



**Golden Jubilee
Foundation**

Patients at the heart of progress



Involving People Strategy

2017

Involving People Strategy

Name	GJF Involving People Strategy
Summary	
Associated Documents	
Target Audience	All staff
Version number	1.4
Date of this version	May 2017
Review Date	
Date of full impact assessment	
Name of Board	Golden Jubilee Foundation
Approving committee/group	Board
Document Author	
Q Pulse No	

Contents

1. Introduction.....	4
2. How we involve people in the work of the Golden Jubilee Foundation	5
3. Involving people – our action plan for 2017- 2020	6
4. Governance Arrangements.....	8
Appendix 1 General and Specific Duties	9
Appendix 2 Involving People Group Remit	9

1. Introduction

The starting point for this strategy is our belief in the right of all people to be involved in both the planning and delivery of (their) care and services and in activities which promote improved care and well being, irrespective of any defining characteristics and in a way that respects diversity and promotes equality and which respects the wishes of the individual.

The strategy follows the principles outlined in the current (2017) Scottish Health Council's Participation Standard which is used to assess how well NHS Boards are involving people in developing and improving services. By linking our strategy to the Standard we can be sure that the way we involving people in our work is appropriate, effective and inclusive.

Context

This strategy has been influenced by a range of policies, guidance and legislation, in particular:

- Realistic Medicine: Chief Medical Officer's Annual Report, 2014-15, which calls on healthcare professionals to move to shared decision making and to build a personalised approach to care.
- The NHS Quality Strategy which emphasises three high level ambitions (Safe, Effective and Person Centred). Focussing on these ambitions will help us deliver the highest quality care for our patients.
- The Health and Social Care Delivery Plan 2016
- The Patients Rights Act 2011 and associated patient charter.
- The Equality Act 2010.
- NHS Reform Act 2004
- CEL 4 (2010) Informing, engaging and consulting people in developing health and community care services
- Scottish Health Council's "Our Voice" Framework

Aim

The aim of this strategy is:

To actively engage with our staff, patients and the public **Involving People** in the continuous improvement of our services.

This aim supports the delivery of our vision to lead quality, research and innovation and allows us to meet our statutory obligations. To do this we must have an appropriate framework and processes in place. We aim to use a continuous improvement approach to keep an organisational focus on delivering patient care that is person centred and of the highest quality. This approach will also apply to all of the non clinical services we provide, for example our hospitality, education and research activity through the Golden Jubilee Hotel and Conference Centre and the Golden Jubilee Research Institute.

We also recognise the important role which our volunteers play in enhancing the experience of patients and carers. We are proud of our volunteer service which continues to grow and develop and which is an integral part of our Involving People approach. We are committed to ensuring we have in place a volunteering policy that is accessible, comprehensive and fully inclusive.

2. How we involve people in the work of the Golden Jubilee Foundation

2.1 Working with the Scottish Health Council's Participation Standard

The SHC's Participation Standard sets out three standards which will help Boards to ensure that the steps they take to involving people are effective, meaningful and outcome focused.

Standard 1 – How well NHS Boards focus on the patient – people should be involved in discussions about their own treatment and care; information about treatments and local health services should be available and easily accessible; people should be treated with dignity and respect; carers should be supported; and people should be encouraged and helped to give feedback or make complaints about services

Standard 2 – How well NHS Boards involve the public – people should be well informed about local healthcare services; supported to get involved in making decisions about changes to services; and told how their views have been taken into account

Standard 3 - How NHS Boards take responsibility for ensuring they involve the public – NHS Boards should make sure their decisions take account of the views of the public; and should encourage their own members of staff to involve the public in their work.

The systems and structures used by the Golden Jubilee Foundation to involve people in its work will be designed to deliver against these standards.

2.1 Working with the National Standards for Community Engagement

The National Standards for Community Engagement are good-practice principles designed to support and inform the process of community engagement. The 7 standards are shown in the diagram opposite:

The systems and structures used by the Golden Jubilee Foundation to involve people in its work will be designed to deliver against both these standards.



