

**NHS GRAMPIAN****Minute of Meeting of the Engagement and Participation Committee  
10.00am Wednesday 10 November 2021  
via Microsoft Teams****PRESENT:**

Amy Anderson, Chair, Non-Executive Board Member  
 Stuart Humphreys, Director of Marketing and Communications  
 Louise Ballantyne, Head of Engagement  
 Kim Cruttenden, Chair of Area Clinical Forum  
 Nigel Firth, Equality & Diversity Manager  
 Stuart Humphreys, Director of Marketing and Communications  
 Liz Howarth, Consultation & Engagement Officer  
 Jenny Ingram, Associate Director of Quality Improvement and Assurance  
 Professor Louise Locock, Professor of Health Services, University of Aberdeen  
 Cameron Matthew, Divisional General Manager, Surgery Services, Acute Sector  
 Anna Rist, Consultation & Engagement Officer  
 Dave Russell, Public Lay Representative  
 John Tomlinson, Non-Executive Board Member  
 Lauren Tweedley, Consultation & Engagement Officer  
 Susan Webb, Director of Public Health

**ATTENDING:**

Marilyn Elmslie, Communications Officer, Clerk to the Committee  
 Grace Cardozo, Non-Executive Board Member for NHS Dumfries & Galloway and  
 Chair of Public Health Committee  
 Joyce Duncan, Non-Executive Board Member,  
 Dawn Getliffe, Management Trainee  
 Mike Sevenoaks, Corporate Risk Advisor  
 Jenna Young, Planning Manager  
 Marlene Westland, Consultation & Engagement Officer

No.		Action
1.	<p><b>Welcome and apologies</b>            The Chair welcomed everyone to the meeting and introductions were made.</p> <p>Apologies were intimated on behalf of Paul Allen, June Brown, Cllr Isobel Davidson, Dr Lynda Lynch, Professor Nick Fluck, Rachel Little.</p> <p>The Chair also acknowledged the quality of papers provided for the Committee particularly when the systems are under pressure.</p>	
2.	<p><b>Minute of the meeting held on 11 August 2021</b>            The minute was approved as an accurate record of discussions.</p>	

2a	<p><b>Action/Decision Sheet update</b> Louise Ballantyne went through each individual action.</p> <p><b>Action 1 Women’s services at Dr Gray’s Hospital</b> Awaiting outcome of the findings of the review of Maternity Services in Moray. <b>Agreed to remain on Action Tracker</b></p> <p><b>Action 2 Participation of Children and Young People Group</b> Louise Ballantyne confirmed that the work of the North of Scotland Child Health Services Review continues. It was agreed to invite Tracy Davis, Child Commissioner and Anna Rist to provide an update at a future meeting. <b>Agreed to remain on Action Tracker</b></p> <p><b>Action 3 Handling and Learning from Feedback</b> Jenny Ingram provided a draft report for further discussion under item 6.2</p> <p><b>Action 4 Advocacy</b> Review of the funding on pause due to current pressures. <b>Agreed to remain on Action Tracker</b></p> <p><b>Action 5 Renewal and Development of the Board Role of EPC</b> Further discussed under item 3.1</p> <p><b>Action 6 Draft Workplan of EPC</b> Chair confirmed that the work which Sarah Duncan, Board Secretary, on all Board Committees will impact on the workplan.</p>	<p>SH</p> <p>LB</p> <p>LB</p> <p>In progress</p>
3.	<b>Matters Arising</b>	
	<p><b>3.1 EPC ‘Strategic Intent’ document</b> The paper, which had been developed jointly by a short life working group and the EPC, was presented to the NHS Grampian Board on 7 October. The Board was asked to endorse a program of work to refresh the strategic intent, clarify the priorities of the committee and its contribution to the Board’s assurance of cohesive engagement and participation. The Board approved the work which will begin with a gap analysis on the nature, scope and quality of engagement and participation activity across Grampian. The aim for the EPC is to complete the gap analysis by February in order for an updated Terms of Reference for the Committee to be submitted to the NHS Grampian Board meeting in February. This timeline will align with the ongoing review of the other Board committees.</p>	<p>In progress</p>

