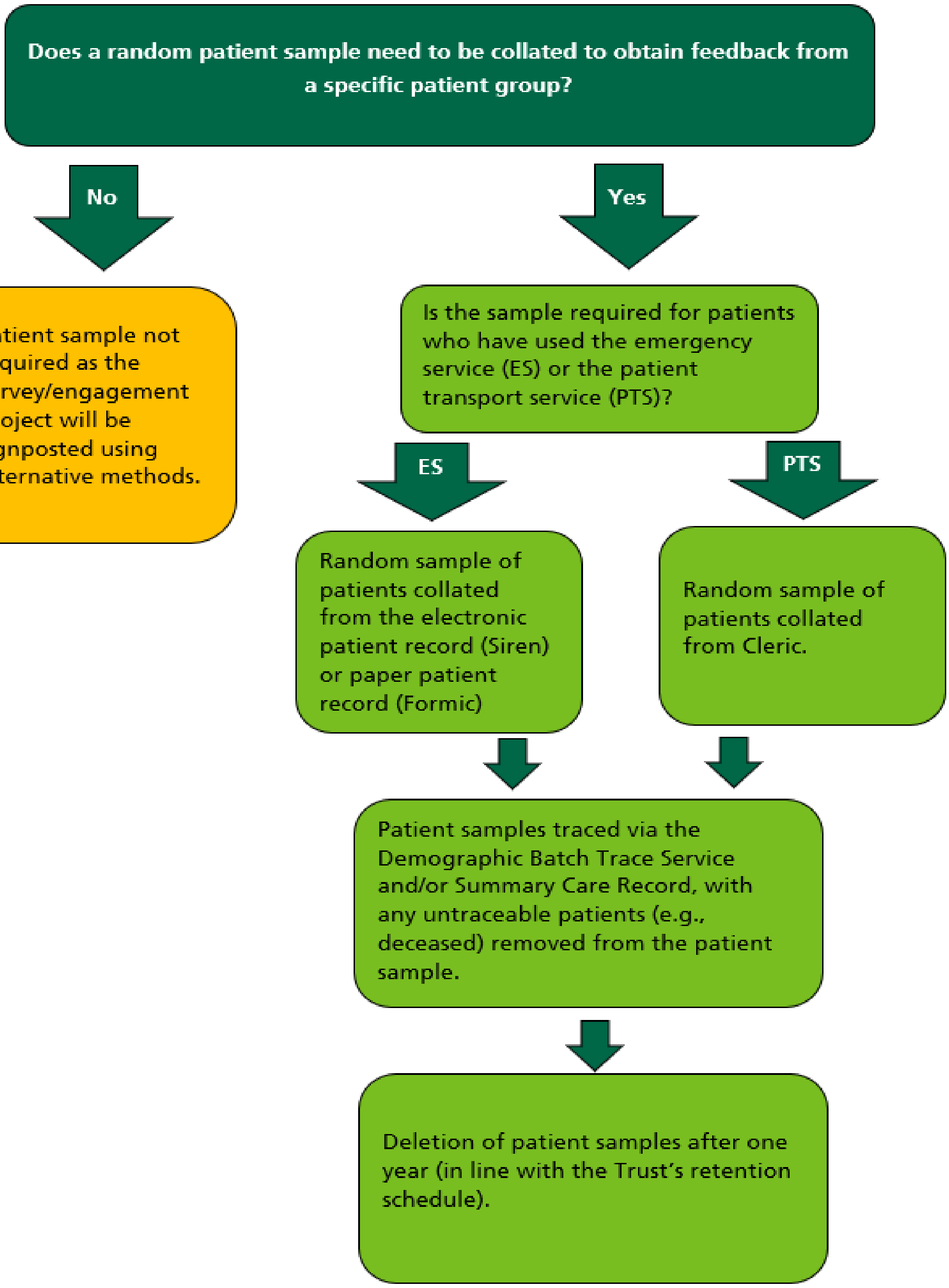
World Health Organisation Principles of Effective Communication to be followed

The project should be co-produced from start to finish e.g., from starting with a blank page to the final the wording used

Feedback to continue after the sessions have ended to monitor the project.

Appendix 4 – Patient Samples for Obtaining Feedback: Standard Operating Procedure

Patient Samples for Obtaining Feedback: Standard Operating Procedure



Does a random patient sample need to be collated to obtain feedback from a specific patient group?

Patient sample not required as the survey/engagement project will be signposted using alternative methods.

Is the sample required for patients who have used the emergency service (ES) or the patient transport service (PTS)?

Random sample of patients collated from the electronic patient record (Siren) or paper patient record (Formic)

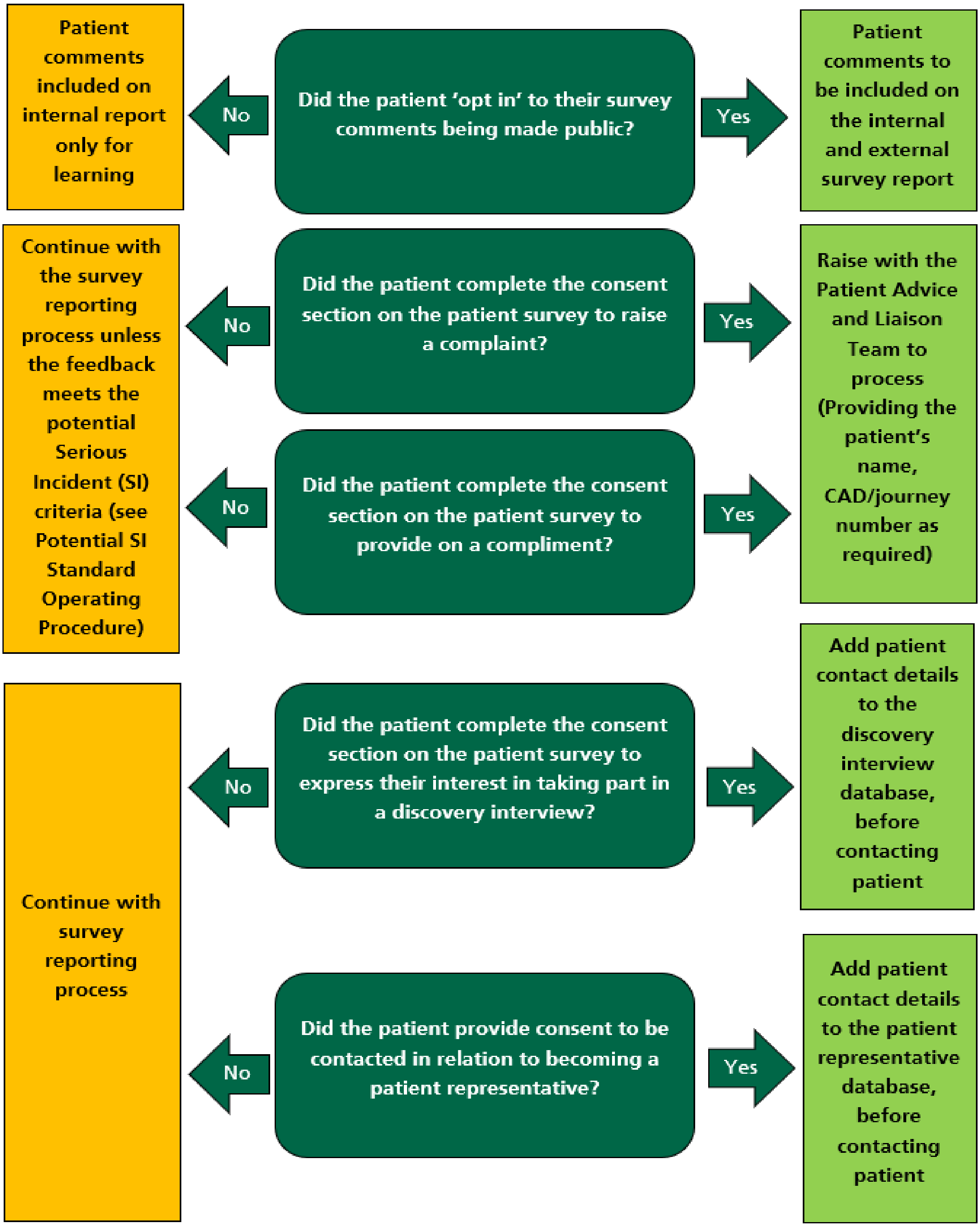
Random sample of patients collated from Cleric.

