

Boards in Common Paper I

Meeting title:	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group – UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together (Public)					
Date of the meeting:	8 May 2026					
Title:	6.1 UHN Community Engagement Strategy 2026-2028					
Report presented by:	Suzie O’Neill, Director of Communications and Engagement					
Report written by:	Bobbie Kelly, Head of Communications and Engagement - External					
Action – this paper is for:	UHN Decision/Approval	X	Assurance		Update	
Which Group Priorities does this link to	Transform patient care	X	Strengthen our culture	X	Deliver our financial plan	
Where this report has been discussed previously	UHN Audit Committees and Integrated Leadership Team					
To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which						
The report provides assurance and mitigates several key risks, including inconsistent engagement practice across UHN, failure to meet statutory patient and public involvement duties, reputational risk from communities feeling unheard or excluded, and missed opportunities to address health inequalities. Assurance will be provided through a clear strategy and supporting Standard Operating Procedures (SOP) that set consistent controls and processes, with oversight via established committees. Regular reporting and evaluation will monitor delivery and risk, implementation will be tracked, and strengthened feedback mechanisms (including “You Said, We Did”) will support continuous learning and improvement.						
Impact assessment						
Positive impact on patient and public experience, engagement consistency and compliance with statutory involvement duties. Supports reduction of health inequalities and mitigates reputational risk. No significant financial or workforce impact; activity to be delivered within existing resources.						

Purpose of the Report

This paper seeks Boards’ approval of the UHN Community Engagement Strategy 2026–2028. The strategy sets out a consistent, evidence-based approach to building meaningful two-way engagement with local communities, with a particular focus on those experiencing health inequalities or barriers to access. Informed by local insight, national guidance and feedback from colleagues, Governors and partners. The strategy will be accompanied by supporting SOPs providing clear and proportionate processes for planning, delivering and evaluating engagement activity. The strategy also introduces the Community Connectors model, enabling trusted community voices to support ongoing engagement, including a proposed future role for KGH Governors following the anticipated changes to Foundation Trust governance from April 2027; engagement with Governors is ongoing.

Recommendation

The Boards are asked to **approve** the UHN Community Engagement Strategy 2026–2028, and to **note** the proposed approach to implementation and monitoring.

Community engagement strategy 2026-2028

Our strategic approach for working together with
people and communities

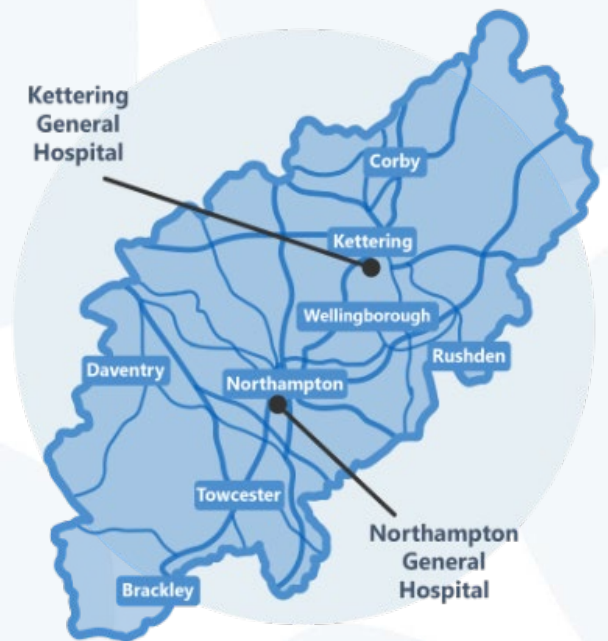
A message to our local communities

At University Hospitals of Northamptonshire, our patients, families and local communities are at the heart of everything we do. This strategy is our commitment to listening more closely, involving you earlier, and making sure your experiences lead to real improvements in care. Our goal is to build genuine two-way conversations with people and our communities.

Whether you've shared your story, taken part in a survey, attended a community event or simply told us what matters to you, your voice is helping to shape our services. Thank you for helping us make healthcare across Northamptonshire better, fairer and more responsive for everyone.

How this strategy will benefit you

- You will be able to share your views earlier, before decisions are made.
- We will keep you updated and show how your feedback has influenced change.
- Services will be designed **with** you, not just **for** you.
- Engagement opportunities will be more accessible, with online, in-person, evening and community-based options – meaning more opportunities to get involved at a time and place that suits you
- Communities who are seldom heard will receive more focused outreach and involvement.
- Your experiences will directly help shape improvements in care, access and communication.