	<b>3.1a</b>	<p><b>Using Risk to inform gap analysis work underpinning revised ToR/Strategic Intent</b></p> <p>Stuart Humphreys suggested to the Chair that the process of mapping out hazards and risks, with the associated mitigations, would be a useful approach to identify the gaps around engagement and participation. It was agreed to invite Mike Sevenoaks, Corporate Risk Advisor, to provide clarity to the committee on the risk and hazard method to assess if this would merit the way forward.</p> <p>Mike commenced by explaining that risk is the impact of uncertainty on our objectives. He talked through a presentation describing the method in which risk is broken down into three components:</p> <ol style="list-style-type: none"> <li>1. Cause</li> <li>2. Event</li> <li>3. Consequence</li> </ol> <p>Mike's useful presentation was welcomed and discussed by the Committee members.</p> <p>Luan Grugeon commented that it was important to have clarity on the strategic risks for the committee on engagement and participation and how we will work and support members of the public to develop the people powered health approach. John Tomlinson noted that this would be a helpful start to the process and for it to continue to ensure broad and wide involvement across the whole system. Mike agreed and suggested that the Committee regularly discuss what may go wrong and the impact on their objectives.</p> <p>Following the discussion it was agreed to progress with this approach. Mike indicated that example future objectives for EPC should be prepared for use as discussion points in a facilitated session with him to commence the gap analysis. An email inviting members to participate in the session will be sent, with a view to holding the facilitated session before the end of 2021.</p> <p style="text-align: right;"><b>Action</b></p> <p>The Chair thanked Mike for his helpful presentation which will assist to understand the risks and mitigations of the objectives for the Committee.</p>	<b>MS/SH/AA</b>
<b>4.</b>	<b>Communications and Engagement</b>		
	<b>4.1</b>	<b>Operation Iris, G-OPES</b>	

Stuart noted that the NHS Grampian Board were recently made aware of the current pressures across the health and social care system. A copy of a letter written to all NHS Grampian staff from Professor Caroline Hiscox, Chief Executive and John Tomlinson, Interim Chair, explaining the requirement of some immediate actions needed to meet the challenges the system will face over the next 6 months and beyond was included in the documents provided for the Committee. Also included was an appendix which outlines the steps to achieve completion of a Communications and Engagement Plan for Operation Iris (NHS Grampian's response to current system pressures and the intent to stabilise the system) which will be presented to the Board at the next meeting on 2 December.

Susan Webb provided a short presentation on the detailed steps, staff communication and engagement actions which will be taken prior to 2 December Board meeting.

- Make every opportunity count to support people to stay well and recover faster
- Establish a culture of co-production to ensure a range of voices are heard in the choice & design of services
- Supporting change through building relationships
- Ensure our colleagues, patients, carers and public are kept informed and feel valued
- Enhance the Grampian Health System as the place to work

She highlighted that the:

- First steps will be for a single case for change and shared set of ambitions with consistent communication of the ambitions - Endure, Engage, Evolve
- Create a network of communication ambassadors to support two-way communication
- As the ambitions are large what are the immediate actions
- All actions will be evaluated

Following the December Board meeting the communication and engagement goals will reflect 4 key themes:

1. Prevention
2. Redirection
3. Embedding a culture of co-production
4. Ensuring staff and the public are kept informed and feel valued.

These are the long term goals and therefore embedding engagement and communication as core to everyone's role will be required to succeed.

		<p>Susan finished by asking if the EPC agreed that these were the appropriate steps and at the end of six months what would they expect the system to achieve?</p> <p>Stuart confirmed that the 'business as usual' everyday communications will continue as well as creating and working on the new transformational changes.</p> <p>John reiterated that the importance of building on what has already been achieved through the communications and engagement of the NHS Grampian Plan for the Future. Clear objectives need to be articulated to help and support people to stay well, recover faster and then the broader aim of improving health and wellbeing. It is important to hear voices with lived experience in order to shape expectations around health and care.</p> <p>Susan agreed the need to articulate the actions taken this winter through to the longer term ambitions.</p> <p>Several EPC members contributed to the discussion and Susan welcomed all points and observations made.</p> <p>The Committee agreed to endorse the approach and invite members to feedback any further comments to Susan or Stuart by telephone or email.</p>	
<b>5.</b>	<b>Equality and Diversity</b>		
	<b>5.1</b>	<p><b>NHS Grampian Equality, Diversity and Human Rights Policy &amp; Anti-Racism Policy update, process &amp; key themes</b></p> <p>Nigel Firth focussed his update on the race agenda. The Anti-Racism Policy clearly makes our definition of this explicit. The next stage of the process it to create an NHS Grampian 5 Year Race Equality Strategy which will include key performance indicators. Nigel advised that the current use of Datix to report racist incidents is challenging and time consuming. A better way to report racist incidents and provide staff with greater confidence to report them is required. The final part of the Policy will create a guide which will assist how best to avoid language, comments or actions which may be construed as racist.</p> <p>The NHS Grampian Equality, Diversity and Human Rights Policy for Staff (presented at the previous EPC meeting) had generated detailed contributions from committee members which were welcomed and incorporated within the Policy. The policy will be discussed at the next Grampian Area Partnership Forum prior to being sent to staff, partners and public for further feedback.</p>	