3. Involving people – our action plan for 2017- 2020

Guiding Principles

We will be proactive in ensuring that:

1. Our services and facilities will be accessible to all

- Care and services are provided in partnership with patients, treating individuals with dignity and respect, and are responsive to age, disability, geographic location, gender, race, religion or belief, sexual orientation, socio-economic status.
- Robust corporate governance arrangements are in place for involving people, founded on mutuality, equality, diversity and human rights principles.

2. Our service users will receive services based on their needs

- There is supported and effective involvement of people in service planning and improvement.

We will work to minimise organisational barriers to delivering against these guiding principles.

Objectives & Actions

Patient Involvement

1. We will deliver against our Equalities Outcomes
 - *actions outlined in Equalities Outcomes documentation – add hyperlink*
2. We will review and improve our mechanisms for involving patients in our work
 - *We will continue to capture feedback from the patient experience using the formal complaints system, our volunteer walkabouts and social media.*
 - *We will promote our use of the Care Opinion website to capture the experience of our patients. Through this we will be able to promote direct dialogue between our health care professionals and our patients and we will be able to bring our patients' stories to our Board. We will work with the Care Opinion team to support health care staff in delivering this objective, which will be introduced on a phased basis.*
 - *We will take part in 'What matters to you?' annually (6th June for 2017) with the aim of encouraging and supporting more meaningful conversations between our staff and our patients. We will use these conversations as a spring board for improvement.*
 - *We will evaluate and revise as necessary the Speakeasy feedback process to make more accessible and improve engagement*
 - *Continue to develop how we learn from CBAS information.*

Public Involvement

3. We will actively seek to work with people from protected groups in order to capture their input into improving the delivery of our service
 - *We will review our stakeholder database and actively widen the diversity of our stakeholders*
4. We will seek revalidation of our Investors in Volunteers Award and will seek to maintain the associated standards
5. We will inform, consult and involved people in an inclusive and equitable way as we develop services and policies.
 - *We will further define and improve the role of the lay representative and seek to increase the number of lay reps available to support the Board, including those from protected groups*

6. Over the next three years we will support lay representative involvement in:
 - *development of the electronic patient record, in particular the patient portal*
 - *hospital expansion project*
 - *review of involving people governance*
 - *development of patient and public information, including app based systems*
 - *increasing use of social media*

Board Responsibility

7. We will review the way we involve people in our work, from inclusion in our governance structures, to how we work with our volunteers, to consultation on change, to using social media for wide and inclusive engagement
8. We will review our processes for recruiting Patient and Public Representatives and develop guidance for representatives to rotate on committees.
9. We will work with the new Spiritual Lead and our Learning & Organisational Development team to review current staff training in involving people
10. We will ensure appropriate governance, commitment and progress with the involvement of people in the development of the patient portal element of the electronic patient record

Monitoring our progress

Progress against the strategy

Our strategy will be monitored through the Involving People Group (IPG) which reports to the Person Centred Committee (PCC) on a quarterly basis.

The PCC has in place a schedule of reports to allow monitoring of activity on a quarterly basis.

1. The delivery of our Equality Outcomes for 2017-2020 will be monitored by the Equalities Group using our workforce equality data.
2. Patient experience stories gathered from walkrounds, volunteers and social media will be reviewed by the Involving People Group who will agree appropriate responses and actions based on individual cases or systems improvements as required
3. Our proposals for improved methods of involving people in our work will be reviewed, approved and monitored by the Person Centred Committee before formal approval by the GJF Board.
4. The “comms scorecard” will provide details on the depth and extent of our social media coverage.
5. Reports on complaints including compliance with response times and issues identified will be provided monthly to clinical divisions.
6. A quarterly view on complaints will be provided to the Involving People Group to assist in trend identification and tracking of actions arising.
7. We will seek permission to record and share the demographics of those involved in our work to monitor progress inclusivity and to allow targeted engagement where required.
8. We will undertake the Care Opinion self assessment to establish our current baseline of interaction through this medium and will monitor impact via the existing patient opinion indicators.
9. We will review the output of our participation in the ‘What matters to you?’ event and monitor the consequential actions that arise and ensure that appropriate governance is in place to monitor implementation.