Introduction – why this strategy matters

This Community Engagement Strategy sets out how we will build stronger, more meaningful relationships with the people and communities we serve. It brings together a shared approach to involving patients, carers, families and partners in shaping services across the University Hospitals of Northamptonshire Group. Many of our colleagues also live locally and use our services, and their lived experience is a vital part of our understanding of what our communities need.

We know that engagement hasn't always felt consistent across our hospitals. At times it has developed in pockets or in response to immediate pressures. This Strategy moves us towards a more coordinated and joined-up way of working, ensuring that feedback from local people becomes a routine, valued and influential part of how services are designed, delivered and improved.

Most importantly, this Strategy responds directly to what our communities have told us: they want to be involved earlier, communicated with more clearly, and shown how their feedback leads to real change. This document is our commitment to doing better. It provides the foundations, tools and direction to make meaningful engagement part of everyday practice, and a core element of how we improve care.

The Strategy aligns closely with our Dedicated to Excellence framework, our Group Strategic Direction and our Group Clinical Strategy, which together set out our ambition to deliver high-quality, equitable care and work more cohesively as a Group. It also reflects our role within Integrated Care Northamptonshire (ICN), recognising that by working together across the whole health and care system, we can tackle inequalities and shape services alongside the people who use them.

Who our communities are

- **Population** Over 750,000 people across Northamptonshire, including Northampton, Corby, Kettering, and Wellingborough. People live in a mixture of towns, new neighbourhoods, and rural villages.
- **Diversity** Our communities include growing Asian, Black, Mixed, and Eastern European populations (notably Polish and Romanian families), as well as established British communities.
- **Deprivation and inequalities** More than 105,000 residents live in areas among the most deprived in England. These communities face higher risks of poor health, reduced life expectancy, and barriers to accessing care.
- **Disabilities and long-term conditions** Many people live with physical, sensory, learning, or mental health disabilities. Barriers include inaccessible information, digital literacy, and environments not adapted for sensory needs.
- **Age profile** The population is ageing, with significant growth in residents aged 65+ (Kettering has the oldest profile). Our services must also meet the needs of younger families and children.
- **Access barriers** Language, culture, digital exclusion, transport, and mistrust of public institutions can all limit engagement and access to care—especially for minority ethnic groups, disabled people, carers, and those in rural areas.
- **Seldom-heard groups** Includes people experiencing homelessness, LGBTQ+ communities, refugees, and unpaid carers.
- **Our commitment** We use local data (JSNA, ONS, Core20PLUS5) and work with trusted partners to identify and prioritise communities experiencing poorer health outcomes, ensuring our engagement is inclusive, accessible, and evidence-based.



Background and context

The foundations which support the development of this strategy

Why change is needed – what people have told us

Through a series of in-depth 1:1 interviews and engagement activities across the Group, we have heard a wide range of views from staff, partners and community representatives. The insights that emerged from these conversations centred around several recurring themes, which are summarised on this page. More detailed insights are in the Appendix.

1. We lack clear direction and consistency

Engagement varies widely across our hospitals, with activities happening in isolation rather than through shared standards or long-term plans.

2. Insights are not joined-up or easy to use

Valuable feedback exists across PALS, patient stories, surveys and listening events, but it is not held centrally. This makes it harder to spot trends, share learning or use insight effectively to inform decisions across the Group.

3. Feedback is often driven by complaints not wider engagement

Complaints remain the main route for raising issues, reinforcing a reactive culture and limiting opportunities for broader, proactive involvement.

4. Engagement is sometimes limited by resources and skills

Capacity, planning time and confidence varies across UHN, leading to engagement that can feel reactive rather than proactive.

5. Good practice exists, but it isn't always shared

Strong examples of engagement are localised, meaning learning and best practice isn't routinely shared across UHN.

6. Some communities feel unheard or underrepresented

People told us engagement does not always reach minority groups or communities affected by inequalities, and partners with trusted links are not always used effectively.

7. Engagement doesn't always lead to visible change

Feedback doesn't consistently translate into actions, and without clear "you said, we did" feedback, communities may feel their contributions are not valued.

8. Collaboration with external partners could be stronger

There are opportunities to work more closely with voluntary groups and specialist organisations, but capacity, unclear processes and competing priorities often get in the way.

9. A more coordinated, long-term and co-designed approach is needed

People want engagement to be part of everyday practice and not a 'tick-box' exercise. They emphasised the need for genuine co-design with communities, ensuring insights directly shape decisions, address long-standing issues and inform future service planning.

