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Executive Summary

The Scottish Ambulance Service is committed to involving patients, carers, members of the public and community groups, as well as our increasing number of volunteers and volunteer organisations, charities and other key stakeholders in designing, developing and delivering the health care service we provide. The Scottish Health Council (SHC) was established in April 2005 to support, ensure and monitor the discharge by NHS Boards of their Patient Focus and Public Involvement responsibilities. Working in conjunction with the SHC, the Scottish Ambulance Service has worked towards the objectives of the 2008-2011 PFPI strategy, striving for continuous improvement in the way the Service is informing, consulting and engaging with service users and other key stakeholders.

A key piece of national engagement took place during 2009. The Service conducted a national consultation and engagement exercise in order to build the foundations of our strategic framework: “Working Together for Better Patient Care 2010 - 2015.” The Service has recognised the increasing willingness of individuals and groups to play a proactive role in building the health care resilience of their communities, and the need to overcome the challenge of reaching seldom heard groups. We therefore continue to seek new ways to connect with communities to support them in building community resilience and by establishing networks of individuals and groups willing to help shape the ambulance service of the future. This programme includes the development of a new internal online system for managing complaints, compliments, comments and concerns. Holding all of this information on one secure online platform will enable the Service to analyse where the Service is failing to provide acceptable standards of care, and where we are getting things right for patients. In addition, the Service is participating in the Scottish Government-led Patient Opinion pilot, an initiative which offers patients the opportunity to feed back comments about their experience of care through leaflets, through a freephone telephone number or through the Patient opinion website. The Service has also provided support to staff who are engaging with communities and patient groups by equipping them with an online engagement toolkit, and training them in workshops.

The three main goals of: “Working Together for Better patient Care 2010 - 15” are:

- improve patient access and referral to the most appropriate patient care
- deliver the best service for patients
- engage with all our partners and communities to deliver improved health care

Since this strategy was launched in January 2010, our increased focus on continuous improvement, the professionalisation of the Service and the embedding of our Service values are changing the way we do things, which has increased the pace of change.
There is clear evidence that our focus on “Working Together for Better Patient Care 2010 - 15” is driving Service improvement. More than ever, it’s vital that the increasing momentum in our drive to improve services continues to enable ongoing discussion about how the Service is evolving with our patients, the public, community groups, charities and volunteer organisations, as well as other key stakeholders. This is particularly important as we strive to deliver public value in a time of increasing financial pressures.

This strategy is supported by an action plan which will deliver its objectives in the course of the next three years. This action plan will be reviewed by the Patient Focus Public Involvement (PFPI) Steering Group at quarterly meetings, to ensure the plan is on track and that the Service is working effectively with patients and the public for better patient care.
1.1 Introduction

Since our 2008–2011 PFPI strategy was written, the Scottish Ambulance Service has conducted a nationwide engagement and consultation exercise, in order to define the strategic direction of the Service. In January 2009, we launched the resulting strategic framework: “Working Together for Better Patient Care: 2010 – 2015.” Since then, the Service has been focused on three strategic aims: to be “patient-centred,” “clinically effective” and to “engage with our partners.” These aims will help us achieve our vision to: “deliver the best patient care for people in Scotland, when they need us, where they need us.”

In February 2010, the Chief Executive’s Letter (CEL) 4 (2010) “Informing, Engaging, Consulting with People in Developing Health and Community Care Services,” set out the legislative and policy frameworks relating to PFPI. This applies to all service change, including pilot activities, contracted out services and regional and national services. In the same month, the Patient Rights Bill (Scotland) was passed by the Parliament. Shortly after, in May 2010, the Scottish Government launched the Quality Strategy, which builds on “Better Health Better Care (2007).” This strategy is aligned to CEL 4 (2010), the Patient Rights Bill (Scotland) and the Quality Strategy.

