

Stakeholder Engagement

Foreword

Health and health services play a significant part in our lives. As the provider of acute hospital services to local people, the Trust and its activities are naturally of interest to a wide range of individuals, groups and organisations. All of these people are our stakeholders.

This Strategy represents our commitment to engage more effectively with our local community in the future. We will work to ensure that our stakeholders are regularly updated about everything significant we do. We will also listen and learn from what local people have to say about our services before change is made or decisions are taken.

Effective stakeholder engagement requires strong and enduring relationships between the Trust and local people. We have collaborated closely with representatives of some of the Trust's key stakeholders, including the Health, Community and Care Overview and Scrutiny Committee (HCCOSC), NHS Gloucestershire, LINK and our Trust Governors. We are grateful to these partners for their help in developing this document.

We have benefited from their involvement and have identified areas for further development, some of which will take time to achieve. However, we believe that we have improved relationships and levels of trust and understanding through working together on this strategy.

Gordon Mitchell
Trust Non-Executive Director

16/03/2012

If you have any questions or comments about this document, please get in touch with us by emailing comms@glos.nhs.uk

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Introduction

This Strategy sets out our approach to engagement. By engagement, we mean the way that we listen to and communicate with people in our local community.

We want to set out the way people can expect us to act and engage with them and how we can work together.

The Strategy reflects both our statutory duties and our Trust values and objectives. It will be particularly relevant to a number of different groups, including:

- Our external stakeholders
- Our internal stakeholders (Trust Staff)
- Our service users

This Strategy provides the over-arching framework relating to all our stakeholders. This Strategy should be considered alongside our:

- Patient and Public Involvement Policy
- Employee Engagement Strategy

Our approaches to engaging staff and service users will be set out in other documents.

The format of the document

The remaining sections of this document cover:

- Definitions of stakeholder engagement
- The national and statutory context
- Why stakeholder engagement is important
- Who are our stakeholders?
- Our objectives for engagement
- Our philosophy and guiding principles for engagement
- Stakeholder engagement - principles into practice
- Roles and responsibilities
- Measuring success

The National and Statutory Context

In recent years government policy has focused on engaging people who use health services and the public in general. Major government policies designed to improve and modernise the NHS reinforce this commitment to involve service users and stakeholders. (DH 2007a; DH2007b; DH2008b).

The legal duty to involve service users is set out under Section 242 of the NHS Act 2006 (HMGov.2006), which superseded Section 11 of the Health and Social Care Act 2001, and came into force in November 2008. This places a duty of care on those providing health services to make arrangements to involve users of services - whether directly or through representatives:

- From the beginning in the planning and the provision of services
- In the development and consideration of proposals for change in the way the services are provided
- In decisions to be made by the body affecting the operation of services

The NHS Act also identified a requirement to consult Health, Community and Care

Overview and Scrutiny Committees (HCCOSC) where there is any proposal for substantial change or development of the health services in the areas of the local authority or for substantial variation in how that service is provided.

The NHS Constitution (DOH 2009) informs people of "their right to be involved, directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided and in the decisions to be made affecting the operation of these services."

Further guidance and good practice is set out in a range of national documents including: Real Involvement: Working with people to improve health service (DOH 2008b); Guidance when undertaking major changes to NHS services (DOH 2007b).

The Health and Social Care Bill strengthens the Government's commitment to the active involvement of service users in decisions about their own care - "no decision about me, without me" - and in the design of health and social care services at both local and national level.

This Strategy reflects the duties, responsibilities and guidance outlined above.

Stakeholder Engagement

Stakeholders can be defined as any person or group of people who have a significant interest in services provided, or who will be affected by any planned changes.

They can be internal or external to the Local Health Community, and include staff, patients, trade unions, MPs, members of the public and community groups.

Stakeholder Engagement is the process by which we learn about the opinions of our stakeholders. We use these views to assist in managing, supporting and influencing any service changes we plan to make.

Service users are those who use services or those who may use them. Service user involvement can be directly or through representatives

Hearing service users' or patients' views and experiences helps us to check the development and improvement of our services.

Evaluating the patient experience and the quality of care received can help us find better ways of delivering services. We would like to encourage local people to get involved in decisions about the future direction of services and feed in their views and experiences.

The importance of Stakeholder engagement

Building relationships

Effective stakeholder engagement is about building sustainable relationships with people who are affected by what we do. It relies on our commitment to listen and communicate openly and honestly with stakeholders.