Patient samples traced via the Demographic Batch Trace Service and/or Summary Care Record, with any untraceable patients (e.g., deceased) removed from the patient sample.

Deletion of patient samples after one year (in line with the Trust's retention schedule).

Appendix 5 – Patient Feedback and Consent: Standard Operating Procedure

Patient Feedback and Consent: Standard Operating Procedure



Did the patient 'opt in' to their survey comments being made public?

No: Patient comments included on internal report only for learning

Yes: Patient comments to be included on the internal and external survey report

Did the patient complete the consent section on the patient survey to raise a complaint?

Did the patient complete the consent section on the patient survey to provide on a compliment?

No: Continue with the survey reporting process unless the feedback meets the potential Serious Incident (SI) criteria (see Potential SI Standard Operating Procedure)

Yes: Raise with the Patient Advice and Liaison Team to process (Providing the patient's name, CAD/journey number as required)

Did the patient complete the consent section on the patient survey to express their interest in taking part in a discovery interview?

Yes: Add patient contact details to the discovery interview database, before contacting patient

Did the patient provide consent to be contacted in relation to becoming a patient representative?

Yes: Add patient contact details to the patient representative database, before contacting patient

No: Continue with survey reporting process

Appendix 6 – Patient Feedback Retention Schedule

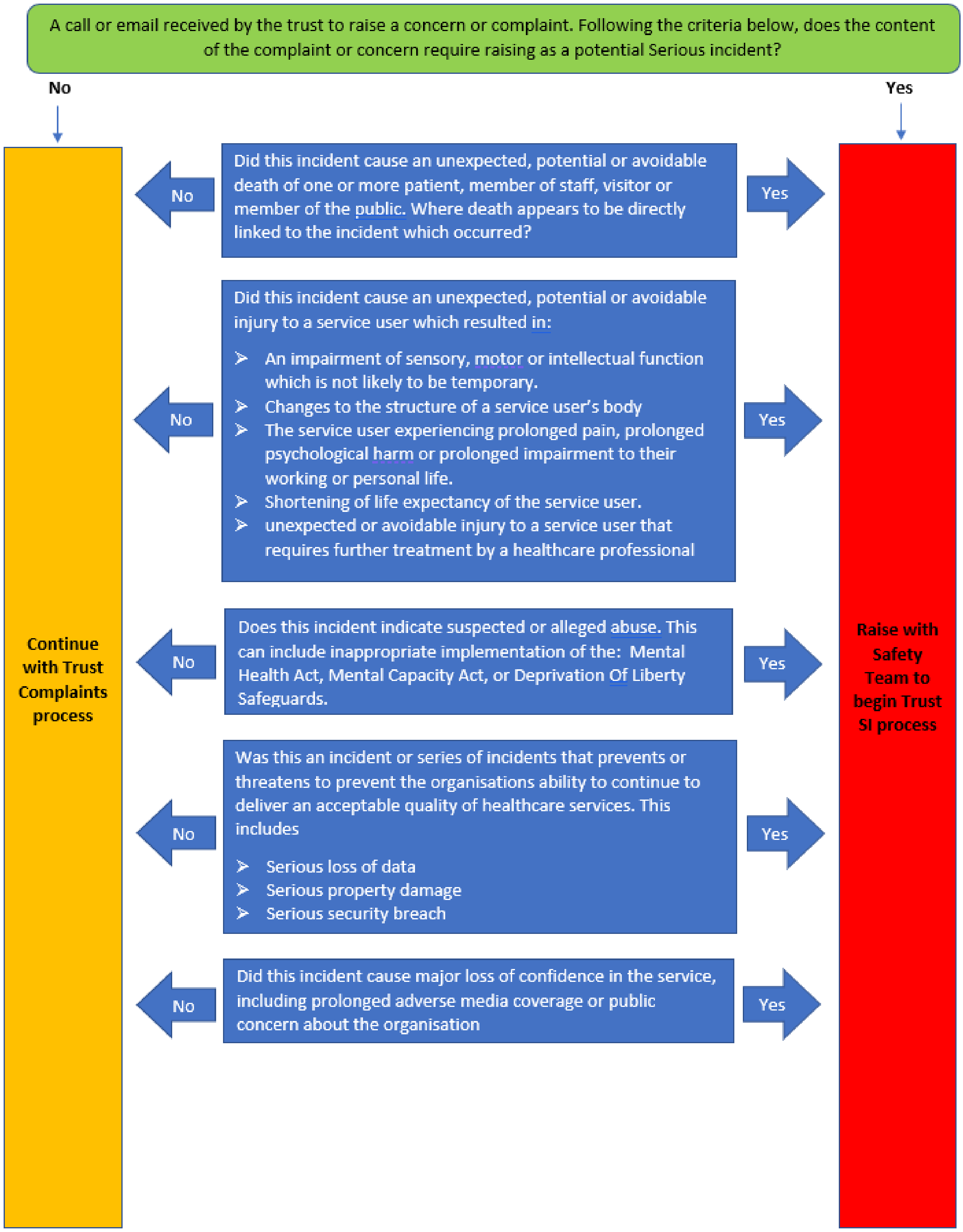
Patient feedback retention schedule

Group	Record Name	Retention period
Surveys	Patient surveys – individual returns and analysis (digital or paper submissions)	1 year after return
Surveys	Patient surveys – final reports	Permanent retention
Surveys	Patient samples (samples are collated through electronic or paper records)	1 year after survey invitation letter mail out
Surveys	Patient information included within the survey complaints and compliments database	1 year after date of complaint or compliment
Surveys	Patient information included within the survey telephone log database	1 year after date of telephone communication
Patient and public involvement	Patient information included on the discovery interview database	1 year after date of communication
Patient and public involvement	Patient information included on the Patient Representative database	1 year after date of communication
Patient and public involvement	Discovery interview recordings	5 years after discovery interview recording
Patient and public involvement	Discovery interview transcripts	5 years after discovery interview transcription
Patient and public involvement	Video and audio recording consent forms	5 years from consent

Please see the East of England Ambulance Service NHS Trust’s Records Management Policy and Procedures document for further information.

Appendix 7 – Serious Incident: Standard Operating Procedure

Patient Experience Team: Serious Incident identification process



A call or email received by the trust to raise a concern or complaint. Following the criteria below, does the content of the complaint or concern require raising as a potential Serious incident?

Did this incident cause an unexpected, potential or avoidable death of one or more patient, member of staff, visitor or member of the public. Where death appears to be directly linked to the incident which occurred?

Did this incident cause an unexpected, potential or avoidable injury to a service user which resulted in:

- An impairment of sensory, motor or intellectual function which is not likely to be temporary.
- Changes to the structure of a service user's body
- The service user experiencing prolonged pain, prolonged psychological harm or prolonged impairment to their working or personal life.
- Shortening of life expectancy of the service user.
- unexpected or avoidable injury to a service user that requires further treatment by a healthcare professional

Does this incident indicate suspected or alleged abuse. This can include inappropriate implementation of the: Mental Health Act, Mental Capacity Act, or Deprivation Of Liberty Safeguards.

Was this an incident or series of incidents that prevents or threatens to prevent the organisations ability to continue to deliver an acceptable quality of healthcare services. This includes

- Serious loss of data
- Serious property damage
- Serious security breach

Did this incident cause major loss of confidence in the service, including prolonged adverse media coverage or public concern about the organisation

Continue with Trust Complaints process

Raise with Safety Team to begin Trust SI process

Appendix 8- East of England Ambulance Community Engagement Group

