

## LCH approach to engagement and external communication in service change

We recognise that for us to achieve our vision of “delivering the best possible care to every community in Leeds” we need to work in partnership with our stakeholders. Our approach to engagement and communication, set out in the trust’s Stakeholder Engagement Strategy, is a tangible example of putting our values into practice:

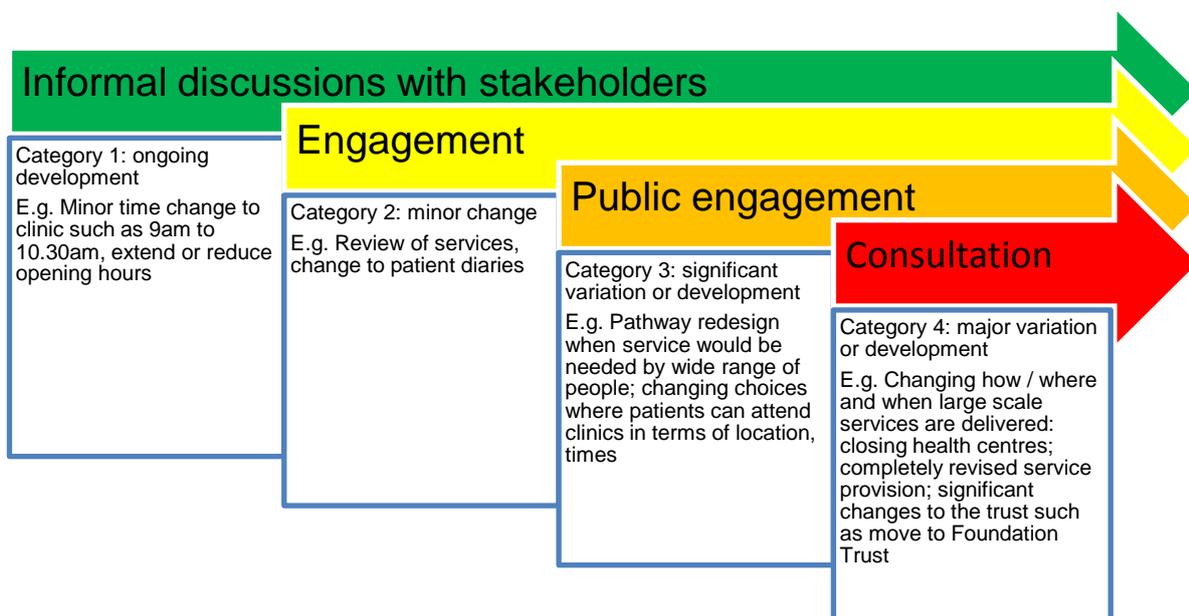
- We are open and honest and do what we say we will
- We treat everyone as an individual
- We are continuously listening, learning and improving

Our approach is that the trust and all services are constantly in the phase of **ongoing discussions with our stakeholders**. We do not differentiate between engagement with patients and carers and with our public members. Whilst these are informal discussions, they meet good practice in the more formal stages of engagement / consultation by planning engagement to ensure it includes diverse views, recording and feeding back on views and the impact those views have had. Services’ annual Involvement Plans identify the methodology for engagement and how issues for engagement will be identified through patient experience and are rated bronze, silver or gold according to how pro-active they are and how they meet the different stages of the feedback cycle.

Whenever a specific issue is identified either by the service / trust or by patients, carers or stakeholders through their feedback, specific pieces of **engagement work** are started. These form part of services’ involvement plans and their achievement of bronze, silver or gold standard. We engage our public members in this work as well as patients and carers as well as looking at wider communications activity through social media, our website, local media or other groups and organisations many of whom are our partners across the city. In line with involvement good practice, feedback is given to those who have given their views, via team / service communication routes and also available via events such as our AGM Involvement Fair and the Members’ Zone on our webpage or through broader communications channels.

**Public engagement** differs from this in that we engage with those identified above as well as the wider public or other stakeholders such as community or interest groups, GPs, commissioners or the wider public through more general communications routes such as the local media, our website and social media channels, as well as working with community groups and other bodies in Leeds both within the NHS and more widely e.g. Leeds City Council. Proposals build on views gathered through ongoing informal discussions and decisions are more formally fed back and publicly available.

Our approach to **consultation** is that it builds on all other engagement work, providing additional safeguards to ensure breadth and quantity of views, equality impact and formal feedback.



## Discussion

### Category 1: ongoing development

Ongoing  
*"Part of what we do"*

Ongoing discussions on potential need for change and solutions. , using existing feedback and new feedback from patients, carers and LCH members.  
Feedback generic.

Methodology:  
Existing mechanisms for ongoing feedback and engagement with patients, carers and LCH members, as per service involvement plan.

**No contact with Scrutiny Board**

## Engagement

### Category 2: minor change

Specific to a particular piece of work / proposed change

More formalised structures in place ensuring breadth of views on issue and potential solution are sought and considered.  
Clear feedback given on specific topic to patients, carers and members.

Methodology:  
May include paper, online or telephone questionnaire on specific topic. Specific topic might be discussed at pre-arranged meeting / focus group. Feedback on any changes made as a result of engagement should be given.

**Inform Scrutiny Board**

## Public engagement

### Category 3: significant variation or development

12 weeks engagement on a specific proposal

Formal mechanisms in place to ensure views of patients, carers, LCH members and wider public are sought and considered in planning proposal and decision-making.

Clear feedback is given on specific topic and made publicly available.

Methodology:  
Should include individual (eg paper / online / face-to-face / telephone questionnaire) on specific topic as well as group opportunities such as specific meeting / focus group to discuss.  
Demonstrate how previous feedback has influenced proposal.

**Engage Scrutiny Board**

## Consultation

### Category 4: major variation or development

12 weeks minimum formal consultation on specific proposal

Formal consultation assuring diversity of groups and communities giving their views. Targets for acceptable response rates agreed in advance with action taken to remedy during consultation. Records of responses kept and written responses acknowledged in 7-10 days.

Formal written response to consultation publicly available.

Methodology:  
wide-ranging individual and group consultation methods to consult all identified stakeholders. Should include multiple focus groups / public meetings to ensure geographic spread of feedback and use of wider communications channels. Demonstrate how previous feedback has influenced proposal and equality impact assessment.

**Consult Scrutiny Board**