NHS Services are of particular importance and interest to most people – whether provided in the community or in hospital.

By working with our stakeholders, our goal is to achieve improved mutual understanding and trust. By sharing more about the work

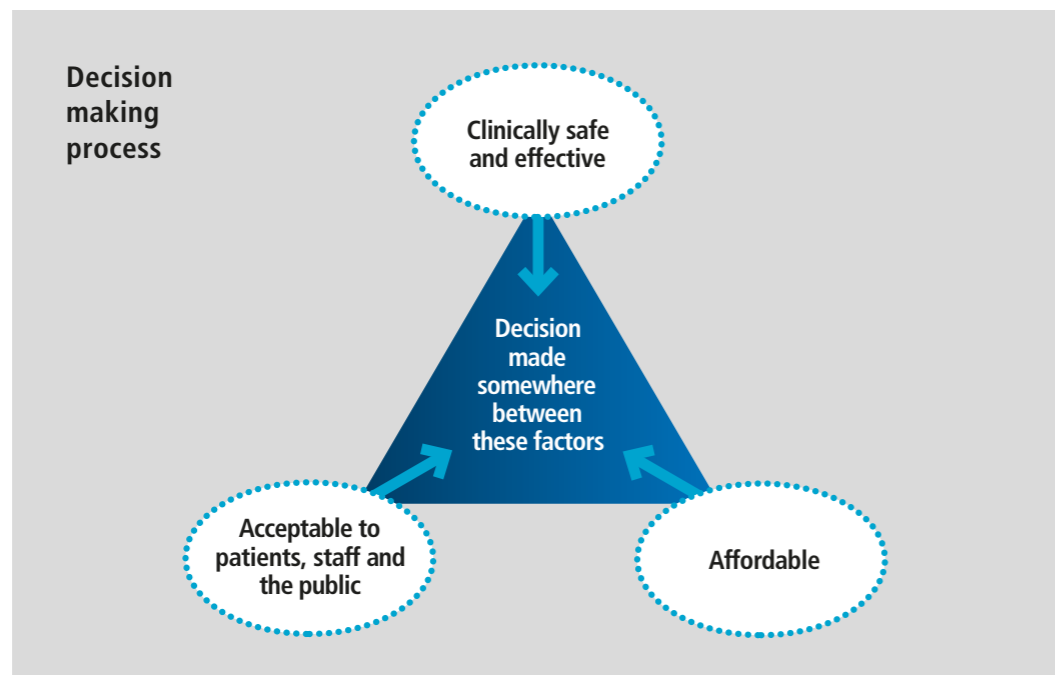
we do and how we do it, we hope that local people will feel that they know us better as an organisation. We want to listen to the ideas of local people and understand them better to help us make improvements to the way we provide services.

Making changes

Change is inevitable in all areas of life, and development and innovation particularly relevant to health services. We reflect this in our commitment to continuous service improvement.

Change should be associated with improving service quality or with improving the use of limited resources. Stakeholder involvement helps us to identify both the need for change and how we can achieve it. We look to achieve a balance between providing clinically effective and safe service that are acceptable to stakeholders, and making the best use of scarce resources.

NHS Chief Executive Sir David Nicholson reflected some years ago, that: "The NHS needs to be much better at engaging with stakeholders, including the public and their representatives, patients and their carers,



clinicians and staff, MPs and a whole range of other stakeholders. The NHS needs to do more to ensure that stakeholders are actively engaged in developing proposals for change and also explaining the reasons behind decisions that are made."

This Strategy represents our commitment to engage more effectively with our local community in the future. We want to listen and learn from what local people have to say, and to consider this before change is made or decisions are taken.

A reflection of our values

The Strategy reflects the Trust's values, vision and objectives, which have been developed in recent years in discussion with staff, governors and patients.

Our values, expressed in a short format through a number of key words, make specific reference to listening and improving which are central themes of our Stakeholder Engagement strategy.

Our strategic objectives are delivered through shorter-term management objectives.

Current management objectives of particular relevance here include:

- To implement our External Stakeholder, Patient and Public and Employee strategies
- To improve staff involvement and engagement in the Trust

Our Vision

Safe, effective and personalised care - every patient, every time, all the time

Our Strategic Objectives

<p>Our Patients</p> <p>To improve year on year the experience of our patients</p>	<p>Our Staff</p> <p>To further develop a highly skilled, motivated and engaged workforce which continually strives to improve patient care and Trust performance</p>	<p>Our Services</p> <p>To improve year on year the safety of our organisation for patients, visitors and staff and the outcomes for our patients</p>	<p>Our Business</p> <p>To ensure our organisation is stable and viable with the resources to deliver its vision</p>
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Our Values

LISTENING HELPING EXCELLING IMPROVING UNITING CARING BETTER FOR YOU

Who are our Stakeholders?