		<p>Nigel then highlighted the further strands of relevant work which included: producing a video based on personal experiences of racism, Anti-Racism poster campaign, Black History month, Equality and Diversity staff training and campaigns within the Emergency Departments and GP practices due to an increase in racial and other abuse being experience by staff.</p> <p>Discussions followed with various members submitting suggestions including the use of third-party reporting of incidents for racism and other forms of discrimination, and using terminology in the policies which are clear and understandable. Policy statements should be succinct and the suggestion to review how policies are written and prepared is welcomed.</p> <p>John commented that it was also important to include systemic inequality in this work.</p> <p>Amy thanked Nigel on the co-produced work on the policies and suggested that visual links and the processes of risk to be escalated are included.</p> <p style="text-align: right;"><b>Action:</b></p>	
			<b>NF</b>
<b>6.</b>	<b>Handling and Handling from Feedback</b>		
	<b>6.1</b>	<p><b>NHS Grampian Feedback Service Annual Report</b></p> <p>Jenny Ingram noted that there had been a delay in producing the annual report due to the current challenges and pressures. The finalised report has been shared with the Chief Executive Team and will presented at the next Clinical Governance meeting on Fri 12 November. Jenny relayed the Feedback Service's thanks to the Corporate Graphics team for their support in the production of the document.</p>	
	<b>6.2</b>	<p><b>Handling and Learning from Feedback draft report for EPC</b></p> <p>Jenny acknowledged that the review of adverse events, complaints clinical risk and Duty of Candour events sit with the Clinical Risk team (who report to the Chief Executive Team) and assurance to the Board is provided via the Clinical Governance Committee. The aim of the report for EPC is to share examples of themes from complaints and Care Opinion that capture the wider experience of patients and members of the public.</p> <p>The report highlighted the type of feedback received in the period April – Sept 2021. Included were the severity of complaints, common complaint categories and a range of actions taken as a result of the complaint. The Committee was asked to consider if this type of report was the information that was useful and meaningful.</p>	

		<p>Several members provided suggestions which included separating operational from strategic themes, further demographics on the people who complain and gathering feedback from patients who have had positive outcomes but may suggest ways to improve.</p> <p>John enquired whether the focus for the EPC is to ensure that the organisation has listened, considered and responded appropriately.</p> <p>Amy agreed and that in the future this would be included in the patient participation work being taken forward as the development of the EPC continues. She highlighted that the information provided was Foresterhill site focussed and suggested that the whole patient pathway is covered to ensure information from across all the systems.</p> <p>Jenny was thanked for the draft report. She agreed to find out if the data could be drilled down further which could be useful and take on board the feedback received for the next report for the EPC.</p> <p style="text-align: right;"><b>Action:</b></p>	
<b>7.</b>	<b>Public Involvement</b>		<b>JI/LB/NF</b>
	<b>7.1</b>	<p><b>HIS Framework Plan for People Guidance</b></p> <p>Louise Ballantyne talked through a short presentation on the framework which is due to be refreshed in January 2022.</p> <p>There are 3 domains to the framework</p> <ol style="list-style-type: none"> <li>1. Self-assessment of the ongoing engagement and involvement of people</li> <li>2. Involvement of people in strategy planning and design</li> <li>3. Governance and leadership in supporting community engagement and participation</li> </ol> <p>She provided examples of questions asked within the self-assessment and noted that the responses will inform and are in line with Fairer Scotland Duty in the public sector.</p> <p>The framework will be used as a test of change on the Plan for the Future work which Louise recommends that the EPC would consider for self-assessment and is a suitable way to support the work going forward.</p>	
	<b>7.2</b>	<b>NHS Grampian Engagement Accreditation/Charter Development</b>	