In the course of the last 18 months, we have focused on planning, preparing, delivering and evaluating priority actions to ensure we achieve our strategic objectives. Our journey towards continuously improving services has resulted in an ongoing cycle of informing, engaging and consulting with the communities who use our services. Some of this activity is aligned to a plan of proactive community engagement, building and maintaining two-way communication channels to let patients, their carers and members of the public know what’s happening in the Service. Other elements of this activity are reactive, related to project-specific plans, where we’ve been talking to communities about these projects, seeking and gathering input and keeping communities up to date on progress. Examples of the projects we have been working on include the retained service model in Shetland, Air Ambulance re-procurement and the Patient Transport Service. This work has helped us develop a database of key stakeholders, including patients, carers and other community groups, charity and voluntary sector partners, contacts in NHS Boards and other emergency services. By maintaining the database, we have facilitated more effective local and national engagement, helping build a culture of proactive, as well as reactive engagement. However, care must be taken to ensure, that the database is used in a co-ordinated way, in order that those people who want to work with us receive a steady stream of integrated messages about opportunities to help the Service to keep delivering public value by through a process of ongoing development and improvement. The quality of our PFPI activity has been dependent on the structures and processes we have created in order to enable the Service to reach an ever-widening range of increasingly inclusive groups of people across the country in remote, rural and urban communities. In addition to the work carried out by our five divisional PFPI leads, we are increasingly using the breadth of existing communication channels already developed in the communities with which we need to engage. Recent experience has demonstrated that these channels are more effective than some earlier approaches which were employed to reach people and help us develop ongoing relationships. Moreover, this approach is more cost effective than in the past.
For example, we have reduced advertising costs.

The PFPI Steering Group has continued to provide guidance and governance regarding proactive and reactive PFPI activity. The collective experience, wisdom and support of the members of this group is much appreciated. As work begins on this 2011 – 13 strategy and action plan, the governance provided by the Steering Group will continue to be invaluable in helping the Service to continuously improve the quality of PFPI at national and at local level.

The Service has also continued to build our relationship with the Scottish Health Council (SHC), which aims to champion Patient Focus and Public Involvement in health services and to provide independent scrutiny of the effectiveness of PFPI systems which are implemented by NHS Boards. The Service is meeting with SHC regularly to review and plan PFPI activity, and where appropriate, to invite direct participation by a representative from the SHC.
2.1 Our Over-arching Strategic Priorities

In order to achieve the three main goals of “Working Together for Better Patient Care,” the Service has set six priority objectives which will be delivered within the period of this PFPI strategy.

These objectives are to:
- implement improvements to scheduled care
- implement new specialist retrieval arrangements throughout Scotland
- develop a single common triage tool specification
- establish new care pathways
- build community resilience
- establish effective major incident management

These priority objectives are being underpinned by our own and partner organisations’ technological advancements, by our Human Resources and Organisational Development agenda and by proactive, two-way communications with all our key audiences. This will improve the quality of patient, public and partner involvement, and, in turn, will ensure that we will continue to deliver public value through service developments which will meet the changing needs of patients and their carers. For example, the Service recognises that people in Scotland are living longer, and that many will require health care support to help them manage a range of chronic conditions. In response, the Service is developing new care pathways and is providing more care at home through anticipatory care, and through new roles, such as community paramedics.

2.2 Our PFPI Priorities

The five year strategic framework has increased the scale and pace of service development. It is, therefore, more important than ever to plan and co-ordinate our PFPI activity at both national and local level. In order to do this effectively, the structure of our PFPI framework must enable the Service to
A) share information in a way which allows the widest range of people to start and continue a conversation with the Service
B) communicate with individuals, groups, communities and organisations in clear and simple language using a range of range of different communication methods
C) provide accessible communications channels for people to feed back their views and ideas to the Service. A priority of this strategy will be to ensure that the Service’s PFPI framework is fit for this purpose, and that any person with a role in building our PFPI capability: from staff to volunteers, is clear about their own roles and responsibilities.
2.3 Our Key Messages

Co-ordinated, straightforward and consistent messaging will help the Service to engage meaningfully with the widest possible range of people.

Our key messages are:

The Scottish Ambulance Service is a national organisation offering 24/7 clinical care, transport or referral to the appropriate care pathway, in response to emergencies and urgent incidents, as well scheduled care needs.
The Service is making good progress in delivering its five year strategy: “Working Together for Better Patient Care.”
The Service is building community resilience through new ways of working and through working in partnership with volunteers and other community partners.
The Service is committed to keeping patients and the public informed of its progress towards its strategic objectives, engaging them early when considering service change and consulting them on appraisal options.

2.4 Our Communication Channels

The most effective method for reaching the most diverse range of individuals, groups, communities and organisations is to use an integrated communications approach. This will mean engaging with people via face-to-face mechanisms such as public meetings, taking slots at pre-arranged group and community meetings, or perhaps by organising focus groups. It may also mean using the internet, local radio, leaflets, questionnaires, e-mail and both hard and electronic versions of newsletters in order to optimise our engagement activity.

