Central and North West London NHS
NHS Foundation Trust

BODxxx/2014

This report is/ for publication

Board of Directors

Developing a Trust wide Service User and Carer Strategy

Objective:

The objective of this report is to inform the Board of the current approach to service user and carer involvement across the Trust. It sets out a strategic approach using co-production as a principle which is flexible and applicable in all services.

The Board is asked to:

- Agree the actions, recommendations and timescales as set out in the report using the framework and co-production approach described across the whole Trust.

Executive summary:

CNWL is a large diverse trust, caring for people with a wide range of physical and mental health needs. We provide healthcare to a third of London, Milton Keynes and parts of Kent, Surrey and Hampshire. As a Foundation Trust, our commitment to listening to, involving and sharing decision making with our service users and carers is what sets us apart from other providers. Our aspiration is therefore to embed co-production at every level; delivering all our services in an equal and reciprocal relationship between professionals, people using services, their families and communities.

Local service user and carer involvement strategies have now been widely developed and in many cases, co-produced. This work has built on previous approaches used within the Trust. A strategy was set following a review of service user involvement by an independent consultancy in 2009. Further work was undertaken including a high level group chaired by the Director of Nursing and including service user representatives from across the Trust. The appendices at the end of this document showcase the huge range of activity across the trust and the impact it has, and continues to have on shaping, developing and improving the quality and accessibility of our services at a local level. There remains, however a significant difference in understanding and levels of involvement across and within corporate departments, divisions, service lines and individual teams.

The Board will lead by example and are committed to co-producing a Trust Wide Service User and Carer Involvement Strategy, however if it is to be successful and truly co-produced all our service users must have the opportunity to be involved in some way. This means that we must first ensure we develop a trust wide recognition and understanding of;

- The value of involving service users, their carer and families in their own care, in developing and improving the services they use, and in the development of strategy and policy to drive excellence across all the services we deliver
- Co-production, the different types of service user involvement; the opportunities, benefits, limitations and how to best realise the potential of our service users as assets.

This document focuses on laying the foundations for transforming the often held views that people who use services are passive recipients of services into ones where they are recognised as partners in designing and delivering services. It sets out expectations and minimum requirements at all levels that complement and build on, rather than replace, existing strategy. It also recommends actions that will develop the centralised leadership, support and guidance that is essential to supporting co-produced corporate strategy and policy, and encouraging innovation and trust wide sharing of good practice and learning. This will support continual expansion and strengthening of service user and carer involvement opportunities at all levels. It will also develop the governance structures necessary to support the trust to better understand, evidence and develop strategic responses to common themes, gaps and barriers that prevent service users from receiving and experiencing excellent support.

The overall aim is to provide and build a framework that will support us to co-produce a CNWL Service User and Carer Involvement Strategy from 2015/16 that will be an exemplar of best practice and actively drive us to meet our aspiration of co-production as business as usual.

Responsible Director
Andy Mattin
Director of Nursing
5th May 2014

Central and North West London NHS
NHS Foundation Trust

Developing a Trust Wide Service User and Carer Strategy

COMPASSION RESPECT EMPOWERMENT PARTNERSHIP

Wellbeing for life
London | Milton Keynes | Kent | Surrey | Hampshire

1. Our Vision

Our Trust Vision of **'Wellbeing for life'** commits us to working in partnership with all who use our services to improve health and wellbeing. It recognises that lived experience is just as valuable as the expertise of health professionals. We know that service users and their families have unique experiences, skills and abilities that enable them to offer expert advice to us about their treatment and support needs and how services can better meet these needs in the future.

Our aspiration is trust wide co-production at every level of service; delivering our services in an equal and reciprocal relationship between professionals, people using services, their families and communities.

