

NHS GRAMPIAN
Minute of Meeting of the Engagement and Participation Committee
10:00 on Wednesday 17 August 2022
In the Conference Room, Level 5, Emergency Care Centre

PRESENT:

Amy Anderson, Non-Executive Board Member (CHAIR)
Louise Ballantyne, Head of Engagement
Joyce Duncan, Non-Executive Board Member (via TEAMS)
Nigel Firth, Equality and Diversity Manager
Elizabeth Howarth, Dep Head of Engagement (via TEAMS)
Stuart Humphreys, Director of Marketing and Communications
Jenny Ingram, Associate Director of Quality Improvement and Assurance
Cameron Matthew, Divisional General Manager, Surgical Services (via TEAMS)
Dave Russell, Public Lay Representative (via TEAMS)
Susanna Wilson, Consultation & Engagement Adviser

IN ATTENDANCE:

Heather Haylett-Andrews, Communications Officer, Clerk to the Committee
Susan Harrold, Senior Planning Manager, PiP Directorate
Jenna Young, Planning Manager, PiP Directorate

No.		Action
1.	<p>Welcome, introductions and apologies The Chair welcomed everyone to the final meeting of the Engagement & Participation Committee.</p> <p>Apologies received from Paul Allen, June Brown, Kim Cruttenden, Cllr Isobel Davidson, Sarah Duncan, Nick Fluck, Luan Grugeon, Steven Lindsay, Prof. Louise Locock, John Tomlinson, Lauren Tweedley and Susan Webb.</p>	
2. 2.1	<p>Note of meeting held on 14 June 2022 The minute was approved as an accurate record of discussions and actions were all fulfilled in accordance.</p> <p>Action/Decision Sheet Update Louise gave an overview of the items included in the action tracker and agreement was reached that the following items from the tracker form part of the handover to be considered by the Population Health Committee.</p> <p>Action 1 Participation of Children and Young People Group Louise and Stuart indicated that this focus should remain since 'Children' are specifically referenced in the Plan for the Future going forward.</p> <p>Action 2 Handling and Learning from Feedback Continued use of feedback as a learning tool - discussed as a main agenda item.</p>	

	<p>Action 3 Advocacy Grampian - Independent Advocacy Strategic Plan 2020-2023 Louise provided a short overview of the background and discussion ensued on issues and resources available as well as the need to seek assurance that good value is being achieved by outsourcing advocacy provision.</p> <p>Action 4 EPC Strategic Intent/Board Role of EPC Stuart and Amy indicated that this will be discussed as a main agenda item.</p> <p>Action 5 Equality & Diversity; Disability and COVID-19 Survey Nigel indicated that this will be discussed as a main agenda item.</p>	
3.	Matters Arising	
3.1	<p>Update on Board Assurance Framework – Handover to Population Health Committee Stuart indicated that a further meeting will take place on 6th October, to discuss next steps towards the first meeting of the Population Health Committee commencing in November.</p> <p>To facilitate a smooth transition between the two Committees, EPC will combine the agreed items from the current action tracker, with the previous GAP analysis work, plus member responses to a handover survey that seeks to share learning and experience.</p> <p>Louise advised that the survey link would be sent out to the committee following the meeting to gather thoughts with responses requested by close of play Wednesday 24th August.</p> <p>Observations were sought and gathered in discussion on the invaluable work of the EPC up to this point. The following items were noted by the group:</p> <ul style="list-style-type: none"> • Continuation of cross-system learning and sharing • Capturing day-to-day feedback element in its totality • Highlighting/sharing of positive engagement/feedback (not just the criticism) <p>Stuart pointed out that the NHS Board's priorities will be informed by the Plan for the Future and it was noted that Sarah Duncan is working on a new method for distributing papers to multiple</p>	LB/HHA