Terms of Reference

Introduction

The purpose of these Terms of Reference (TOR) is to set out the role, constituency, structure and operating processes of the East of England Ambulance Service NHS Trust (The Trust) Community Engagement Group (CEG). The Trust is fully committed to fulfilling the outcomes required by our Commissioners in accordance with its values. Improving engagement and communication with the public we serve is crucial if the Trust is to understand and manage public expectations and outcomes, and implement the changes identified by these expectations. The Trust's Community Engagement Group (CEG) consists of members of the public and volunteers who act as critical friends to support the East of England Ambulance Service NHS Trust (EEAST) to engage with local communities and represent their views to the Trust. The Community Engagement Group members may also have special areas of interest or expertise which can support the Trust to develop and engage with specific groups or stakeholders.

Community Engagement Group members are supported by the Patient and Public Involvement Team. Membership of CEG is an unpaid role and the time donated by our members is greatly valued by the Trust at all levels.

The East of England Ambulance Service Trust provides emergency response and patient transport services across six counties. Operational structures are continually reviewed alongside service demands and pressures. The Community Engagement Group is required to be dynamic in its approach to align with this and ensure that the right people are engaged with at the right time.

The Trust's Patient and Public Involvement Strategy was coproduced with our patients and the public. This sets out a clear direction for Patient and Public Involvement activity and is supported by the Community Engagement Group as key stakeholders in the delivery of this.

Ethos

We will demonstrate integrity, compassion and honesty by listening to the voice of patients and the public.

Involvement & Engagement

We will use a range of face to face and virtual opportunities for co-production, events, activities and projects.

Accessibility

We will strive to ensure that involvement and engagement opportunities can be accessed by all.

Communication

We will use a wide variety of ways to communicate, promote and deliver involvement and engagement.

Networking

We will proactively work with representatives, groups, organisations and other services to gain a wider perspective.

Ways we will do this?

We will engage with people compassionately giving honest information about the Trust. Using our patient's voices to support improvements.

The Trust will plan and work with our staff and volunteers to offer a greater variety of engagement & involvement opportunities.

The trust will review and implement new ways to engage with people in an accessible way.

We will use the ideas gained during coproduction to develop a multimedia approach to sharing and promoting involvement and engagement.

We will work with our staff and volunteers to engage with a wider range of patient groups, representative and organisations.

Purpose

The East of England Ambulance Service Trust is passionate about putting patients and the communities that we serve at the heart of our services. The Community Engagement Group brings together patient and public representatives, enabling improved and meaningful engagement with local communities and stakeholders.

Membership

Public Members

Any eligible member of the public, patients, or carers who are resident within the Trust area or are users of the East of England Ambulance Service Trust.

Members of the Community Engagement Group must be 18 years of age or over. Young people are welcomed to get involved with support to ensure that they are able to engage safely with a pro-active approach.

The Trust welcomes Community Engagement Group Members from all backgrounds and characteristics. Including the nine protected characteristics of diversity such as age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust does not discriminate or exclude members based on any of the above and values diversity in the representation of our patients.

Exclusion from membership

The following are not eligible for membership of the group:

1. Any person employed by EEAST in a paid role (including Bank or contracted employment)
2. Members of Health Overview and Scrutiny Committees (HOSC)
3. Members of Health and Well-being Boards

East of England Ambulance Service Support for the Community Engagement Group.

There are a number of teams across the Trust who are able to provide support for the Community Engagement Group. This list is not exhaustive, some teams or specialist professionals within EEAST may approach the CEG as experts to raise a project or awareness.