Engagement positively impacts our work – Stacey’s experience

Across UHN, meaningful engagement with patients, carers and communities is already driving real improvements in care, access and experience. These examples show what is possible when we listen with purpose, work alongside people with lived experience, and use insight to shape decisions. They also highlight the power of sustained relationships - with patient groups, families, voluntary organisations and community partners - in helping us understand what matters and make changes that benefit the people we serve.

The following case studies illustrate how engagement has informed service improvement, strengthened inclusion and supported better outcomes across our Group.

Deaf service user advocacy

Need / issue: Deaf patients highlighted significant barriers to communication across their care journey, affecting understanding, confidence and experience.

Who we involved: A deaf service user, Stacey, shared her lived experience through a video story, alongside service leads and Patient Experience colleagues.

What we did: The video account was reviewed with relevant teams and used to inform improvement planning, focusing on communication support and accessible information.

What changed (impact): A business case was developed to expand our interpreter provision from one interpreter to five, improving access and ensuring deaf and hard-of-hearing patients can communicate effectively during their care.

Learning / next steps: Lived-experience testimony is a powerful driver for change. We will continue to use patient stories to identify barriers, strengthen accessibility and inform improvements.



Pictured left: Service user Stacey

Engagement positively impacts our work – Kirstie’s experience

Autism awareness and engagement

Need / issue: Autistic people and their families told us they face challenges when accessing hospital services, including sensory environments, communication difficulties and uncertainty about what to expect. Staff also wanted more confidence in supporting autistic patients.

Who we involved: Autistic people, parents and carers, local autism organisations, and colleagues from Kettering General Hospital’s Patient Experience and Engagement teams.

What we did: We held dedicated autism awareness engagement events to hear directly from autistic people and their families about their experiences. These sessions created a safe space for honest discussion about what helps, what doesn’t, and what changes would improve care. One of the participants was Kirstie, who had a positive experience when admitted to KGH’s Intensive Care Unit.

What changed (impact): Staff gained a clearer understanding of autistic patients’ needs, particularly around communication and sensory sensitivities. The insights collected are now informing service improvements and shaping future staff training and awareness work.

Learning / next steps: Sustained engagement rather than one-off sessions is key to building trust with autistic people and improving their experience of care. We plan to build on this work through ongoing involvement and co-design.

Kirstie: “When I came into KGH, [it was] amazing because for the first time someone had read my communication passport - they seemed to know everything about me and that wasn't because somebody had told them.

“When I woke up, I was in intensive care and I didn't know anything or what was going on. And somehow they'd already put my ear defenders on me as they had read that I didn't like loud noises.”



Our approach and priorities

Setting a clear, consistent approach across the group and establishing our priorities

Our vision

“We work in partnership with people and communities in Northamptonshire, especially those affected by inequalities, on issues that are important to them.

As a Group we deliver services that have been designed with and influenced by local people to better serve the people who use them. We want everyone to know how their contribution has made a difference.”

Our aim

“Our aim is to consistently embed and deliver good, effective and coordinated community engagement in the way we work across UHN.”



Our community engagement strategy themes

These four themes guide how we will work with people and communities across 2026–2028.

1. Embedding a consistent approach to co-production

We will work with colleagues, patients, carers, governors and communities from the start of projects, ensuring involvement is clear, proportionate and built into everyday practice.

2. Ensuring diversity and inclusion is at the core of our approach

We will actively involve underserved and marginalised groups, remove barriers to participation, and make engagement accessible through trusted relationships and inclusive methods.

3. Making best use of insight to improve health and wellbeing

We will bring together patient experience intelligence (Friends and Family Tests, compliments, complaints, PALS, surveys, patient stories) with community insight to inform decisions and shape service change.

4. Evaluating what we do, sharing learning and celebrating success

We will measure impact, share “you said, we did” outcomes, build learning into future work and celebrate good practice so that improvement is visible and continuous.

These themes underpin all of our priority programmes and ensure that engagement is consistent, insight-driven and focused on improving patient experience and reducing inequalities. These themes are explored in more detail on the following pages.

Engagement strategy theme 1 - Embedding a consistent approach to co-production

Definition

We will involve people and communities at the earliest possible opportunity, so their insights and lived experience shape how services are designed and improved.

Key commitments

- We will build co-production into all major programmes and service changes.
- We will use one clear, coordinated approach across UHN.
- We will ensure staff have the guidance, training and tools they need to involve people confidently and consistently.
- We will ensure community insight is considered in decision-making and governance.