We need to understand who our stakeholders are. Each of them has different needs, expectations and interests which vary depending on the issue being considered.

We need to make sure that we consider them when we think about individual projects and activities, and communicate with them according to their needs.

The diagram opposite shows the range of external stakeholder groups who may have an interest in what we do.

Our external stakeholders

Our **patients and service users** are always at the centre of all that we do.

Like the Trust itself, the other stakeholder groups share this common focus of interest and concern. As the direct recipients of our care, individual service users may be seen as our customers, although not in the sense of having a financial or formal contractual arrangement with us.

Those whom we have described as our **customer proxies** are groups in the community with a particularly close and informed interest in the services our patients

receive. As a consequence, they are often able to provide a further service user perspective or another reflection of the views of patients and carers.

In a business sense, our customers are our **commissioners** – those organisations and groups with whom we have formal contractual service level agreements. These include NHS Gloucestershire, Clinical Commissioning Groups and others who purchase services from us on behalf of the local community.

We need to make sure that we consider our stakeholders when we think about individual projects and activities and communicate with them according to their needs

Local service providers are those who also provide services to local people – health care, social care and other services. Often we are all involved in providing elements of care to the same patient or patients.

Those whom we have identified as having a particular interest in the **quality of life** of local people and individuals and in the **future of Gloucestershire** may have a formal representative role – for example,

Members of Parliament, Local Councillors and other elected representatives. Others such as the media or local Strategic Partnerships will have a different relationship while maintaining a focus on the interests of local people and communities.

The wider community is likely to have a watchful, broad interest in services from a distance but may not always be actively involved on a regular basis.

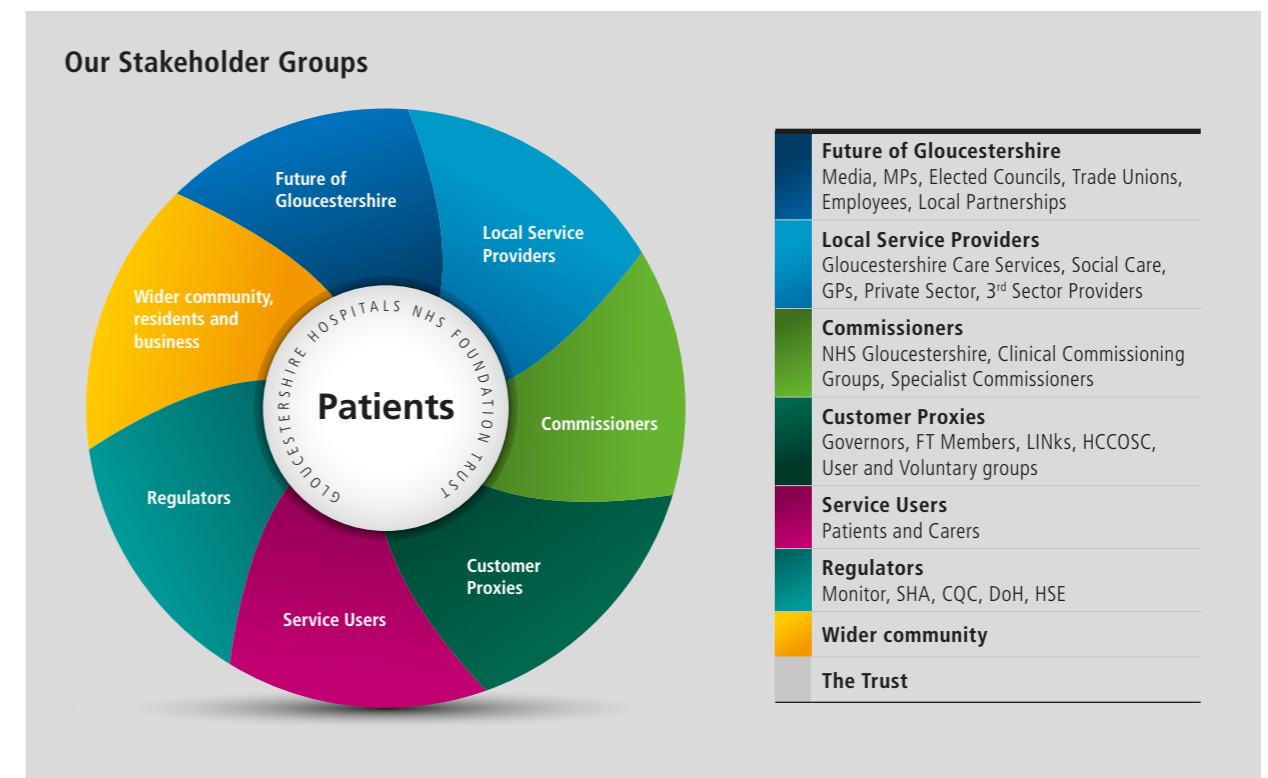
Our regulators are those external and formal bodies which regulate and monitor us. When we perform well they are likely to remain at a distance – alert and interested, but with limited involvement on a day-to-day basis.