- Front line/individual
- Team
- Learning & Development
- Service line
- Strategic/corporate
- Research & Development

2. Aims of a Service User Strategy

The aim of our strategy is to provide a trust wide framework for service user and carer involvement that supports a stepped approach towards embedding co-production as business as usual. As such it must build on the work undertaken to fully involve service users in their care and:

- Develop trust wide recognition of the value of involving service users, their carer and families in their own care, in developing and improving the services they use, and in the development of strategy and policy to drive excellence across all the services we deliver
- Develop a trust wide understanding of co-production, the different types of service user involvement; the opportunities, benefits, limitations and how to best realise the potential of our service users as assets.
- Develop centralised leadership, support and guidance that encourages innovation and trust wide sharing of good practice and learning
- Transform the views often held that people who use services are passive recipients of services and burdens on the system into ones where they are recognised as partners in designing and delivering services

3. Our Principles

We recognise that services are more effective if they are developed and delivered with the direct involvement of the people and families who use them. This is why our strategic objectives include involving, informing, empowering and being guided by the people we serve. We are committed to the following principles to support meaningful involvement that affects real change:

- Engagement and involvement should happen at the earliest possible stage
- Involvement should be well planned, well supported and embedded as a key component of service delivery
- Involvement should not be 'one size fits all', it must value diversity and seek to appropriately involve all service users

- Supporting service users and carer to exercise their influence and power and encouraging service user and carer empowerment which is central to effective involvement
- Involvement should be recognised and rewarded
- Involvement should be used to improve and develop services and affect change on an individual, service and organisational level
- The opportunities for and the impact of involvement should be clearly communicated

4. Our Framework

Our ultimate goal is to support the development of co-production that is meaningful and appropriate to each service line whilst feeding into, supporting and influencing trust wide and corporate co-production in strategy, quality and performance. We know that there is already a huge amount of activity being undertaken across the trust but understanding of, and therefore levels of service user and carer involvement differ significantly across service lines and individual services.

It is important to acknowledge that planning and activity must be meaningful to our service users, carers and staff and support the trust to meet and evidence the required standards and expectations set by our commissioners and governing bodies. Whilst some standards are national and therefore trust wide, others are set as locally part of contracted KPIs, CQUINS and QUIPP plans. This is not always going to be an easy fit and this section therefore provides a framework of definitions, expectations and standards that includes these non-negotiable areas and supports an approach to service user involvement that is flexible enough to meet all needs.

4.1 Definitions

Co-production	• Staff and service users/carers develop ideas for action, share all major decisions and responsibility for implementation, evaluation and review
Representation	• Service users and carers represent the views of their peers on specific issues
Consultation	• Service users and carers are invited to share their views and give feedback on proposals, decisions and actions
Information	• Service users and carers are provided with information

4.2 Expectations

Service user and carer involvement is the responsibility of all staff. It is a vital part of service delivery and no service should be considered competent unless they are appropriately and meaningfully involving their service users, carers and families. The 'what' and 'how' must be appropriate to the type of service delivered and their service users' wants, needs and abilities; however we must find a way to ensure we challenge any assumptions and associated low expectations. It will therefore be largely the decision of each service line and their service users.

The process MUST acknowledge and explore creative ways which support individuals to engage and contribute; and which will bring about sustainable change. For example we might consider engaging service users who have been through our services and are further along their recovery journey to inform developments if current patients are too unwell to engage with the specific task.

There is also a need for the trust to more widely evidence, share and use good practice and the feedback it produces to drive the quality of our services and respond to National and local quality standards. In response, we have developed a set of expectations and minimum standards that will allow service lines to continually expand and strengthen service user involvement in the best way

for their service users, whilst supporting the trust to better understand, evidence and develop strategic responses to common themes, gaps and barriers that prevent service users from receiving and experiencing excellent support.