What this means for people

People will have real opportunities to shape decisions before they are made, feel listened to throughout the process, and see how their voices directly influence the healthcare services they rely on.

Engagement strategy theme 2 – Ensuring Diversity and Inclusion is at the core of our approach

Definition

We will ensure our engagement reflects the diversity of Northamptonshire by actively involving people from all of our communities.

Key commitments

- We will reach out to underrepresented, marginalised and underserved communities.
- We will make engagement accessible by offering hybrid, in-person and online sessions at times that work for people, and by providing information in formats such as BSL and easy-read. This will reduce digital and practical barriers and help more people take part.
- We will work with our trusted community and voluntary sector partners to build stronger relationships.
- We will build a diverse and representative Community Connector network.

What this means for people

People from all backgrounds will have fair, respectful and meaningful opportunities to take part in shaping healthcare services, especially those who may not have felt included before.

Engagement strategy theme 3 – Making best use of insight to improve health and wellbeing

Definition

We will bring together views and feedback from people across our hospitals, our partners and communities, so decisions are informed by real experiences and needs.

Key commitments

- We will bring insight from PALS, compliments, complaints, FFT, patient stories and surveys into a single, shared picture of what people are telling us.
- We will make insight easy for staff to access, interpret and act upon.
- We will use this insight to identify inequalities, highlight issues early and focus improvements where they matter most.
- We will share feedback openly across teams and communities to support learning and transparency.

What this means for people

People will see that feedback they share can lead to tangible improvements and change, with services becoming more responsive, more consistent and more aligned with community needs.

Engagement strategy theme 4 – Evaluating what we do and sharing learnings and success

Definition

We will measure the impact of our engagement, learn from what works, and celebrate the positive difference people make.

Key commitments

- We will set clear aims and measures for all engagement activity.
- We will provide timely and meaningful “you said, we did” updates.
- We will capture and share learning so our engagement continually improves.
- We will recognise and celebrate colleagues, partners and community members who contribute to meaningful involvement.

What this means for people

People will know that their time and contributions matter, will see how their involvement has shaped change, and will feel confident that the organisation listens and responds.

Objectives

What we will deliver for our communities.

Our objectives – What we will put in place (Inputs)

To deliver our aims we will...

Inputs

- Develop a tiered, proportionate community engagement approach across the Group by April 2026, supported by a clear operating procedure that sets expectations for using feedback, co-design and reaching underserved communities.
- Establish a robust governance structure by April 2026 to ensure:
 - Community and patient experience feedback informs decisions at the right levels
 - Consistent and effective engagement practice is embedded across all programmes
 - The Executive Team, Board, Governors and other people of influence have clearer sight of engagement activity.
- Establish (or refresh) group-wide policies and procedures to ensure a consistent approach.
- Identify a Senior Responsible Officer to oversee effective planning, delivery and use of all community engagement activity across the Group.
- Refresh the Patient Engagement Pool and Members groups, and promote how people can get involved to increase numbers and diversity.
- Establish a UHN Community Connector Network made up of Governors, Patient Experience Group members, volunteers, VCSE partners, faith groups and community stakeholders, and provide a simple, shared process for gathering community feedback, sharing themes, and helping us maintain a real-time understanding of patient and public sentiment.

Our objectives – What we will deliver (outputs)

Outputs

- Publish twice-yearly Community Engagement Delivery Plans with clear priorities and named owners. Plans to be monitored through the UHN engagement group with progress and key issues reported to the People Committee for assurance.
- Produce ‘You said, we did’ updates within 8 weeks of major engagement activity.
- Continue to provide a quarterly Patient Experience Report (PEX) to the Quality and Safety committee, bringing together themes and trends from FFT, PALS,, Complaints, Compliments and patient stories, with actions tracked through existing governance routes.
- Publish an annual Community Engagement Impact Report showing how people’s feedback has shaped decisions and improved care.
- Implement a standard evaluation framework for all engagement activity, supported by simple SOPs so teams can apply it consistently.
- Embed Patient Engagement Pool members, Community Connectors and community partners early in all priority programmes.
- Deliver a rolling “Talks” programme, offering accessible virtual sessions led by UHN experts or trusted guest speakers/partners.



Our objectives – What we will achieve (outcomes)

Outcomes

- Clear evidence that community feedback shapes decisions at project and strategic levels.
- Improved patient experience, with measurable changes linked directly to what people tell us.
- Greater reach into underserved communities, helping reduce health inequalities.
- Increased trust and confidence, with communities feeling heard, valued and acted upon.
- Stronger governance, transparency and accountability in how we involve and listen to people.