Our internal stakeholders

Our staff and their representatives are another of our key stakeholder groups. We

have identified them amongst our external stakeholders as they are also members of the community and the public. In this capacity they will have an informed interest and views on the general provision of health services.

As staff they are also our internal stakeholders – involved in and close to the day-to-day provision of services in the hospital. Our broad approach to engagement extends to all our stakeholders, but the relationship we have with our staff will differ slightly from those of other stakeholder groups. Further detail of our approaches to engaging staff will be set out in our Employee Engagement Strategy - but will reflect the principles and approaches set out in this document.



Our objectives for Engagement

Our three broad strategic objectives for engagement can be seen below.

These objectives form the basis for the development of more detailed delivery plans within the Trust. We would like to work with stakeholders to identify measures we can use to assess our achievement of these objectives.

- 1 Our processes and mechanisms for engagement are appropriate and effective
 - 2 Our services and use of healthcare resources are enhanced through engagement with our stakeholders
 - 3 Our stakeholders have an on-going relationship with the Trust – they feel involved and their contribution is considered, valued and can make a difference.
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Our philosophy for engagement

The Trust's guiding principles lie behind our approach to stakeholder involvement. These are reflected below in more detail.

They were developed by the group which was established to develop this Strategy. The group included members of the Trust and representatives of key stakeholder groups who kindly agreed to work with us on this project.

Our guiding principles

- We will work towards ensuring wherever possible, there are no surprises – through ongoing communication with our stakeholders, a proactive approach and timely sharing of emerging issues
- We will work to promote improved awareness and understanding of the day-to-day role, work and activities of the Trust as a whole
- We will focus on improvement - proposals for change will be associated with improving service quality or making best use of limited resources
- We will be clear about the purpose and

scope of our engagement activities – describing exactly what we would like feedback about and what can change or not change

- We will support and develop our staff to enable them to contribute as internal stakeholders and to work with external stakeholders with confidence
- We will work to develop the concept of different types of conversations in our approach to stakeholder engagement
- We will listen, reflect and explore issues and options before we agree a solution – we will take account of what we learn in order to achieve better outcomes and mutually beneficial solutions

Differences of view should not impede our ability to continue to work closely together

- We will value the contribution, expertise and time of our stakeholders – as well as working with existing groups and networks, we will continue to build alliances and involve groups which may be seldom-heard to overcome barriers to effective engagement. Our equality and diversity policies will be reflected in our engagement activities.
- We will work to strengthen relationships and build mutual trust with stakeholders



– through openness, honesty and supporting people in feeling safe in making their contribution

- We will communicate clearly and effectively by using a variety of methods appropriate to the context and circumstances - we will provide background information to the issues under discussion
- We will check understanding and provide timely feedback and we will continue to keep people abreast of progress and to maintain links where appropriate

Acknowledging differences

We recognise that however effective engagement processes are, they cannot always achieve universal agreement.

Sometimes external and national imperatives can restrict our freedom to take the preferred

option. On these occasions it is important that we acknowledge our differences and explain the reasons behind a decision.

Differences of view should not impede our ability to continue to work closely together.

Equality and diversity

Engagement activities should offer the widest opportunity for the involvement of stakeholders. Particular attention should be given to involving groups who may be seldom heard.

We will undertake an equality and diversity impact assessment for engagement activities to ensure they comply with the Trust's Single Equality Policy. This policy is designed to ensure that groups are not excluded through their disability; race, ethnicity or nationality; gender; sexual orientation; age (younger or older people); religion, belief or faith.

As a large and complex organisation we must constantly adapt to the changing needs of health care services and other demands upon us.