4.2.1 Minimum Standard Expectations for Planning and Review

Requirement	Guidance
1. Each Service Line and corporate department has an annual service user involvement plan	The plan should benchmark current activity and impact; and outline actions for improvement. Services/departments should be free to develop their own plans so that they appropriately reflect the wants, needs and abilities of their service users, however the plan MUST be developed in consultation with staff and service users and must reflect; • Relevant CQC Essential Standards • CNWL Quality Priorities • Any CNWL minimum standards not yet reached • National and local CQUINs • Individual commissioner/contract requirements
2. All services produce a quarterly Service User and Carer Report for Senior Management Teams	This must summarise activity, feedback, responses and impact of service user and carer involvement as well as highlighting issues/challenges and good practice/innovation for discussion at Senior Management Team Meetings
3. All Service Lines/corporate departments produce a quarterly Service User and Carer Involvement Report for Divisional Directors	This must summarise performance against plan, activity, feedback, responses and impact of service user and carer involvement and performance against the annual plan It should also highlight issues/challenges and good practice/innovation for discussion at Divisional/Trust Meetings
4. All meetings discuss service user and carer involvement	This will promote regular reporting, review and responses to feedback. Minutes must reflect regular reports and discussions at team, business/planning and quality meetings.
5. All service/department reviews, development plans and new initiatives ask the following 3 governance questions **a. To what extent were service users involved?** **b. Were service users satisfied with their level of involvement?** **c. Did service user involvement made a difference?**	Minutes and documents must evidence that service users were involved, how they felt about their involvement and what impact it had
6. Each service line/corporate department has a well communicated named contact for providing information and evidence	This will promote fast and effective responses to trust wide calls for evidence, FOI's and inspections and aims to reduce the impact of these often short notice requests on individual teams. It is up to service lines to decide who is best placed to meet this need. The name and contact details of this person

about service user and carer involvement activity across the service line	and someone who can be contacted if they are absent must be supplied to the Trust Service User and Carer Involvement Co-ordinator
7. All staff have service user involvement included in their appraisal objectives and access to training and support to develop skills and confidence	All staff must have at least one objective that supports the achievement of the objectives set out in their relevant service user involvement plan. Staff development and job plans must include access to and evidence participation in training and support to develop service user involvement skills and confidence

4.2.2 Minimum Requirement Expectations

- **Front line/individual Level**

Minimum Standard	Evidence Examples
1. Service users and carers know how to complain Process must be; a. displayed in reception and other areas used regularly by patients/carer/families b. provided and explained to service users and carers on or before first face to face contact	• Complaints leaflets and posters are available in reception areas • A process is in place to disseminate information to patients • Patients report that they know how to make a complaint
2. All service users and carers have the opportunity and are encouraged to provide feedback All service users and carers are offered the opportunity to give feedback on their experience of the service annually or at the end of engagement with the service	• Quarterly feedback analysis reports as part of Service User and Carer Involvement reports to Senior Management Teams

- **Team Level**

Minimum Standard	Evidence Examples
1. Printed and electronic service information is available	• Leaflets/posters or other information is available • Information is age, ability and language appropriate • Website
2. Activities are be supported by a project outline This details what we are asking service users to engage in/with; for how long; in what capacity and what they can realistically influence and the skills required	• Documented project/task outline and associated selection criteria
3. All services/departments have mechanisms in place for eliciting feedback/developing co-production projects	• Service user groups/forums/events • Meeting dates and minutes • Surveys, suggestion boxes, newsletters • Service user representation

4. Regular feedback is provided to service users about the impact they have had	• You said, we did notice boards, newsletters, website feedback, etc
5. Quarterly service user involvement report to SMTs	• Report
6. Service user involvement is reviewed discussed and considered as part of business, planning and clinical meetings	• Minutes • Reports

- **Service Line Level**

Minimum Standard	**Evidence Examples**
1. Service users are involved appropriately in recruitment of staff	• Recruitment training, process and records
2. Service users are consulted about service developments or changes that have a significant impact on the service they receive	• Consultation documentation and feedback reports
3. All service users/carers have access to training & development opportunities in relation to 'getting involved'.	• Workshops and courses detailed in the Recovery College prospectus
4. Activities are be supported by a project outline This details what we are asking service users to engage in/with; for how long; in what capacity and what they can realistically influence and the skills required	• Documented project/task outline
5. Regular feedback to staff and service users regarding impact	• You said/we did reports, annual service user feedback report, information on website, etc.
6. Service user involvement is reviewed discussed and considered as part of business, planning and clinical meetings	• Minutes • Reports
7. Quarterly service user involvement report to Divisional Director	• Report