Community Connectors

We already have a strong network of Governors, Patient Engagement Pool members, volunteers, VCSE partners, and faith and community representatives who help UHN understand what life is really like for people across Northamptonshire.

We will bring this network together as Community Connectors - people who are already part of local conversations and trusted within their communities. The Community Connectors help us hear what people are saying in their own words: their experiences, their worries and their everyday realities. These conversations matter, as they help us to build trust, uncover things people won't put in an online form or survey, help prevent problems early, make people feel valued, and show us what really matters.

What Community Connectors do:

- Amplify community feedback, gather what people are saying about care, access, communication and barriers.
- Act as trusted bridges to share community perspectives with UHN, and take updates back into their networks.
- Support outreach by attending local events, listening sessions, forums and cultural or faith-based groups.
- Spot inequalities early, highlighting emerging issues affecting seldom-heard or marginalised communities.
- Feed insight into programmes and share feedback to inform service design, improvement and decision-making.

How it works:

- Connectors gather community feedback using a simple insight form.
- Insight is combined with PALS, FFT, complaints and patient stories to build a real-time picture.
- The Engagement Team provides support, including briefings, training, a named contact and quarterly updates.
- Themes are reported regularly to Trust Boards, Governors, Patient Experience groups, programme leads and service teams to shape decisions.

Outcome:

- A richer, real-time understanding of community mood and needs, helping improve trust, inclusion, patient experience and decision-making across UHN.

Our priorities and where we will focus engagement

Our Group ambitions

- Excellent patient experience shaped by the patient voice
- An inclusive place to work where people are empowered to make a difference
- Outstanding quality healthcare underpinned by continuous, patient-centered improvement and innovation
- Seamless, timely pathways for all people's health needs, working with our partners
- A resilient and innovative University Hospital Group, embracing every opportunity to improve care.

Where we will focus engagement

We will prioritise programmes involving:

- Major pathway or service change
- Group Clinical Strategy delivery
- Estates and digital transformation
- Programmes targeting inequalities or access barriers

Our expectations for these programmes

- Use existing insight to inform planning
- Involve Community Connectors, governors, patient representatives and community partners early
- Consider potential impact on health inequalities as part of decision-making
- Embed co-design and accessible engagement methods throughout
- Show clearly community insight has shaped decisions and outcomes

All engagement activities will follow clear rules: use existing insight, involve connectors early, consider health inequalities, and show how feedback shapes outcomes. This ensures that the programmes with the greatest impact on local people are shaped by those who use and rely on our services.

Important note: Engagement activities support early understanding and help shape proposals, but they do not replace any formal statutory consultation where this is required (please see next page for further details).



When formal consultation is required

When planning changes to services, we follow NHS England guidance to help us understand when formal consultation is needed. A service change means any change to how, where or when services are provided, or how patients access our care.

The guidance explains that:

- NHS commissioners and providers have a responsibility to involve people and work with local authorities when planning and delivering service changes.
- The guidance does not set a fixed definition of a “substantial” service change. We work with the relevant local authority to agree whether formal consultation is required and keep them involved throughout the change process.
- Changes to how or where healthcare services are provided – including service closures or a change of location – are normally considered substantial and require formal consultation.
- Effective service change involves early and ongoing conversations with patients, the public, staff, clinicians, neighbouring NHS organisations and local authorities.

All service change is considered against the Government’s four tests:

- Strong public and patient engagement
- Consistency with patient choice
- A clear clinical evidence base
- Support from clinical commissioners

Where formal consultation is required, the Trust will run a clear, structured and time-limited process to explain proposed changes, listen to the views of patients, colleagues and stakeholders, and use this feedback to help inform final decisions.

Reference: [NHS England – Planning, assuring and delivering service change for patients.](#)

Evaluation

Measuring the impact and outcomes of our
community engagement

Evaluating our community engagement

We currently evaluate our community engagement using a range of insight and reporting processes which together give us a consistent picture of patient experience, issues and actions across UHN.

We will strengthen this further so evaluation is clearer, more inclusive and more transparent.

How we evaluate now

- Our Friends and Family Test results, Divisional Packs and the Quarterly Patient Services Report help us monitor trends and track improvement.
- These reports provide assurance to the Patient & Carer Experience and Engagement Committee (PCEEC), the Nursing, Midwifery and Allied Health Professionals Committee (NMAHP), and the Clinical Quality and Safety Committee in Common (CQSCiC), highlighting where further engagement or action is needed.
- Insight from PALS, complaints, surveys and patient stories already informs our quality, safety and experience discussions.