Progress against external standards. There are a number of external standards against which we can benchmark our achievements:

- **Scottish Health Council Participation Standards.** Year on year we are required to review our progress against criteria. Following assessment, we will develop a list of key actions to ensure we continue to make improvements. These will be scrutinised through our governance arrangements.
- **Investing in Volunteers.** The Board currently holds accreditation of this award, which sets robust standards, and indicate that we are serious about ensuring volunteers are well looked after when they give us their time. Re accreditation is on a three yearly cycle.
- **Stonewall workplace indicators.** Although not a mandatory standard, the Board is signed up to delivering against these indicators, which complement our equality work and are a clear signal that we take our equality duties seriously.

4. Governance Arrangements

Robust corporate governance and clear systems and processes are in place to allow GJF to meet its statutory requirements in relation to the involving people. There is work to be done to make sure that these systems and processes are sufficient to ensure that people can feed into governance and decision making arrangements. GJF is proud of how our staff embrace our organisational values but recognises that strong governance arrangements will also promote a culture where involvement is part of the daily routine.

The governance arrangements to deliver this strategy are detailed in appendix 1. The following groups and committees have a key role in delivery of this strategy;

- **The Person Centred Committee (PCC)** is the Board appointed committee that provides scrutiny of this strategy and all person centred activity to ensure they are being delivered through a robust structure and process. The PCC works closely with the Partnership Forum on staff issues related to this strategy.
- **The Involving People Group (IPG)** coordinates and commissions activity to deliver this strategy and its associated requirements. It is supported in this role by the Equalities Group who provide specific advice and support about all equality related activity. The IPG works with the Clinical Governance and Risk Management Group (CGRMG) to ensure the person centred quality ambition underpins the delivery of safe and effective care.
- **Volunteers Forum** oversees delivery and implementation of the Volunteer Policy and Investing in Volunteers standards. The forum will act as the interface for public and patient input into all quality domains on an interim basis. Its role and purpose is currently under review. Chaired by a Non Executive Board member and comprising of Board staff and volunteers.
- **Senior Management Team** provides leadership and operational oversight of all activity including that covered by this strategy. Specifically where resourcing decisions are required or risks managed SMT should be involved.

The responsibilities of specific post holders are detailed in the Terms of Reference for each group.

Appendix 1 Involving People Group Remit

Involving People Group Terms of Reference

1.0 Introduction

The Involving People Group (IPG) has been convened to coordinate the delivery of the Golden Jubilee Foundations (the Board) *Involving People Strategy* (the Strategy) and associated action plans.

2.0 Remit

The remit of the group is to provide the leadership and coordination to enable effective delivery of the strategy. In order to achieve this group will:

- a. Review and assess all relevant legislation and policy relating to PFPI, Staff Governance and Single Equality legislation relating to the general and specific duties ensuring that these are met as evidenced through positive change in the Board's services.
- b. Oversee delivery of the action plans for the Board's equality outcomes, Investing in Volunteers and Investors in Diversity.
- c. Ensure divisional clinical governance groups (DCGGs) are actively engaged with this agenda both in supporting delivery of overarching plans as identified in (b) and develop local actions where these are required.
- d. Where required, convene short life working groups to deliver specific pieces of work relating to specific pieces of policy or legislation.
- e. Work closely with the Quality Patient Public Group to support its activity and provide resources where these are required.
- f. Work with and support the HR Department and Partnership Forum to ensure that staff are involved in the delivery of the strategy.
- g. Support the delivery of a fair and open culture that does not tolerate bullying or harassment in any form.
- h. Act as a resource for all Board staff for all elements of activity relating to PFPI and equality legislation.
- i. Ensure robust and accessible communication, monitoring and reporting mechanisms are in place and that appropriate committees, as indicated by accountability arrangements, receive regular progress reports.