- Patient and Public Involvement (PPI) team for the Trust
- Patient Advice and Liaison Service (PALS) and Complaints teams for the Trust
- Patient Experience Lead for the Trust
- Patient Experience Team for the Trust
- Patient Safety Team for the Trust
- Volunteers Hub (TBC)
- Communications team for the Trust
-

Role of the EEAST Community Engagement Group

To ensure the voices of our patients, their carers and our communities are appropriately represented within the Trust. The Community Engagement Group engage with and act as ambassadors for EEAST in the communities it serves. Community Engagement Group members have specific areas of responsibility in supporting the effectiveness of this:

Responsibilities

1. To act as a two-way sounding board between the Trust and the Patients and Public as Critical Friends
2. To provide representatives on all appropriate Trust groups to represent the views of public and patients.

3. To help to identify opportunities for patients, carers and the public to influence decision making in the development of the Trust services.

4. To engage with and represent patients and the public covering the nine strands of diversity, age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity.

5. To support the Trust policy of advancing equality of opportunity between people from different groups and foster good relations between people from different groups.

6. To advise, as appropriate on the Trust's response to national initiatives.

7. To express views to the Trust that are representative of the Community Engagement Group and/or the public not an individual opinion.

8. To support the Trust to meet the aims for patient and public engagement contained in the Five Year Forward View – next steps, the Health and Social Care Bill 2021, the Patient Safety Incident Framework and NHS Complaints Handling Framework and that patients and the public are given the opportunity to influence the planning and provision of services and relevant policies of the Trust.

9. To work with NHS Integrated Care System (ICS) area structures to engage with local communities in partnership with other health and social care providers.

10. To support the Trust in the delivery of the PPI strategy.

How the CEG will do this

Produce a work plan and report activity against the plan at meetings of the group and to the Board via the Patient Safety and Engagement Group (PSEG) and Peoples Engagement Committee (PEC).

Members are asked to have read any material that has been sent to them for discussion and consideration prior to the meetings

1. Acknowledging prior experiences and expertise, members will contribute their opinions on discussion items

2. Members can report and share non-confidential information with networks and their local communities

Code of Conduct

The Community Engagement Group agrees to adhere to the EEAST values:

1. Care
2. Teamwork
3. Quality
4. Respect
5. Honesty

CEG members should present themselves in a professional manner when engaging with EEAST, stakeholders and the public. It is asked that members are mindful that they are representatives of EEAST when they are public facing and ensure that they demonstrate the Trust's strategic vision and values.

CEG members should have an awareness of the Nolan principles and act in accordance with these. https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2

Selection of Community Engagement Group Members

The Community Engagement Group will actively seek recruits across the entire region according to the principles of equality inclusiveness and diversity. Seeking individuals who can bring experience and skills to the group which will support the workplan.
All new members will go through a selection process in line with the safer recruitment process, this will include; an application form, a self-declaration disclosure and interview with a panel of people that includes a member(s) of the PPI team from the Trust, and the chair and / or an ICS Co-ordinator of the CEG. On acceptance by the recruitment panel of the Community Engagement Group

final acceptance will be predicated by receipt of clear Enhanced Disclosure and Barring Service check, and resident within one of the Trusts 6 Counties.

All members should attend an annual review of their membership and involvement thereafter, conducted by the sector co-ordinator and member of staff from the Trust.

The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership.

In order to enable the above, where possible the needs of members will be considered, and times and location of meetings and other activities adjusted to accommodate them.

Chair / ICS Co-ordinators

The Community Engagement Group covers the whole Trust to implement its Trust wide work plan.

Community Engagement Group members will elect a chair bi-annually. The chair will normally stand for two years but not more than three.

The Chair will be responsible for representing the views of the Community Engagement Group to the Chief Executive and Chair of the Trust as required and at the Volunteer Engagement Forum (VAF) with support and assistance from the ICS coordinators.

The ICS Coordinators are to maintain an overview of challenges and engagement opportunities within their local area. They can support and encourage members to become involved in local events. Ensuring that feedback from their communities is fed into the Trust.

The ICS Coordinator should engage regularly with the other ICS Coordinators in the group to support and gain an understanding of local and regional challenges or engagement opportunities. Sharing ideas and encouraging overall quality improvements in line with Trust strategy.

Speciality Portfolio holders

Portfolio holders will lead on their portfolio on behalf of the CEG. This will include organising meetings and activities with other members in their portfolio group or working group to engage with communities, patients and the public on these workplan areas.

Portfolio holders should regularly report progress of work in their portfolio area to the CEG Chair, PPI team and other group members through reports given at CEG meetings or as required.

EEAST Patient and Public Involvement Team

The Patient and Public Involvement Team are employed by EEAST to coordinate, support and facilitate all areas of Patient and Public Involvement for the Trust. This includes:

1. Leading on patient and public involvement for EEAST
2. Delivering the Patient and Public Involvement Strategy
3. Producing EEAST patient story discovery interviews for the Board and staff training
4. Organising, attending and supporting engagement through out the 6 counties served by EEAST to enable engagement events and educational visits for the communities EEAST serves. Providing resources and promotional items to assist with these events.
5. Working with specialist groups of community representatives to ensure the voices of all communities are heard and contribute to EEAST development. This includes liaison with Healthwatch.
6. Facilitating the EEAST Community Engagement Group with day-to-day administration and support to enable the group to deliver it’s workplan.

The commitment of EEAST to the Community Engagement Group and detail of how the PPI team and EEAST will support the group is outlined in the CEG Charter (See Appendix)

Frequency and format of meetings

The majority of the work plan tasks will be undertaken in each ICS area. Much of the ICS co-ordinator’s role can be carried out via email, telephone or on zoom or teams. However, if a local meeting of all ICS area members is required, they will be chaired by the ICS co-ordinator at a suitable location agreed with the PPI team. Mileage for any journeys carried out as part of CEG work will be reimbursed at the standard rate of 45p per mile. This will be reviewed annually. Members must submit expense forms as per expenses claim process (See process document)

If it is felt necessary, the Chair and ICS co-ordinators will meet as required to co-ordinate the work of the group and to facilitate delivery of the workplan across all ICS areas.

Full CEG meetings will be held quarterly, one of which will be an Annual Members Conference. These meetings will be an opportunity to hear from all CEG portfolio areas and working groups on progress and to hear from EEAST on any specific topics or updates as required.

Extraordinary meetings can be called as and when required, with a suitable notice period.

Reporting procedures and notes from the meetings

All CEG members are required to complete an activity form on a monthly basis to report on their personal activity against the work plan. Activity report forms will be sent out by the PPI team and returned to the PPI team at the end of each month.