- **Learning and Development Level**

Minimum Standard	**Evidence Examples**
1. All Recovery College workshops and courses are co-produced	• Recovery College audit of workshops and courses • Annual report
2. Workshops are available which support shared decision making and co-production at all levels of the organisation	• Recovery College audit of workshops and courses • Annual report

- **Strategic/Corporate Level**

Minimum Standard	Evidence Examples
1. Trust level leadership and co-ordination is in place that provides a strategic overview of all activity and supports trust wide initiatives	• Identified Director level lead • Identified co-ordinator/team • Governance structure • Policy documents
2. Service user involvement is discussed as part of all trust/corporate department meetings	• Minutes, • reports, • service user representation
3. Trust Board identifies and responds to cross cutting issues which may transcend division/ service line and may be organisation wide e.g. Friends and Family tests etc.	• Minutes • Reports
1. Trust wide activities are undertaken to address/explore cross cutting issues	• Project outlines, feedback reports, impact evaluation, etc
4. Service User and Carer Involvement impact is part of annual reports	• Annual report

5. Recommendations and Timescales

Well-structured central leadership, co-ordination and support is vital if the to developing, embedding and sustaining a trust wide approach to service user and carer involvement. With the imminent changes Trust structures, it is recommended that the following actions are undertaken over the next 6 months with a view to developing a co-produced strategy once future structures are clear.

Action	Description	Lead and Timescale
Develop Trust wide Service User Carer Involvement Team/Board	This should not be new investment. It should concentrate on re-developing/widening existing roles in order to provide strategic oversight and guidance that will support a trust wide co-ordination by developing; ● A single point of contact for trust wide evidence collection/reports ● An integrated approach to service user involvement that supports links to internal and external cross cutting public, patient and staff involvement groups and activities (i.e. internal work within recovery college, corporate depts. - Quality, E&D, etc and external orgs/boards such as PALS, Healthwatch and other Borough focussed groups/meetings) ● Policy and protocol and guidance ● A way to encourage, communicate and share best practice and innovation ● Training and support to promote workforce development and best practice in service user and carer involvement at every level ● Access to money/benefit advice and support for service users who want to get involved Opportunities for service user and carer involvement at trust wide strategic level i.e. developing and supporting Trust level Service User and Carer Groups and representation	Andy Mattin and Trust Board July 2014
Develop a Service User Involvement dashboard	This should integrate existing indicators and form part of the existing Trust quality indicators dashboard and be used to support; • Measurement of quality from a user and carer perspective • Measurement of impact/change • Planning of audit work • Development of workforce training plans	Andy Mattin and Divisional Directors July 2014
All Services reach minimum standards	Service User and Carer Involvement plans and quarterly reporting in place	Andy Mattin Divisional Directors November 2014

Action	Description	Lead and Timescale
Co-produce a Trust Service User and Carer Involvement Toolkit	This should contain • Suggestions of appropriate activity, including good practice examples from across the trust and feedback from service users/carers about how they want/would like to be involved • Guidance on developing service user forums, groups, events and meaningful representation structures • Guidance on planning and evaluating short, medium and long term task, projects and activities • Guidance on measuring and evidencing impact • Guidance for recruitment and reward of service users and carers • Details of learning and development opportunities, for staff, service users and carers, to ensure knowledge and skills which will facilitate their involvement	Andy Mattin and Service User and Carer Involvement Team/Board September 2014
Develop a Trust Peer Bank network	A 'peer bank' would develop a network of service users and former service users with lived experience AND other clearly identified skills/expertise (i.e. IT, HR, strategy, teaching/training, youth work, project management, etc) that would support trust wide access to the right service users for the job and provide service users with a huge range of opportunities to get involved and shape services at all levels. Development would require • A formal and regular recruitment and selection process • Job descriptions and person specifications • A robust, accessible training programme • Choice based reward guidelines • Trust investment (innovation) Centralising this function would prevent duplication across service lines and therefore provide a more cost effective approach	Andy Mattin and Service User and Carer Involvement Team/Board November 2014
CNWL commit to an annual co-produced trust wide 'test' of one of the CQC Essential Standards.	This annual activity would test each service line's performance against one of the standards	Andy Mattin and Service User and Carer Involvement Team/Board To be undertaken Jan – March 2015