3.0 Membership

3.1 The group consists of the following members:

Organisational role	Responsibility
Director of Quality, Innovation & People	<i>Executive Director charged with responsibility for equality and diversity issues throughout Board and volunteer management.</i> <i>Co-chair of the IPG.</i> <i>Chair of the Equalities Group</i>
Nurse Director	<i>Executive Director nominated as 'Designated Director' for PFPI and person centred care.</i> <i>Co chair of the IPG.</i>
Employee Director	<i>Has specific responsibility for delivery of the staff governance standard and representing the Partnership Forum view on the IPG.</i>
Head of Corporate Affairs	<i>Responsible for providing specialist expertise and leadership to the communication elements of the strategy.</i>
Head of Clinical Governance	<i>Responsible for providing specialist expertise and leadership to the patient feedback elements of the strategy.</i>
Spiritual Care Lead	<i>Responsible for being aware of this strategy and championing its objectives.</i> <i>Responsible for supporting staff and volunteers to contribute proactively to its development.</i>
Divisional Management Team Representatives x 2	<i>Responsible for being aware of this strategy and championing its objectives.</i> <i>Responsible for supporting staff to contribute proactively to its development through their KSF, appropriate training and the development of local initiatives.</i>
Senior Hotel Manager	<i>Responsible for being aware of this strategy and championing its objectives.</i> <i>Responsible for supporting staff to contribute proactively to its development through their KSF, appropriate training and the development of local initiatives.</i>
Lay Representatives x2	<i>Provide an external perspective on the work of the group and to support the group in understanding the wider implications of their work.</i>
Volunteer Manager	<i>To link with the Volunteers' Forum and to provide the perspective of the Volunteers.</i>
Volunteer	<i>To link with the Volunteers' Forum and to provide the perspective of the Volunteers.</i>
Scottish Health Council Representative	<i>To provide assistance in supporting lay and volunteer representatives. To assist the group with understanding wider external perspectives in relation to national strategies, policies and direction of travel. To assist with horizon scanning in relation to strategy development.</i>

4.0 Meetings.

- ❖ **Frequency** - The group will meet every 6 weeks. Meetings will be synchronised around governance reporting arrangements to ensure timely flow of information through governance groups and committees. Dates of meetings will be published annually.
- ❖ **Chair** – Will be shared between the Director of Quality, Innovation & People and the Nurse Director.
- ❖ **Quorum** - **6** members will constitute a quorum and to include a volunteer or lay representative and an executive. In the absence of either chair, the Head of Clinical Governance will sit as acting chair.
- ❖ **Minutes** – Will be taken by the personal assistant to the Director of Quality, Innovation & People. In their absence a nominated member of the group will take minutes. Minutes will be circulated along with an agenda (and other appropriate papers 7 days prior to each meeting).
- ❖ **Communications** – Arrangements as indicated in the strategy will be utilised for communicating the work of the group.

All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.

我們所有的印刷品均有不同語言版本、大字體版本、盲文（僅有英文）、錄音帶版本或你想要的另外形式供選擇。

كافة مطبوعاتنا متاحة بلغات مختلفة و بالأحرف الطباعة الكبيرة و بطريقة بريل الخاصة بالمكفوفين (باللغة الإنكليزية فقط) و على شريط كاسيت سمعي أو بصيغة بديلة حسب خيارك.

Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip claistinn no riochd eile a tha sibh airson a thaghadh.

हमारे सब प्रकाशन अनेक भाषाओं, बड़े अक्षरों की छपाई, ब्रेल (केवल अंग्रेज़ी), सुनने वाली कसेट या आपकी पसंदनुसार किसी अन्य फॉरमेट (आरूप) में भी उपलब्ध हैं।

我們所有的印刷品均有不同語言版本、大字体版本、盲文（仅有英文）、录音带版本或你想要的另外形式供选择。

ਸਾਡੇ ਸਾਰੇ ਪਰਚੇ ਅਤੇ ਕਿਤਾਬਚੇ ਵਰਗੇ ਵੱਖ ਵੱਖ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਅਤੇ ਬ੍ਰੇਲ (ਸਿਰਫ਼ ਅੰਗਰੇਜ਼ੀ) ਵਿਚ, ਆਡੀਓ ਟੇਪ 'ਤੇ ਜਾਂ ਤੁਹਾਡੀ ਮਰਜ਼ੀ ਅਨੁਸਾਰ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਵੀ ਮਿਲ ਸਕਦੇ ਹਨ।

ہماری تمام مطبوعات مختلف زبانوں، بڑے حروف کی چھپائی، بریل (صرف انگریزی)، سننے والی کسٹ یا آپ کی پسند کے مطابق کسی دیگر صورت (فارمیٹ) میں بھی دستیاب ہیں۔

: **0141 951 5513**

Please call the above number if you require this publication in an alternative format