In common with other large organisations, many issues lie within the legitimate remit of our internal management decision-making processes.

Our expectation is that stakeholders would not generally expect to be involved in operational decisions which are about the day-to-day running of services. It is our intention, however, both to keep people informed and to listen to and involve service users and stakeholders.

Through our commitment to effective communication, we hope that local stakeholders and organisations will become more familiar with what is going on at their local hospitals. We will also become more familiar with our stakeholders' issues and concerns.

We have identified three different broad approaches to engagement with the support of stakeholders. The common theme is that of a two-way conversation - a conversation which will take different forms depending on the circumstances.

One-to-one conversations

We will identify people within our Trust to establish links with individual stakeholders or with a designated contact from a particular stakeholder group.

Our expectation is that through this regular contact, relationships will grow and enable better shared understanding of the current issues and each other's perspective. Sometimes the focus for the relationship or buddying arrangement might be associated with a particular subject or area of interest.

We will explore whether these designated individuals might also form part of a wider reference panel which the Trust could approach when required for early advice or comment. This panel would not be a substitute for wider engagement activities.

Engagement in practice



Regular, organised conversations

These regular, organised conversations can take a number of different forms depending on the context.

They can take place within existing meetings held by stakeholder groups, or as part of a specific event or seminar. As well as allowing us to raise current achievements or issues facing the Trust, these also offer the opportunity for two-way discussion.

These conversations might take place at a set time during the year. This could be as we develop plans for the year ahead in our Annual Plan, or as we reflect and report back on our performance in the year in our Annual Report and associated Quality Account.

Feedback from individual service users and members of the public can also influence the ways we deliver services

We recognise that there is an opportunity for further engagement in these areas, and to share and discuss our emerging plans and pressures more fully.

For some stakeholder groups it might be appropriate for us to meet more frequently or for there to be a standing agenda item at appropriate meetings or events.

We are aware of the pressures on stakeholder time and resources and propose that wherever possible we utilise existing meetings or networks.

Targeted conversations about service development and change

We would like to continue the concept of conversations with our stakeholders when we need to talk about service change or development.

These conversations are likely to be in-depth, with the relevant stakeholders identified for each area of work and could either focus on a single issue or be much wider in scope, involving whole services.

Some of these conversations might take place in the context of a wider involvement exercise or formal consultation undertaken jointly with the wider health community.

In relation to wider discussions around change we will draw on the rapid improvement event (RIE) approach which has been used very successfully in the Trust to improve processes and patient pathways. It would be equally applicable for exploring options for wider change.

The RIE approach is characterised by two-way communication - sharing and drawing out the issues then listening and considering views before potential options or solutions are identified. Another essential feature of the process is to reflect back and check the understanding of those involved. Sometimes it is necessary to go through this cycle several times.

Our patients and staff are best placed to identify changes that could improve services. We call this experience-based design, and believe that over time this approach will enable us to explore potential changes or developments in a more collaborative and informed way.



Development and training initiatives will further develop capacity and skills amongst our staff in the area of stakeholder engagement

Engaging with individual service users and patients in the course of their care

This is about person-to-person communication between patients, relatives, carers, clinicians and staff involved in their treatment and care.

Feedback from individual service users and members of the public can also influence the ways we deliver services.

Support and advice for engagement activities

We have outlined a number of approaches for engaging with stakeholders.

More detailed guidance about engaging with service users is set out in the Trust's Patient and Public Involvement Policy. A toolkit will

be developed to assist members of the Trust.

Advice and support will be available from the Patient and Public Involvement Team, staff with expertise in service re-design and from communications colleagues.

Development and training initiatives will further develop capacity and skills amongst our staff in the area of stakeholder engagement.

DH 2007a

World Class Commissioning
(Department of Health) December 2007

DH 2007b

Making Experience Count
(Department of Health) June 2007

DH 2008a

Our NHS, Our Future: NHS Next Stage
Review, Leading Local Change
(Department of Health) 2008

DH 2008b

Real Involvement. Working with
people to improve health services
(Department of Health) 2008

DoH 2008c

Guidance when undertaking major changes
to NHS services
(Department of Health) 2008

DH 2009

The National Health Service
Constitution for England
(Department of Health) 2009.