Appendix 1: Patient Experience Feedback Surveys

All service lines are using patient experience surveys that support measurement of the Trusts Quality Priorities from a service user perspective. The feedback is used to develop and implement improvement plans that are monitored by Quality and Performance Committees. In most cases feedback can be broken down to individual service level and is then also used to develop service specific improvement plans that are monitored as part of team meetings. This appendix provides some examples of how the surveys are undertaken and response rates across services lines and within individual services

1. CNWL Community Health Patient Survey (Hillingdon, Camden and Milton Keynes)

a. Purpose

This annual survey is undertaken by an external provider to gather feedback on patient experience of service, staff and involvement in care and identify areas of good practice and areas for improvement in the following services:

- Community health services for children and families
- Community dental and nursing services
- Disability support services
- Foot care (podiatry) services
- Neurological & community rehabilitation, and falls prevention services
- Palliative care services
- Therapies

b. Response Rate

Community Services	Response Rate	Completed Questionnaires
Milton Keynes	22%	644
Hillingdon	28%	806
Camden	24%	678
OVERALL TOTAL		**2,128**

2. CNWL Metal Health Patient Surveys

a. Purpose

These telephone surveys are conducted by a team of service users who are DBS checked and trained. The purpose is to gather feedback on patient experience of service, staff and involvement in care and identify areas of good practice and areas for improvement across the following services:

- Community recovery
- ABT
- Rehab
- Eating disorders
- Addictions
- Acute mental health

b. Response Rate

Service	Q1	Q2	Q3	Q4	Total Completed 2013/14
Inpatient	103	51	118	91	**368**
Community	468	386	546	733	**2,133**

3. Quick Feedback Cards for Sexual Health & HIV Services

a. Purpose

Feedback cards are given to every service user using the service. The purpose is to gather feedback on patient experience of service, staff and involvement in care and identify areas of good practice and areas for improvement across the following services

- Community recovery
- ABT
- Rehab
- Eating disorders
- Addictions
- Acute mental health

b. Response Rate

	Q1	Q2	Q3	Q4	Total 2013/14
Completed	1562	1490	1336	1449	**5837**
Response rate	51%	44%	43%	43%	**45%**

4. Eating Disorders: patient Satisfaction survey

a. Purpose

Patients are all asked to complete a questionnaire at the start and end of their treatment packages to gather feedback on patient experience of service, staff and involvement in care and identify areas of good practice and areas for improvement across the following Eating Disorder services;

- Inpatient
- Outpatient
- Day patient

b. Response Rate

Service	Total Completed Q4 13/14
Inpatient	11
Outpatient	45
Day patient	8
TOTAL	**64**

Appendix 2: Co-production Projects

This Appendix gives an example of some of the co-production projects that have been undertaken across the trust in the last 12 months

1. Learning Disabilities 'Journey to Self Discovery – making My Life Better'

The aim of this project was to co-produce a way for people with learning disabilities, their families, friends, carers and the staff who work with them, to become experts in their own care. A group of Learning Disabilities service users worked in partnership with staff and the recovery college and the end result is the Journey to self discovery course that develops the skills and confidence of service users in managing their own recovery journey.

The Pilot course was extremely well received by service users, carers and staff and it will now become part of the rolling programme delivered by the recovery college and co-facilitated by staff and peer trainer service users.

2. Psychological Medicine 'Simon and Meg'

The aim of this project was to develop a training video as part of a package of training for both mental health and acute staff who might be working with people with mental health problems in the Emergency Department.