By the same token, the Service will examine new ways of targeting specific audiences, for example, by piloting the use of social media channels.
3 Delivery Challenges and Opportunities

3.1 Delivery

The delivery of our PFPI strategy is dependent on a robust PFPI framework, able to evolve in response to the evaluation of data and shared learnings from local and national PFPI activity. This needs to be supported by good governance, where PFPI activity is well co-ordinated and evidenced in a way which enables the Service to learn and build good practice, as well as supporting the assessment against the Participation Standard. From 2010 -2011, NHS Boards self-assess against the Participation Standard which covers three aspects of participation:

- Patient Focus - Care and services are provided in partnership with patients, treating individuals with dignity and respect, and are responsive to age, disability, gender, race, religion or belief, sexual orientation and transgender status.
- Public Involvement - There is supported and effective involvement of people in service planning and improvement.
- Governance - Robust corporate governance arrangements are in place for involving people, founded on mutuality, equality, diversity and human rights principles.

3.2 Challenges

Like many others, the current operating context for the Scottish Ambulance Service is one of significant budgetary constraint and focus on operational targets. The continued focus on achieving operational targets, in striving towards our strategic objectives means that maintaining operational commitment to PFPI, and embedding a culture of proactive patient and public engagement will be challenging, particularly where divisions may have to look at service change which may be unpalatable for service users. Moreover, the Service has changed dramatically, even in the last 10 years. For example, the number of paramedics has almost tripled since 2000 and the number of technicians and care assistants has also increased. In the same period, the number of staff in our Emergency Medical Dispatch Centres has more than doubled. All three EMDCs are now co-located with NHS 24 and out of hours services, to provide a more seamless, integrated service. Our new clinical strategy highlights the breadth and depth of new models of care, as well as the expertise within the clinical care we provide to patients. The clinical strategy is also supported by award-winning technological developments and research projects. Recent engagement activity has highlighted that some patients, members of the public and other key stakeholders are unaware of the ongoing developments in clinical care. It will be important to keep our audiences abreast of progress towards our strategic objectives, in order to help them help us in future service development.
3.3 Opportunities

The Service has recently conducted several larger-scale pieces of engagement and consultation, allowing us to reach a wider range of patients, carers and the public, as well as other key stakeholders. As a result, we have been developing a wider pool of people and organisations interested in helping the Service continue to improve services which provide high quality patient care.

The feedback report from the Participation Standard self-assessment has helped the Service identify development areas for PFPI and highlight areas of good practice, on which we can build.

We are finding more ways to engage with patients and the public. Our own annual patient survey and our carers survey will help us understand how to improve services, as will the Patient Opinion pilot, which will provide an additional channel for patient and carer feedback.

Forums, such as the PFPI Leads meetings, Better Together Programme, Strategic Communicators Group, and some of the project-specific working groups aligned to them, are platforms for improving PFPI standards, in partnership with NHS Boards and other organisations. The sharing of research, learnings and pilot activity will become an increasingly important mechanism for improving standards of PFPI, while providing public value.

In terms of supporting our own staff to meet the required standards of PFPI, the Scottish Health Council has agreed to offer day to day help at local level. An engagement and consultation toolkit is available online, and this is supported by divisional workshops.
4 Patient Focus and Public Involvement

4.1 Our Vision
The Service’s vision for Patient Focus and Public Involvement is to continuously improve the quality of services for patients based on proportionate, realistic and manageable approach to informing, engaging and consulting at national and at local level.

4.2 Our Model for Informing, Engaging and Consulting
The success of this vision depends on a robust engagement model. This means:
1. The PFPI Steering Group stays focused on the Service’s strategic approach to PFPI, and the governance related to strategy delivery, enabling local PFPI structures, led by the divisional PFPI leads to focus on strategy delivery.

2. The Communications and Engagement team work with the Operational Management Team to influence the whole of the Service in committing to and embedding good practice in PFPI.

3. General Managers commit to providing divisional resource for PFPI and supporting PFPI leads by releasing them for appropriate meetings, including training and development.

4. Service change project sponsors and leads build realistic, proportionate and manageable PFPI activity into project plans, which facilitate early engagement of people who may be impacted by potential change.