How we will strengthen our evaluation

1. Clear objectives, metrics and plans

- We will set clear SMART objectives and success criteria for engagement activities.
- We will agree KPIs to measure outcomes such as participation, inclusivity, experience and demonstrable change.
- We will track delivery against our objectives.

2. Collecting feedback that matters

- We will gather structured feedback through post-engagement surveys and interviews.
- We will build ongoing feedback loops through the Patient Engagement Pool, community partners and Community Connectors.

3. Bringing insight together

- We will improve how insight is combined to provide a single, coherent picture of what people are saying.
- We will increase visibility of what has changed as a result of engagement.
- We will check regularly how inclusive our engagement is and who we are not reaching.

How we will strengthen our evaluation

4. Analysing data for impact

- We will review demographic participation data to understand representation.
- We will link engagement insight to changes in experience, safety and access.
- We will identify themes that indicate early risks, gaps or inequalities.

5. Benchmarking and continuous learning

- We will benchmark our activity, inputs and outcomes annually to identify strengths and gaps.
- We will use lessons learned to refine our processes, strengthen engagement design and improve digital reach.

What this means for people

- People will see clearer evidence of how their involvement influences decisions, and they'll know their feedback leads to transparent learning, improvement and accountability.

How we will measure our impact

Reach and inclusion

We will assess whether engagement is reaching the people who most need to be heard.

Community reach in areas of highest deprivation (measured as % of total participants) and proportion joining via non-digital routes.

Year-on-year increase in participation from underserved groups.

Proportion of identified access barriers addressed through specific actions.

Influence on decisions and pathways

We will measure how insight shapes design and decision-making.

Proportion of care pathway projects with early community involvement.

Number of programme decisions supported by “you said, we did” evidence.

Reduction in redesign/rework caused by late engagement.

Quality and consistency of engagement

We will monitor whether engagement is well-planned and aligned to our UHN approach.

Completion rate of priority engagement plans.

Proportion of engagement activities aligned with the UHN SOP.

Number of expert-led talks delivered per year, with schedule and attendance tracked.

Partnerships and system impact

We will measure how we work with partners to improve equity and outcomes.

Number of initiatives delivered with VCSE and community partners.

Reduction in key access disparities informed by data (e.g. wait times, uptake).

How you can get involved

You can get involved by:

- Joining our Patient Engagement Pool or Volunteer team
- Becoming a Community Connector
- Taking part in surveys and listening sessions
- Following us on social media
- Attending our expert talks and events
- Sharing your experiences with our teams and partners.

Please contact our communications team to register your interest (new contact details and web page to follow).

Contact:

- **Northampton** – Email: ngh-tr.communications@nhs.net or telephone: 01604 545372
- **Kettering** – Email: kgh-tr.Comms@nhs.net or telephone: 01536 491770.

Please note, the team are available Monday to Friday during office hours.

Appendix

Our place in the wider healthcare system

The NHS has a clear expectation that people and communities should play a central role in shaping the services they use. This Strategy reflects that responsibility and aligns with the national and local frameworks that guide how we work.