A group of service users worked with staff in developing a script based on lived experiences of both patients and staff and testing it to make sure it was portrayed as realistically as possible. The following is a link to the trailer for the final training video:
http://vimeo.com/user6280103/review/55941547/59a8684645
This package has now been rolled out to all the Trusts acute hospital sites and it has been very well received. We are now also delivering training for Hertfordshire and WLMHT.

3. CAMHS and Me Website

The aim of this project was to develop a CAMHS website that provides children, young people and their families with the information they want and need in relation to mental health.

Service users from across the 5 CAMHS delivery boroughs worked with staff to undertake consultation, procure a provider and work with them to design the content, look, navigation and promotion of the site.

The site provides information to support children, young people and their families to understand what emotional/mental health is, information on diagnosis and different mental health disorders and difficulties, resources to support good mental health, self management and recovery, signposts local support and resources and includes lived experience and experience of service stories.

A CAMHS and Me Twitter account will be used to promote website which launches next month at jointly planned and delivered event.

4. Mental Health Rehabilitation and Digital Social Inclusion

This project aimed to explore the use of digital technologies for supporting independent living for those with severe and enduring mental health problems. A project group of service users and staff worked together to pilot an approach and develop a business case for investment. The end result was a business case that identified:

- Potential commissioning savings through reduced use of out-of–borough funding by facilitating more rapid move-on through the step-down services
- Potential in-house savings through reducing staff roles such as on-site waking night staff.
- A quality improvement case that focuses on a shift of the staff functional role from safety monitoring to supporting digital engagement and confidence-building for service users through digital skills training and self-advocacy.

This successfully secured the approval of the Rehabilitation Service's Senior Management Team and a digital inclusion programme based on the pilot findings will now run for 12 months

Appendix 3: Other Areas of Involvement

All our staff and service users share decisions about their individual care and the trust is building on this to develop shared decision making on a team, service line and strategic level. This appendix provides some examples of the ways service users are more widely influencing and sharing decisions about their services, who delivers them and how they are delivered.

1. Recruitment and Selection of Staff

A range of training programmes have been developed for both staff and service users that support active involved in the recruitment of staff at all levels. This includes short listing, interview and selection as part of interview panels and assessment centre recruitment processes.

2. Workforce Training and Development

- **Milton Keynes**

As part of the Friends and Families Questionnaire, service users are invited to leave their contact details if they would like to share their experiences in more detail. As a result 9 patient story films have now been made and are used internally for training and (where permission is given) posted on the website. These stories cover experience of District Nursing, Speech and Language, Health Visiting and Mental Health

- **Acute 'Telling your Story'**

This initiative is currently being piloted at the Gordon Hospital and if successful, will be rolled out to all other acute sites. Service User's are invited back to the unit to speak to ward staff within a supported learning environment about their experiences of being an inpatient. This not only supports service users to feel empowered to tell their story but staff get to see the later part of their recovery journey as opposed to only having contact when they are acutely unwell/in crisis. This supports us to really listen to our service users' experiences, learn from it and work with them to review and develop our workforce and services in response

- **Recovery College**

The CNWL recovery college staff includes service users and works trust wide to support the development of workforce, patient and carer understanding, knowledge and skills in order to explore what recovery means and effectively support service users to take charge of their own lives.

3. Peer Support/Review

- **Addictions**

Paid peer support workers have been recruited in each sector. All are current or ex CNWL service users.

- **Mental Health Acute 'Tree of Hope' and Peer Support**

The Tree of hope is a wall painting of a Tree on Gerrard Ward that was designed by its residents and enables all inpatients to leave messages of hope for others. Peer support workers have now also been introduced to the inpatient wards

- **Learning Disabilities Peer Review Project**

Led by a peer review officer (a former service user), this project supports service users to review the service in terms of safeguarding, health and safety, communication, food and nutrition, care and welfare, environment and clinical delivery such as groups, 1:1 support, CPA and community access.