**Better Regulation Executive 2008
Code of Practice on Consultation
London BRE.**

www.bre.berr.gov.uk

Her Majesty's Government 2006

National Health Services Act (HMSO)
2006

Glossary

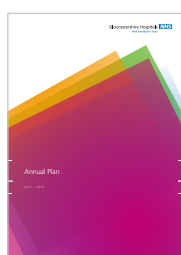
Annual Plan	A forward plan detailing the Trust's future intentions.
Annual Report (and Accounts)	A statutory document produced by the Trust and which is laid before Parliament.
Care Quality Commission (CQC)	The Care Quality Commission (CQC) regulates all health and adult social care services in England, including those provided by the NHS, local authorities, private companies or voluntary organisation. It also protects the interests of people detained under the Mental Health Act.
Clinical Commissioning Groups	Emerging groups led by GP's which will be responsible for planning and buying of healthcare for the local area. These will replace PCT's in April 2013.
Commissioning/Commissioners	Commissioning is the process of assessing the needs of a local population and putting in place services to meet those needs. Commissioners may include PCTs or increasingly groups of GP practices.
Co-production and experience-based design methodologies	Ways of working/activities which involve patients and staff or other stakeholders in re-designing services or improving care, and which draw on their experiences.
Customer proxies	In this document this term refers to specific groups with a particularly close and informed interest (from a public/patient perspective) in the service provided to patients at the Trust.
Foundation Trust	NHS providers who achieve trust status have greater freedoms and are subject to less central control. Foundation Trusts are part of the NHS and have to meet the same national targets and standards.
Foundation Trust Governors	The Board of Governors are elected by Foundation Trust members. Governors advise a Foundation Trust on how it carries out its work so that this is consistent with the needs of members and the wider community.
Health Community and Care Overview and Scrutiny Committee (HCCOSC)	Overview and Scrutiny Committees are made up of local government councillors and offer a view on local and social care matters. The HCCOSC is responsible for overview and scrutiny of health related issues and the Council's Community and Adult Care Directorate. It focuses on health issues from a public perspective and works in partnership with other agencies to improve local health services.
Internal stakeholders	Our staff are the Hospital Trust's internal stakeholders.
Local health community	The local health community includes commissioners and providers of healthcare in the local area.
Local health and social care community	The local health community includes commissioners and providers of healthcare in the local area. The local health and social care community will also include commissioners and providers of social care.
Local Involvement Networks (LINKs)	Local organisations in each local authority area, set up to represent the views of local people on health and social care services. These may become local Health Watch in the future.

Local Strategic Partnerships (LSPs)	These bring together representatives of all the different sectors - public, private, voluntary and community. They have responsibility for developing and delivering the local sustainable Community Strategy and the Local Area Agreement.
Monitor	Monitor is the independent regulator of NHS Foundation Trusts. It is independent of central government and directly accountable to Parliament.
NHS Constitution	A national document which describes the principles and values of the NHS in England, and the rights and responsibilities of patients, the public and staff.
Primary Care Trust (PCT)	The NHS body currently responsible for commissioning healthcare services for a local area. NHS Gloucestershire is the PCT for Gloucestershire.
Provider	Organisations which provide services directly to patients, including hospitals, mental health services and ambulances.
Quality Account	A report on the quality of services published annually by providers of NHS care. Quality accounts are intended to enhance accountability to the public.
Rapid improvement event (RIE)	An event involving participation that helps to identify changes to current processes and activities within short time scales.
Reference panel	A group of people who can be approached for advice or guidance.
Regulators	External bodies which regulate and monitor the Trust – these include Monitor, the Care Quality Commission (CQC), Health and Safety Executive (HSE), the Strategic Health Authority, the Department of Health.
Representatives	People who are in a position to speak on behalf of other service users. People are representatives when the views they share are the opinions of the people they are representing, which may not be the same as their own.
Service users	Those who use services or those who may use them. Service user involvement can be directly or through representatives.
Stakeholder engagement	A process by which an organisation learns about perceptions, issues and expectations of its stakeholders and uses these views to assist in managing and influencing any planned changes/improvements in service delivery.
Stakeholders	Any person or group of people who have a significant interest in services provided, or will be affected by, any planned changes in an organisation or Local Health Community. They may be internal or external to that Local Health Community, and they can comprise staff, patients, trades union, MPs and members of the public and community groups.
Strategic Health Authority (SHA)	The public bodies which currently oversee commissioning and provision of NHS services at a regional level.

“The most basic of all human needs is the need to understand and be understood. The best way to understand people is to listen to them.”

Ralph Nichols

Our Stakeholder Engagement document forms part of the larger range of our documents for 2012:



Annual Plan



Annual Report



Equality Compliance Report



Quality Account