5. Patient representatives provide input into the PFPI Steering Group and other appropriate meetings. They use their own auspices, such as membership of their own community groups, in order to build awareness of the strategic direction of the Scottish Ambulance Service and its plans for patient care. They also act as well as a conduit for individuals and groups who would like a direct relationship with the Service.
The Scottish Ambulance Service PFPI Framework

Drivers
- Healthcare Quality Strategy
- Working Together for Better Patient Care
- Participation Standard
- CEL 4 (2010)
- Patient Rights (Scotland) Bill
- Scottish Ambulance Service PFPI Strategy and Action Plan
- PFPI Director Designate Forum
- Patient Surveys
- HIS Audit

Structure
- PFPI Strategy proactive
  - Divisional PFPI Lead
    - Divisional PFPI Lead
    - Divisional PFPI Lead
  - Project-specific PFPI activity, via the Communications and Engagement Team

Governance
- Scottish Ambulance Service Board
- PFPI Steering Group
- Participation Standard Self Assessment
4.2 Evaluation of PFPI Activity

The PFPI Steering Group will play a significant role in helping ensure the Service conducts PFPI activity to the required standard and stays focused on the milestones of its PFPI Delivery Plan for 2011-2013. This will be reported to the Scottish Ambulance Service Board via the Director Designate for PFPI.

The Communications and Engagement Team has introduced a new reporting tool for divisional and national PFPI activity and will continue to support divisional PFPI leads in the continuous improvement of the quality of PFPI activity.

Our annual self assessment against the Participation Standard will help us benchmark the Service against the Participation Standard framework in Scotland and identify development areas, to ensure we continuously improve the quality of our PFPI.
5 Conclusion

The quality of the next three years of Patient Focus Public Involvement at both national and local level relies upon proactively identifying and embedding good practice, for example, the roll-out of the Involving People Group which has been established in the South West Division. Continued support from members of the PFPI Steering Group will ensure our PFPI activity remains strategic, focused and that those accountable for delivering the plan do what they say they will do. An ongoing plan to achieve the enhancement of capability and capacity is already in place. Coupled with improvements to structures and governance, the Service is well-placed to continue to improve our standard of PFPI and, in turn the quality of care we provide to our patients.
Delivery Plan, Timeline and Milestones 2011

Q3.
2. Membership of PFPI Steering Group and remit reviewed.
4. Develop formal induction pack for Patient Representatives.
5. Replace standard expenses form currently provided to Patient Representative with a Patient Representative expenses claim form.
6. Develop a pilot to enable the Service to access one seldom heard group.

Q4.
1. Three PFPI workshops delivered to Service staff.
2. Online toolkit revised to accommodate feedback captured from Service staff on PFPI workshops.
3. PFPI database reviewed and updated.
4. Involving People Group model used in SW, adopted by N, EC, SE and WC divisions.
5. Able to evidence that all divisional PFPI leads working regularly with local SHC offices.
6. Add milestones from Carers Plan
7. Implement seldom heard group pilot
8. Review Patient Leaflets, amend copy, and bring into corporate look and feel.
Delivery Plan, Timeline and Milestones 2012

Q1.
2. Review effectiveness of Patient Opinion website in helping patients and the public engage with the Service.
3. Review effectiveness and compatibility of NHS Tayside online engagement tool for patients public engagement. Decide if the Service will adopt this model.
4. Implement pilot to enable the Service to access one seldom heard group

Q2.
1. Deliver three PFPI workshops to Service staff.
2. Online toolkit revised to accommodate feedback captured from Service staff on PFPI workshops.
3. Review effectiveness of pilot and share learnings
4. Review effectiveness and frequency of PFPI newsletter.

Q3.
2. Review Effectiveness of revised PFPI Steering Group and remit.
3. Implement roll-out of seldom heard pilot.
4. Review effectiveness of Involving People groups in each division.

Q4.
2. Evaluate effectiveness of reaching seldom heard groups. Identify any gaps.
3. Agree with PFPI Steering Group where focus of seldom heard activity will be. Develop Action Plan.
4. Roll review activity in Q1-4 into a proposed action plan for 2013, and agree plan through PFPI Steering Group
Delivery Plan, Timeline and Milestones 2013

Q1.
Roll out action plan agreed in Q4 2012

Q2.
Roll out action plan agreed in Q4 2012
Review 2011-2013 strategy.

Q3.
Roll out action plan agreed in Q4 2012
Develop and agree 2013-2015 strategy.