The PPI team will produce reports including CEG activity to be presented at the Patient Safety and Engagement Group, to the Director of Nursing, and to EEAST operational management teams to keep all informed.

All Community Engagement Group volunteers should be active members and may be contacted by the PPI team or Chair after a period of inactivity. The Trust is invested in the wellbeing of its volunteers and support may be offered as required.

Requests for information

All requests for information from CEG members to the Trust shall be made through the CEG Chair and PPI Team so that requests can be registered and monitored thereby ensuring a timely and appropriate response from the appropriate department or manager.

All such enquiries shall be submitted by the Community Engagement Group Chair or ICS co-ordinators as appropriate.

Escalation Process

There may be times when a CEG member, ICS Coordinator or the Chair want to escalate an item of concern or interest within the Trust. Feedback and information are always welcomed

The process to escalate through the Trust is:

1. ICS Co-ordinator
2. Through the Chair of the CEG
3. PPI Team
4. Patient Experience Lead

Should the matter need to be raised further then any one of the above can facilitate this as appropriate.

Accountability

The Community Engagement Group shall operate within the governance frame work of the East of England Ambulance Service NHS Trust (EEAST) and will report to the PSEG and PEC
Community Engagement Group members are required to comply with the procedures published in support of these TOR.

Terms of Reference Agreed: …………………………………………………

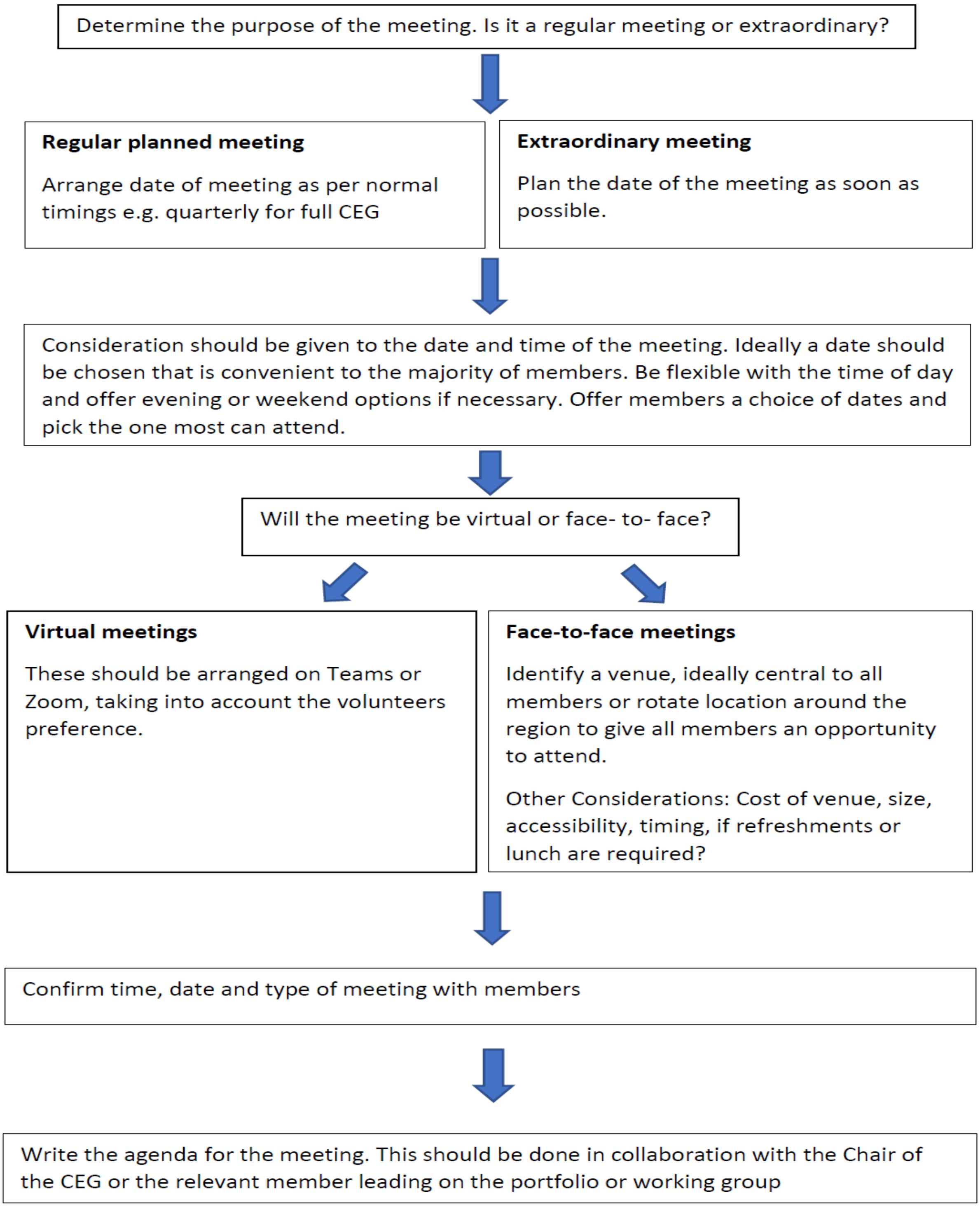
Signed (Member): ……………………………………………………………

Date: ……………………………   Review Date: ……………………….

These Terms of Reference shall be reviewed annually

Appendix 9 – Arranging a meeting of the Community Engagement Group - SOP

Arranging a meeting of the Community Engagement Group – Standard Operating Procedure



Determine the purpose of the meeting. Is it a regular meeting or extraordinary?

Regular planned meeting

Arrange date of meeting as per normal timings e.g. quarterly for full CEG

Extraordinary meeting

Plan the date of the meeting as soon as possible.

Consideration should be given to the date and time of the meeting. Ideally a date should be chosen that is convenient to the majority of members. Be flexible with the time of day and offer evening or weekend options if necessary. Offer members a choice of dates and pick the one most can attend.

Will the meeting be virtual or face- to- face?

Virtual meetings

These should be arranged on Teams or Zoom, taking into account the volunteers preference.

Face-to-face meetings

Identify a venue, ideally central to all members or rotate location around the region to give all members an opportunity to attend.

Other Considerations: Cost of venue, size, accessibility, timing, if refreshments or lunch are required?

Confirm time, date and type of meeting with members

Write the agenda for the meeting. This should be done in collaboration with the Chair of the CEG or the relevant member leading on the portfolio or working group

Arrange for any speakers to attend the meeting. This could be Board members or other EEAST staff coming to speak to the group about a specific topic. Ensure the speakers have full details of the meeting and any specific questions or topics the CEG would like them to address if known in advance.