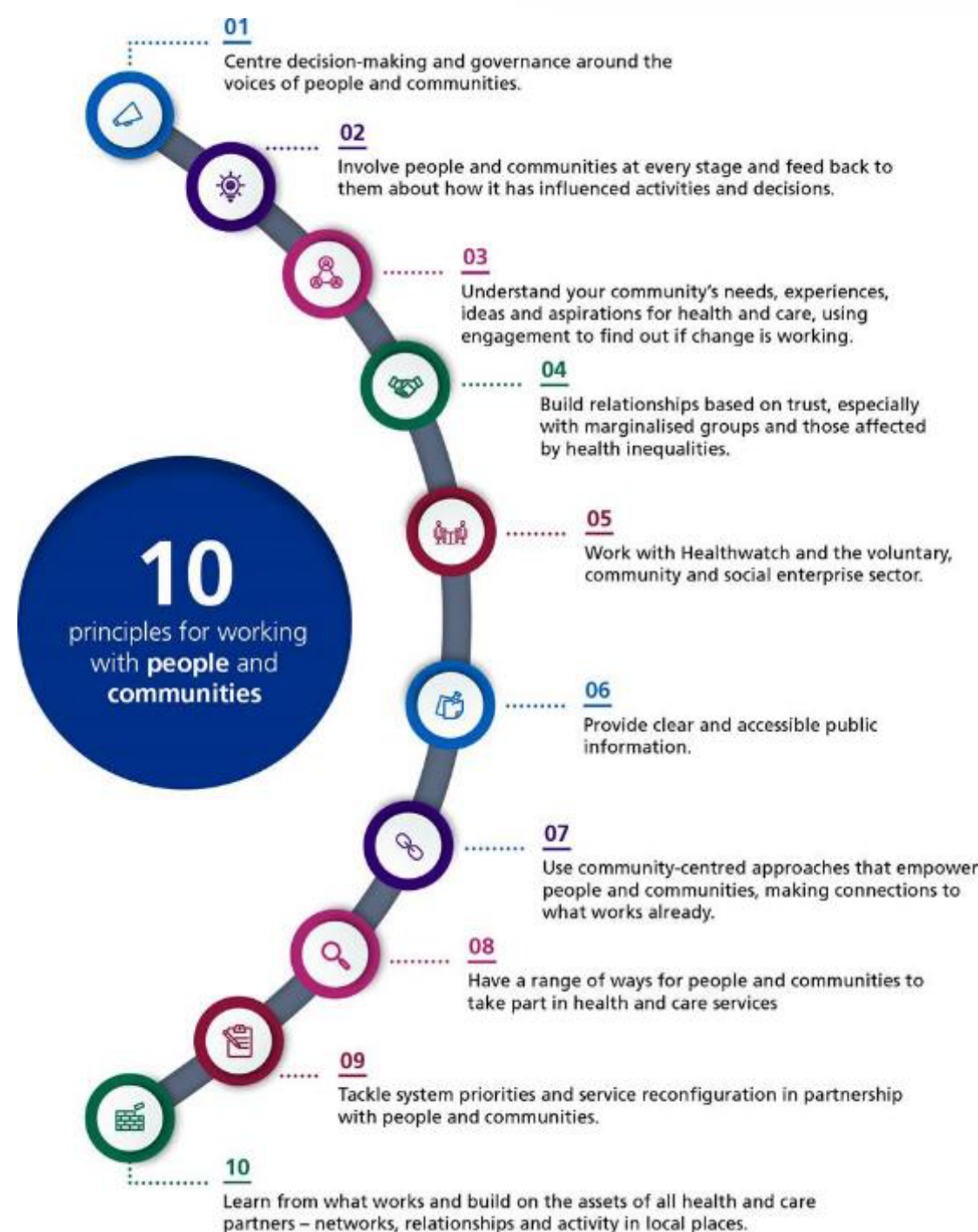
National duties and expectations

The Health and Care Act 2022 introduced a duty on all NHS organisations to consider the impact of decisions on:

- the health and wellbeing of local people
- the quality of services
- the sustainable use of NHS resources

It also emphasises collaboration over organisational boundaries, ensuring decisions are made with a wider population in mind rather than in isolation.

In addition, NHS England's Working in Partnership with People and Communities guidance sets out 10 principles for high-quality involvement. These principles, including listening well, working inclusively, building trust, and showing how feedback makes a difference, underpin the approach in this Strategy.



Our role within Integrated Care Northamptonshire (ICN)

Working together for better health and care across the county

Integrated Care Northamptonshire (ICN) brings together NHS organisations, local authorities and voluntary organisations, local Healthwatch, community, faith and social enterprise partners to improve health and wellbeing across the county. These relationships have supported the development and delivery of services and care pathways for many years and are central to how we work as a system.

A shared approach to community engagement

ICN has co-produced a county-wide Community Engagement Framework with partners and community representatives. The framework sets a shared vision, common ambitions and priority actions so engagement is consistent, coordinated and inclusive.

We were pleased to have contributed to the development of the framework. Our Strategy builds on that shared work and translates it into a clear, consistent approach for UHN, with practical actions tailored to our hospitals and the communities we serve.

How UHN will put this into practice

- **Align our approach:** We will align our engagement practice with the ICN framework so it is consistent and inclusive across our hospitals
- **Share and use insight:** We will share feedback and contribute our learning to build a shared picture of community needs
- **Plan together:** We will coordinate activity with system partners to reduce duplication and reach communities who are less often heard
- **Embed co-production:** We will make involvement and co-design part of everyday practice across services at UHN.

Why this matters for our communities

Working together with ICN will ensure that people across Northamptonshire have more joined-up, accessible and meaningful opportunities to share their experiences, influence decisions and help shape local health and care, wherever they live and whichever organisation is supporting them.