Q4.
Start implementation of 2013 - 2015 strategy plan.
Appendix 1

Participation Standard 2010-2011
Summary Report for the Scottish Ambulance Service

Introduction
The Scottish Government wants people to:
• get involved in health service planning and development
• contribute to NHS decision-making on services and how they are provided
• receive information about health services and their own treatment and care
The Participation Standard measures how well NHS Boards are doing all this and will help the Scottish Ambulance Service improve services for everyone. Involving the public in healthcare decisions will help ensure that health services better meet their individual needs and preferences.

How Performance is measured
NHS Boards were asked to assess their performance against the standard and they then asked local involvement/patient groups to comment on the assessment and provide an independent view. The assessments were then reviewed by the Scottish Health Council.

Performance Summary for the Scottish Ambulance Service for 2010-2011
Using the Participation Standard, NHS Boards were asked to show how well they have involved patients and members of the public in developing action plans in response to patient surveys. The Scottish Ambulance Service has used the results of its patient surveys to inform its five year strategic plan, Working Together for Better Patient Care. It has worked with patients in identifying improvements to the patient transport service and in improving services for patients in remote and rural areas, for example, through introducing the ‘see and treat’ programme and improving patient information around this.

NHS Boards were also asked to show how they get the public involved through helping people take part in developing and improving healthcare services, giving information and support to help people who may find it more difficult to be involved and telling people how their views have been taken into account when decisions are made.

The Scottish Ambulance Service reported on how it had involved and consulted with rural communities around the re-procurement of the air ambulance service. Feedback was gathered during public and community meetings, through questionnaires and online surveys, via e-mail and by letter. This engagement activity included looking at landing sites, access to aircraft, response times and communications.
this work, the Scottish Ambulance Service has been able to build a clear picture of what people want from
the Air Ambulance service.

NHS Boards must carry out their responsibilities to involve the public, and Section 3 of the Participation
Standard measures this across four levels:
Level 1 – Development
   (the NHS Board is developing its arrangements)
Level 2 – Implementation
   (the NHS Board is implementing its arrangements)
Level 3 – Evaluation
   (the NHS Board is evaluating its arrangements)
Level 4 – Improvement
   (the NHS Board is reviewing and continuously improving its arrangements)

In Section 3.1, which asks for evidence that the NHS Board is assured that systems and processes are in
place to enable it to meet its statutory requirements in relation to the participation agenda, the Scottish
Ambulance Service has reached the evaluation level. It has reviewed the activities of its patient focus and
public involvement steering group so that these will align with the development of its new strategy for the
next three years.

Section 3.2 asks for evidence that public views feed into governance and decisionmaking arrangements. In
this section, the Scottish Ambulance Service has reached the implementation level. The Scottish Ambulance
Service described how it has worked in partnership with the British Heart Foundation in recruiting and
training volunteers for First Responder schemes. These help provide a first response to cardiac arrest and
minor injuries in their local communities. Examples were also provided in relation to working with local
communities in setting up a patient transport car service in Kinlochbervie, and in the establishment of a
retained ambulance service in Shetland which has improved round the clock cover and back-up.

In Section 3.3, where the NHS Board is asked to describe how it has developed processes to ensure that
participation is a core part of staff activity, the Scottish Ambulance Service has reached the implementation
level. Its organisational development strategy, Doing the Right Thing, commits to ‘improve the Service’s
capability around patient focus public involvement and other stakeholder engagement, working
collaboratively for continuous improvement’. This is supported by an online toolkit, Engaging with
Communities, and project initiation documents that specifically ask authors to demonstrate ‘patient focus
and public involvement requirements’ and equality and diversity impact assessment.

The Scottish Ambulance Service will be asked to prepare improvement plans, based on the Participation
Standard self-assessment review for 2010-2011, through which they should reflect on any gaps and
weaknesses as well as the good practice identified and, crucially, begin to move towards a more outcome
focussed approach in 2011-2012.

The Scottish Health Council is part of Healthcare Improvement Scotland
www.scottishhealthcouncil.org
Appendix 2

Patient Focus Public Involvement Strategy Map

**Patient centred**
- to deliver the best patient care for people in Scotland, when they need us, where they need us

**Clinically Effective**
- Deliver the best service for patients

**Public Involvement**
- Engage with our partners and communities to deliver improved patient care

**Governance around PFPI strategy delivery**
- Ensure delivery of PFPI strategy and its impact at national and divisional levels

**Improve patient access and referral to the most appropriate care**
- Building on our strengths to... Which means we will need to...