Circulate the agenda, notes of the previous meeting and any other papers to the CEG members and speakers, and ask members to confirm attendance or apologies.

On the day of the meeting:

Virtual

Member of the PPI team to log in to Teams or Zoom 10 minutes early to welcome members

Face-to-face

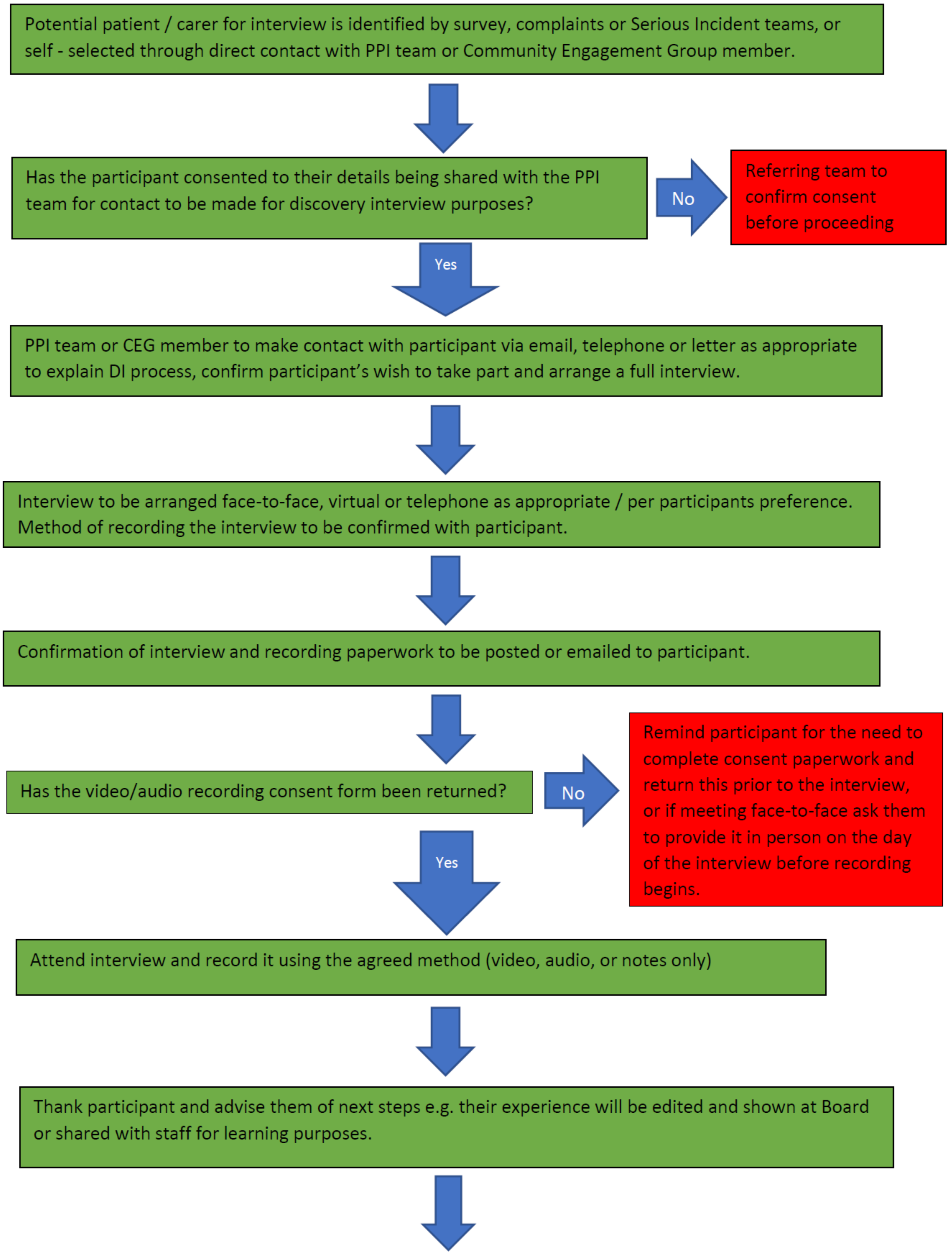
Ensure a member of the PPI team arrives well before the start of the meeting to check the venue, accessibility, refreshments, any technology needed is working and room is laid out as required. Welcome members on arrival.

Notes of the meeting should be taken and if virtual the meeting should be recorded. The date of the next meeting should be determined before the meeting closes.

Following the meeting notes should be types up and provided to CEG members for review. Actions should be confirmed to those responsible and followed up.

Appendix 10 – Discovery Interview Standard Operating Procedure

Patient Discovery Interview Process – Standard Operating Procedure



Potential patient / carer for interview is identified by survey, complaints or Serious Incident teams, or self - selected through direct contact with PPI team or Community Engagement Group member.

Has the participant consented to their details being shared with the PPI team for contact to be made for discovery interview purposes?

Referring team to confirm consent before proceeding

PPI team or CEG member to make contact with participant via email, telephone or letter as appropriate to explain DI process, confirm participant's wish to take part and arrange a full interview.

Interview to be arranged face-to-face, virtual or telephone as appropriate / per participants preference. Method of recording the interview to be confirmed with participant.

Confirmation of interview and recording paperwork to be posted or emailed to participant.

Has the video/audio recording consent form been returned?

Remind participant for the need to complete consent paperwork and return this prior to the interview, or if meeting face-to-face ask them to provide it in person on the day of the interview before recording begins.

Attend interview and record it using the agreed method (video, audio, or notes only)

Thank participant and advise them of next steps e.g. their experience will be edited and shown at Board or shared with staff for learning purposes.

Edit video or audio as appropriate and share with patient experience team, the Board, clinical or training team. Also share with participant if they have requested to see the finished film.