		<p>Liz Howarth gave a presentation on NHS Grampian Engagement Accreditation/Charter Development which was identified as a key priority that began as an idea to co-design a 'hallmark' for great practice in engagement.</p> <p>The Grampian Engagement Network (GEN) now has around 40 members comprising of engagement practitioners from all sectors in Grampian. By working together as a network GEN have produced a document which captures exactly what engagement should be in a concise and clear way. Liz noted that it is important engagement is a good experience for participants and, whilst the outcome may not be what they hoped for, they should still find involvement in the process enjoyable. Opportunities to formalise the GEN into a 'community of practice' are now being explored to support and enable effective engagement across Grampian.</p> <p>Louise commended Liz on the work and reiterated that people from both Highland and Tayside Boards have willingly joined the network, demonstrating the future potential for developing engagement on a north of Scotland basis.</p>	
	<p><b>7.3</b></p>	<p><b>Public Involvement update</b></p> <p>Louise provided a brief overview and update of the many projects, groups and support that the Public Engagement Officers are involved in.</p> <p>Both Amy and John complimented and thanked Louise and all her team on the quality of work being provided for the EPC and felt that this should be highlighted to the NHS Grampian Board.</p>	
<p><b>8</b></p>		<p><b>Strategic Plan Development update</b></p> <p><b>Development of NHS Grampian Plan for the Future 2022 – 2028</b></p> <p>Jenna Young noted that Phase 1 engagement is complete and key themes had been identified from feedback. Eight high level themes will now be explored in more detail during Phase 2, which is now underway. Focus groups and engagement sessions with specific groups have been arranged to explore the barriers identified and work together to co-create potential solutions. Output from the sessions will further inform the development of the Plan with a draft planned to be shared with staff, public and partners in December, ahead of final consideration and endorsement by the Board in February 2022.</p> <p>Jenna explained that a number of assets will be produced to share some of the feedback and stories received. Work is ongoing to develop an interactive online version as well as videos, posters, visuals for social media etc. within a tight timeframe. She acknowledged the great support from both the project and public involvement teams.</p>	

	<p>Luan enquired how younger people are being engaged in the process. Jenna confirmed that a gap had been identified in receiving young people's views as part of Phase 1. To address this, meetings with both NESCOL and RGU have been arranged to discuss how best we can access the student's views particularly with their disadvantaged student groups. At the first public session held on Tue 9 November a 16 year old had participated and their views and contributions were well received.</p> <p>Included in the update were 4 requests of the EPC:</p> <ol style="list-style-type: none"> <li>1. Agree that the progress undertaken to date supports an inclusive, joined-up approach with partners, reducing duplication and building on existing networks and engagement undertaken to date;</li> <li>2. Note one further assurance report will be submitted to the EPC in February 2022 to update on completion;</li> <li>3. Agree that they are assured that the process (both that which has been completed and that which is proposed/in progress) is comprehensive and enables all stakeholders, including those with lived experience of local services and seldom heard individuals/groups to have an influence on the development of NHS Grampian's Plan for the Future 2022-2028; and</li> <li>4. Agree that the approach is in line with statutory duties and best practice, as set out in national and local engagement and participation guidance</li> </ol> <p>The EPC agreed all four items.</p> <p>Amy thanked Jenna for the update and to the teams for their valuable work and looked forward to a more in depth discussion at the next EPC meeting in February.</p>	
9.	<p><b>Report to NHS Grampian Board</b></p> <p>The Chair confirmed that a report on a selection of the subjects discussed at the meeting will be provided to the NHS Grampian Board. This was to highlight risks and opportunities.</p> <p>It was agreed that the report would include:</p> <ul style="list-style-type: none"> <li>• Progress work of the Committee</li> <li>• Using risk to inform gap analysis</li> <li>• Anti-Racism Policy</li> <li>• Handling and Learning from Feedback</li> <li>• Grampian Engagement Network</li> </ul>	Chair
8.	<b>Any Other Competent Business</b>	

	<p>There were none raised.</p> <p>The Chair thanked everyone for attending, the useful discussions and thoughtful questions.</p>	
<b>9.</b>	<p><b>The next meeting of the Committee is on Wednesday 9 February 2022 at 10.00am via Microsoft Teams</b></p> <p><b>Future dates 2022:</b> <b>Wed 11 May</b> <b>Wed 17 Aug</b> <b>Wed 16 Nov</b></p>	