A SWOT analysis of our current community engagement approach



Strengths	Weaknesses
Effective use of patient stories and experiences are driving some improvements	A lack of a unified, overarching engagement strategy and clear objectives for community engagement
Initiatives like the Patient Engagement Pool are supporting broader engagement activities across services and enable a more diverse range of views	Leadership and governance structures for community engagement are unclear, leading to decisions not necessarily being informed by the full range of insights and inconsistent approaches in decision-making
There is a resource in the data and insights collected by PALS in both Trusts that could be harnessed more strategically to drive Group-wide improvements	The lack of clarity on approach and governance structures for engagement also leads to inconsistencies in providing 'you said, we did' feedback. This demotivates people from participating in future engagement activity as they don't feel heard
There are examples of successful partnerships with external stakeholders, such as Northamptonshire Carers, charity groups and GPs, which could be harnessed to address and/or support broader community engagement needs	Engagement is often seen in the context of complaints and responded to defensively rather than used as an opportunity for making improvements
Engagement tools like the Friends and Family Tests (FFT) are well-received and provide data and insights to guide actions and decision-making	Lack of adoption of the ICN community engagement framework and resources limits engagement efforts, and insights from across the system aren't being effectively utilised
Opportunities	Threats
A central record of Group engagement activity and insights, with clear accountability for its upkeep and deployment in decision-making, would help to ensure learning is held centrally and used effectively (while also contributing to and utilising the ICN insights library)	Resource constraints, including staff capacity and skills, and funding for engagement activity. Resource is needed to plan, prepare and deliver activity but also to follow through afterwards to make sure outputs are considered wisely in the shaping of decisions and outcomes, and 'you said, we did' feedback is shared with participants
Expand outreach to underrepresented communities (for example, Black, Asian, and minority ethnic groups) to foster co-design of services with the community for inclusive solutions to service challenges	Rising costs of living and persistent deprivation in certain areas may worsen health outcomes and complicate efforts to engage affected communities
Projects such as Well Northants involve communities in decision-making, fostering trust and engagement and present an opportunity – collaboration with voluntary, private, and local government sectors could expand resources, create innovative solutions for addressing inequalities, and help to co-ordinate activity with VCSEs so individual organisations and community groups are not overwhelmed with requests	Mistrust in public institutions, particularly among marginalised communities, can create barriers to effective engagement. In addition, this mistrust may mean that these communities, may not currently feel included or represented in engagement efforts, which can lead to a reluctance to seek medical advice and treatment
There is opportunity to create more engaging resources and develop more creative ideas to enhance community engagement efforts	Rural and underserved areas face difficulties in accessing healthcare services, limiting the reach of engagement efforts

UHN gap analysis against the 10 Principles for Working with People and Communities



NHS England principle	Current UHN position	Gap / compliance issue	Workstream
1. Listen to and understand people and communities	Strong Friends and Family Test (FFT) data, patient stories, PALS/complaints handled well, some thematic listening reported	Feedback not consolidated, no single system for sentiment tracking, engagement not routine across all divisions and hospitals	Insight and reporting
2. Start engagement early	Some early involvement but varies by programme and service – not standardised. Regular local engagement at KGH from estates team	Engagement often begins after service design starts, rather than being co-produced	Co-production
3. Work with communities, using their strengths	Chaplaincy, voluntary sector links, Governor outreach	Community Connector Network not in place, under represented communities not consistently reached	Inclusive engagement
4. Understand different needs and tailor approaches	Accessibility support often present (good digitally), interpreters used where possible, examples of autism-sensitive work	Accessible information standard compliance inconsistent, materials not always accessible	Inclusive engagement
5. Work in partnership across systems	Engagement connected to ICN	ICN insight library not routinely used, inconsistent cross-system collaboration, silo working	Insight and reporting
6. Share information transparently	FFT, divisional packs and quarterly reports shared internally, external sharing via media and website of some stories	'You Said We Did' not routinely shared in a timely manner	Evaluation and feedback
7. Work with people and communities to set priorities	Some priorities shaped by insight – ie accessibility, autism, deaf services	Community-led priority setting – what do the community need?	Co-production
8. Provide feedback to people on how involvement made a difference	Happens sometimes but not consistent	No system to track feedback loops or You Said We Did feedback	Evaluation and feedback
9. Evaluate involvement	Quarterly Patient Services report includes some evaluation – collaborative report includes PALS, bereavement and complaints	No standard evaluation framework	Evaluation and feedback
10. Build involvement into organisational culture	Good intent and local champions, pockets of great activity	Not yet embedded via SOPS, governance or training	Co-production

Ends