Other considerations

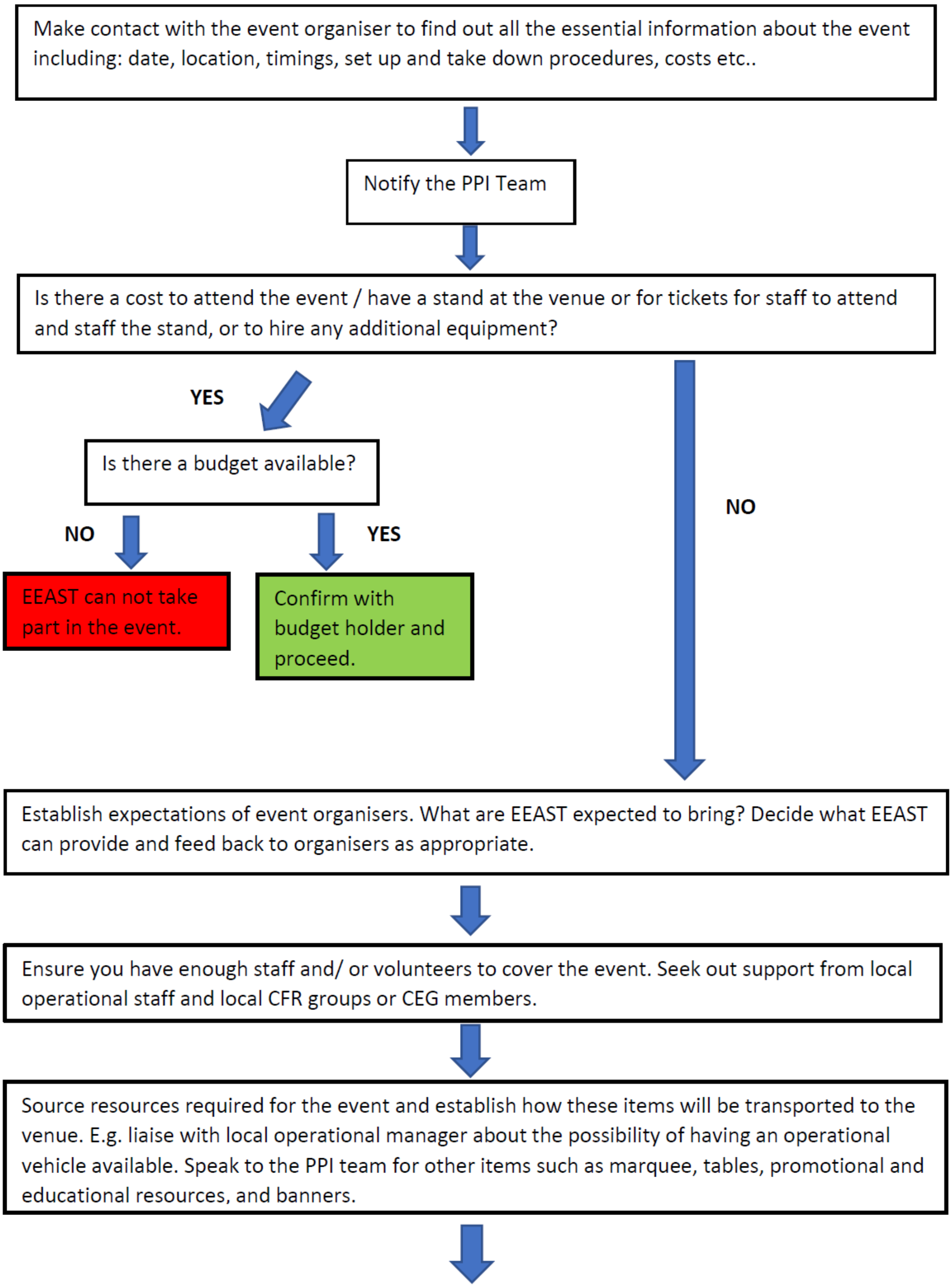
Should any organisation, NHS trust, charity or individual external to EEAST ask to have or see a copy of the discovery interview film or audio recording, and EEAST PPI / patient experience team feel this is a reasonable request; the participant should be contacted again to confirm their specific consent for this before the film / audio recording is shared.

All discovery interview recordings and consent forms from participants should be retained for a period of 5 years.

Appendix 11 – Engagement Events Standard Operating Procedure

Standard Operating Procedure – Engagement Events

This SOP details the process and considerations needed to organise EEAST attendance at a public engagement event e.g. show, fete or stall at a shopping centre. Ensure the PPI team are involved or made aware of the event as early as possible.



Make contact with the event organiser to find out all the essential information about the event including: date, location, timings, set up and take down procedures, costs etc..

Notify the PPI Team

Is there a cost to attend the event / have a stand at the venue or for tickets for staff to attend and staff the stand, or to hire any additional equipment?

Is there a budget available?

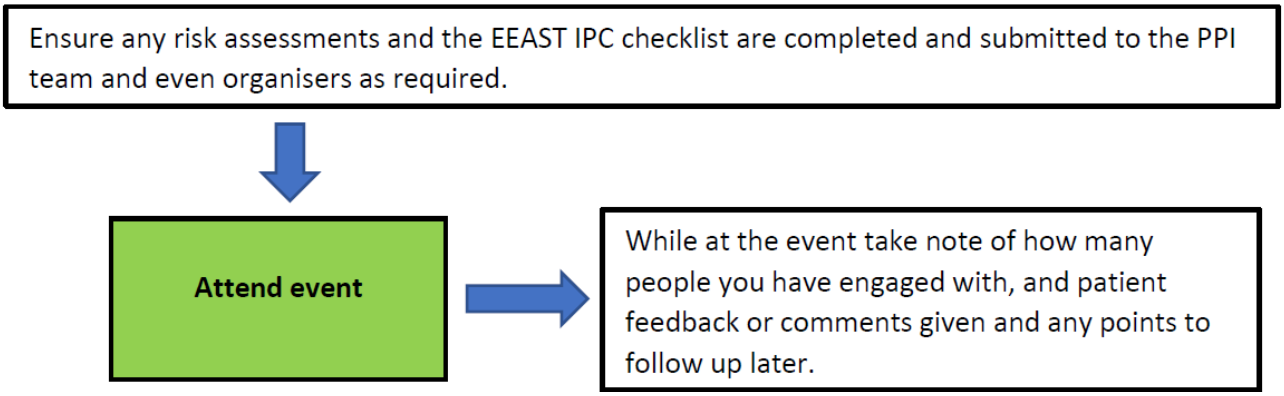
EEAST can not take part in the event.

Confirm with budget holder and proceed.

Establish expectations of event organisers. What are EEAST expected to bring? Decide what EEAST can provide and feed back to organisers as appropriate.

Ensure you have enough staff and/ or volunteers to cover the event. Seek out support from local operational staff and local CFR groups or CEG members.

Source resources required for the event and establish how these items will be transported to the venue. E.g. liaise with local operational manager about the possibility of having an operational vehicle available. Speak to the PPI team for other items such as marquee, tables, promotional and educational resources, and banners.



Ensure any risk assessments and the EEAST IPC checklist are completed and submitted to the PPI team and even organisers as required.