**Deliver the best service for patients**
- Create a leading-edge service, 24/7

**Act with integrity, openness and honesty**
- Support the patient at the heart of everything we do

**Encourage learning, creativity and new ways of working**
- Put the patient at the heart of everything we do

**Treat everyone with respect and dignity**
- Provide interventions, such as workshops, and support material, such as toolkits, to enable staff to further build good practice into their approach and delivery of PFPI activity.

**Challenge abuse, discrimination and harassment**
- Enhance partnerships and working with stakeholders, including key audiences, to share good practice.

**Put the patient at the heart of everything we do**
- Ensure alignment to our strategic framework: "Working Together for Better Patient Care."

**Support good practice by ongoing integrated communications with all key audiences, including staff and key stakeholders**
- Enhance our capability and capacity at divisional level for national ownership of both developing and delivering our PFPI strategy.

**Seek new ways to work in partnership with other NHS Boards and partner organisations**
- Act on the needs of patients, carers and the public

**Continue to build and maintain our stakeholder network, in order to increase our reach to increasingly diverse communities and seldom heard groups**
- Continue to refine the planning and reporting of divisional PFPI-related activity, ensuring alignment to our strategic framework: "Working Together for Better Patient Care."

**Put people at the heart of everything we do**
- Ensure alignment to our strategic framework: "Working Together for Better Patient Care."

**Act with integrity, openness and honesty**
- Stay abreast of our legislative commitments to PFPI, working closely with the Scottish Health Council to identify, adopt and share good practice.

**Support good practice by ongoing integrated communications with all key audiences, including staff and key stakeholders, enhancing two-way communications and opportunities to share learnings**
- Deliver the best service for patients

**Engage with all our partners and communities, to deliver improved patient care**
- Put the patient at the heart of everything we do

**Governance around PFPI strategy delivery**
- And underpinned by effective

**Public Involvement**
- And underpinned by effective

**Clinically Effective**
- And underpinned by effective

**Patient centred**
- To provide improved patient care and outcomes for all.

**Governance around PFPI strategy delivery**
- To ensure delivery of PFPI strategy and its impact at national and divisional levels.

**Improve patient access and referral to the most appropriate care**
- To ensure patient and carer needs are met effectively and efficiently.

**Deliver the best service for patients**
- To deliver a leading-edge service, 24/7.

**Act with integrity, openness and honesty**
- To put people at the heart of everything we do.

**Encourage learning, creativity and new ways of working**
- To encourage learning, creativity and new ways of working.

**Treat everyone with respect and dignity**
- To treat everyone with respect and dignity.

**Challenge abuse, discrimination and harassment**
- To challenge abuse, discrimination and harassment.

**Put the patient at the heart of everything we do**
- To put the patient at the heart of everything we do.

**Support good practice by ongoing integrated communications with all key audiences, including staff and key stakeholders, enhancing two-way communications and opportunities to share learnings**
- To support good practice by ongoing integrated communications with all key audiences, including staff and key stakeholders, enhancing two-way communications and opportunities to share learnings.

**Seek new ways to work in partnership with other NHS Boards and partner organisations**
- To seek new ways to work in partnership with other NHS Boards and partner organisations.

**Continue to build and maintain our stakeholder network, in order to increase our reach to increasingly diverse communities and seldom heard groups**
- To continue to build and maintain our stakeholder network, in order to increase our reach to increasingly diverse communities and seldom heard groups.

**Further develop our capability and capacity at divisional level for national ownership of both developing and delivering our PFPI strategy**
- To further develop our capability and capacity at divisional level for national ownership of both developing and delivering our PFPI strategy.

**Provide interventions, such as workshops, and support material, such as toolkits, to enable staff to further build good practice into their approach and delivery of PFPI activity**
- To provide interventions, such as workshops, and support material, such as toolkits, to enable staff to further build good practice into their approach and delivery of PFPI activity.

**Put people at the heart of everything we do**
- To put people at the heart of everything we do.

**Act with integrity, openness and honesty**
- To act with integrity, openness and honesty.

**Support good practice by ongoing integrated communications with all key audiences, including staff and key stakeholders, enhancing two-way communications and opportunities to share learnings**
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