4. Representation

- **Mental Health (Rehabilitation)**

Director of Brent Service User Group sits on Service Line Quality Board to represent the views of service users

- **Learning Disabilities**

Peer review officer attends corporate and borough meetings to speak on behalf of service users

- **Addictions**
  - A strategic Service User Group of elected representatives meets with service directors on a monthly basis
  - Peer support workers and service user representatives are part of care quality and performance management groups and have regular meetings with sector managers
  - Addictions hosts the London User Forum, hosting meetings and providing hot desk space and liaison support with other substance misuse providers
  - Annual Service user conference

5. Tender and Service Design

The Addictions service line have involved service users in design of service models, tender interviews and implementation of new services

6. Research

A new initiative where a central group of 10-12 Service Users and Carers will be appointed by ballot to serve for 1 year. The Group will coordinate and organise the involvement of Service Users and Carers in the co-production of research conducted within CNWL and affiliated organisations.

Appendix 4: Impact and Feedback

Services use a range of methods to feedback to service users about the impact of feedback from surveys and other involvement activities, as well as how service users, their carers, friends and families can get involved. This appendix provides some examples of the changes that have been made as a result of feedback over the last 12 months and the ways we feedback about what has changed.

1. Impact

Providing integrated, high-quality, timely services based on the needs of the individual

- District Nursing: Now provide 2 hour time band for visits following feedback that waiting in for a Nurse visit impacted on planning
- Speech and Language Service: Now provide an additional speech and language therapist at the drop in clinic to prevent the need for separate assessment appointments/unnecessary return visits
- Sexual Health: Waiting times are continually raised on feedback cards. As a result the has agreed that patients who have waited longer than 20mins should be encouraged to raise this with staff so that support can be sought and any wait of more than 60mins should be reported as an incident so that root causes of very long waits can be identified.
- Sexual Health: patients are now informed of the clinician's gender for certain procedures in case they have a preference. This ensures an appropriate appointment is booked first time.

Involving, informing and empower the people we serve

- CAMHS: Co-produced service information leaflets have been developed that provide what service users, their families and carers and have told us they want to know rather than what we think they need to know
- Older People: meal choice is now displayed on a white board in response to feedback that meal times felt chaotic
- Offender Care: A prisoner healthcare forum is now in place in response to the Friends and Family Test feedback. It will focus on Health Promotion and Education
- Addiction, The Junction: Co-produced service user involvement event to review and plan and improve engagement and involvement and develop a service user group to take actions forward
- Sexual Health: Co-ordinated effort to develop and maintain links with external linked services following reports from patients of incorrect information being available on their websites.
- Trust wide: CNWL Quality Indicators and the annual plan are developed in consultation with service users and carers

Ensure our healthcare facilities are well maintained and fit for purpose

- Brent Community Rehab Houses: An improvement budget has given to each house Residents will lead decisions on improvement work for communal areas; furniture and

equipment, cleaning and replacement and the garden areas. They will also choose lighting, paint colours, soft furnishings and plants, etc

Recruiting, retaining and developing skilled and compassionate people who embody our values of care.

- Service users share decision making in the recruitment of the staff who provide, plan and shape their services
- Service users are involved in developing, delivering and evaluating staff training within individual service lines and as part of the recovery college (i.e. staff induction, CPA process, section 12 refresher training, developing engagement skills, understanding and supporting recovery). In many areas training courses and workshops are open to patients, staff, carers, families and friends in order to support respect, partnership and empowerment.

2. Methods

- **Newsletters and magazines**

- **'You said we did' information on websites, information boards and in newsletters**

Most services have these in place or have an active plan to roll them out in the coming year

- **Twitter**

The Eating Disorder service use Twitter to gather and disseminate real time feedback. The account has been live for over a year and has a growing number of followers

- **Events**

Addictions annual service user `Engage' conference: The strategic service user group plan, design and manage an annual conference which normally has more than 100 participants. It normally features guest speakers on hot topics, an art award, live music and poetry, sector showcases, service user awards and a lunch. 2014 will be the third 'engage' event.