Attend event

While at the event take note of how many people you have engaged with, and patient feedback or comments given and any points to follow up later.

Appendix 12 – Schools and Community Group visits Standard Operating Procedure

A visit to a school or community group can be instigated by EEAST when looking to actively involve a particular community, or via a request from a school or group to EEAST. This will be either directly to the PPI team or to another member of staff, usually with a connection to the school or group.

Make contact with the school or group and establish, date and time and venue for the visit, the number of children / members of the community who will be present and their age, and special needs etc..

Establish the expectations of the school or group. What would they like out of the visit from EEAST? Who are they hoping will attend? A paramedic or a volunteer? Someone with clinical experience or another member of the EEAST staff. Is the visit educational? If so what would they like covered? Would they like a vehicle to attend? Where possible aim to met the expectations of the group but it may be necessary to manage expectations where it is not possible to meet them. E.g. explain why it may not be possible to provide a vehicle due to operational pressures.

Consider Infection, prevent and Control measure as appropriate. Completing relevant risk assessment or engagement activity checklist. Contact the PPI team or IPC team for advice , checklists or for latest guidance.

Identify member/s of staff or volunteer/s to attend the visit and ensure they are aware of the expectations of the school/ community group and what has been agreed to be delivered.

Confirm who will be attending the visit to the school / community group and make sure both parties have each other's contact details.

Liaise with the PPI team about resources required for the visit. E.g. promotional items, educational information and children's activity books, resources available to download from the EEAST website or from the Staywise website.

↓

Member of staff / volunteer to attend the visit. Please liaise directly with the school or community group should something unforeseen prevent you attending as planned. If it is not possible to contact the school or community group directly please contact the PPI team who will endeavour to assist you.

↓

Member of staff / volunteer attending the visit must complete an engagement activity form and return this to the PPI team so the activity can be logged on the PPI register after the visit.

Equality Impact Assessment

EIA Cover Sheet	
Name of process/policy	POL033 – Policy for feedback and Involvement V4
Is the process new or existing? If existing, state policy reference number	POL033 – Policy for feedback V3 Patient and Public Involvement Strategy 2021
Person responsible for process/policy	Deputy Director, Clinical Quality Patient Experience Lead, Patient Experience.
Directorate and department/section	Patient Experience, Clinical Quality
Name of assessment lead or EIA assessment team members	Patient Experience Lead
Has consultation taken place? Was consultation internal or external? (please state below): Internal and external	**Yes,** This Policy has been written to support the coproduced PPI Strategy. The Strategy was full coproduced with the following consultations: EEAST CEG The Public PAN Disability Network Young People's Mental Health Ambassadors Healthwatch Suffolk Citizens Senate

<table>
<tr><td rowspan="8">The assessment is being made on:</td><td>Guidelines</td><td></td></tr>
<tr><td>Written policy involving staff and patients</td><td>x</td></tr>
<tr><td>Strategy</td><td>x</td></tr>
<tr><td>Changes in practice</td><td>x</td></tr>
<tr><td>Department changes</td><td></td></tr>
<tr><td>Project plan</td><td>x</td></tr>
<tr><td>Action plan</td><td>x</td></tr>
<tr><td colspan="2">Other (please state)
Policy to reflect changes to the management of complaints and concerns within the Trust as identified by TIAA external auditors and CQC</td></tr>
</table>

<table>
<tr><th colspan="6">Equality Analysis</th></tr>
<tr><td colspan="6">What is the aim of the policy/procedure/practice/event?
The existing Feedback Policy has been reviewed to be clearer on roles and responsibilities. SOPs have been written and included to make clearer the processes for involvement and handling of patient information.
The Policy will supplement the PPI Strategy, departmental action plans and roles within its delivery.</td></tr>
<tr><td colspan="6">Who does the policy/procedure/practice/event impact on? **All patient experiences.**</td></tr>
<tr><td>**Race**</td><td>☐</td><td>**Religion/belief**</td><td>☐</td><td>**Marriage/Civil Partnership**</td><td>☐</td></tr>
<tr><td>**Gender**</td><td>☐</td><td>**Disability**</td><td>☐</td><td>**Sexual orientation**</td><td>☐</td></tr>
<tr><td>**Age**</td><td>☐</td><td>**Gender re-assignment**</td><td>☐</td><td>**Pregnancy/maternity**</td><td>☐</td></tr>
</table>

Who is responsible for monitoring the policy/procedure/practice/event?
Patient Experience Lead
Deputy Director, Clinical Quality
Patient Safety and Experience Group (PSEG)

What information is currently available on the impact of this policy/procedure/practice/event?

This Policy will support the Trust to meet the needs of the Patient and Public Involvement Strategy. This was coproduced with our patients and the public. The Policy will support the team to ensure that roles and procedures are clearly set out. The Strategy and Policy will support the Trust in meeting NHS Complaints Handling Standard Framework 2021 and Patient Safety Improvement Framework 2022.

Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? No

Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, If yes please provide evidence/examples:

Race	☐	**Religion/belief**	☐	**Marriage/Civil Partnership**	☐
Gender	☐	**Disability**	●	**Sexual orientation**	☐
Age	☐	**Gender re-assignment**	☐	**Pregnancy/maternity**	☐

Please provide evidence:

The policy sets out clearly that information will be made accessible to anyone with a disability, sensory impairment or other language. The Strategy was coproduced with patients and the public inclusive of those with protected characteristics.

Wording within the policy has been simplified and made clearer to enable improved understanding of the policy.

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? No

Race	☐	**Religion/belief**	☐	**Marriage/Civil Partnership**	☐
Gender	☐	**Disability**	☐	**Sexual orientation**	☐
Age	☐	**Gender re-assignment**	☐	**Pregnancy/maternity**	☐

Please provide evidence:

The Policy sets out to improve all patient feedback and involvement, regardless of personal and protected characteristic, this document encourages involvement with communities and specialist groups. The Policy gives clear guidance on how people’s information is managed within the Trust when giving feedback.

Action Plan/Plans - SMART
See PPI Implementation Plan and CEG Action Plan.

Evaluation Monitoring Plan/how will this be monitored?

Who. PSEG, CRG, QCG, CCGs, ELT

How.

Monthly dashboard update for PSEG.

Bi-monthly report PEEG and CRG. Written account. Soft information, Innovations, challenges, themes and trends, lessons learned.

Monthly Patient Experience Dashboard to Ops Teams. Detailed complaints, concerns and compliments data.

By: Patient Experience Lead and Deputy Director of Clinical Quality

Reported to: PSEG, CRG, QCG, CCGs, ELT