	<p>committees if required – with each reviewing/feeding back through a specific lens based on their individual terms of reference.</p> <p>Louise pointed out that a large engagement workshop with Elaine McConnachie, Public Health Manager will take place inclusive of IJB colleagues to help inform how we go forward in partnership. She received approval from the Committee in this regard.</p> <p>Discussion ensued around patient appointments not being taken up, and how to redress the balance looking into the reasons for this. Susan commented on needing to ensure there is a consistency of messaging and Dave suggested an extra button be included in the phone options at GPs to ‘cancel appointment’.</p> <p>Amy thanked everyone for the helpful discussion.</p>	
<p>4.</p>	<p>Plan for the Future Update</p> <p>Jenna gave background on work going on over the last year and a brief update on current position. People. Places. Pathways and all other updates are on the website for people to access, though content will be regularly updated to remain accurate and relevant.</p> <p>Jenna indicated the ongoing importance of engaging with staff and public. She also advised there will be a quarterly review process, allowing us to implement changes.</p> <p>Nigel extended his thanks and wanted credit paid to Jenna, Susan and team for the fabulous work done.</p> <p>Louise made some suggestions for imbedding the People. Places. Pathways into staff minds:</p> <ul style="list-style-type: none"> • Lanyard with People. Places. Pathways • A regular focus on aspects of the plan – e.g. environmental issues et al. <p>Joyce suggested that it would be good to see what has been achieved and what hasn’t been achieved over time.</p> <p>Stuart was pleased to report that the graphics/materials developed to support the launch of the Plan for the Future had been positively received by the wider SLT. However, he noted that approx. 55% of managers reported having not yet delivered the expected presentation or shared the toolkit of assets with their teams. For staff who have yet to receive their update, a daily brief inclusion will remind them to request this from their managers.</p>	

<p>5.</p>	<p>Delivery Plan Update</p> <p>Susan acknowledged the significant effort that had been required to get to this point and gave a brief update on the current position of the delivery plan.</p> <p>She set out how the plan addresses immediate priorities until end of March 2023, after which the 3 year rolling plan will continue. The current internally approved delivery plan may be subject to change due to long-wait targets, following a meeting scheduled for early September 22 with Scottish Government to gather their thoughts. Following the meeting, it is hoped that the plan to March 2023 will be signed off by NHS Grampian Board in October and will be in the public domain thereafter.</p> <p>There has been considerable engagement occurring through June to end July with various groups and committees, focus groups, staff networks, Scottish Government priorities, and responses from Portfolio Leads etc.</p> <p>The desire for the first year of the plan was to have few, clear objectives that are realistic, achievable, reflect the position we are in and are aligned to People. Places. Pathways. Top priorities:</p> <ol style="list-style-type: none"> 1. Reducing delays and accessing care, across the board – specialist services, primary care; access to social care. 2. Supporting our colleagues to remain safe and well at work 3. Creating conditions for change, build foundations reflecting challenges we are in, aligning to our workforce plan and finance plan <p>In terms of ongoing engagement, we have multiple mechanisms and have built relationships: a communication plan, links with Comms leads, Comms Network Group, H&SCPs and planning counterparts; and continual conversations with public and staff.</p> <p>From October 2022, a quarterly report will be produced through the Performance Assurance Finance and Infrastructure Committee.</p> <p>Stuart enquired and Susan answered that resource to continue monitoring delivery within the PiP Directorate will continue going forward. Once approved, the delivery plan will be shared on the Plan for the Future website.</p> <p>Jenna enquired how we can capture what is happening and share it wider. Louise indicated that Katie Cunningham has been working on a platform for sharing good learning/engagement to have readily available to public and staff.</p> <p>Amy thanked Jenna and Susan for their useful updates.</p>	
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6.	Handling & Learning from Feedback	
	<p>Jenny shared her report covering 1 August 2021 to 31 July 2022, examining complaints and feedback in two specific areas, and reported on findings therein:</p> <p>1. Complaints were broken down by postcode area, the purpose being to determine if more disadvantaged areas were more/less likely to complain than those in the least disadvantaged areas:</p> <ul style="list-style-type: none"> • Complaints – a graph showing areas of deprivation with fewer complaints was shared. The remaining citizens showing broadly patterns of behaviour, with the exception of 379/479 complaints relating to HMP on vigintile 16. • Advocacy – only 21 complaints were received from the advocacy service during this period. • Key themes for complaints were noted, no real change. Jenny suggested that for future reports and analysis, content be categorised under People. Places and Pathways. • Learning from complaints from care opinion and adverse events is now included within the NHS Inspiring Quality Newsletter which will be produced 3 times per year as a source of useful, relevant and up-to-date information about quality improvement, assurance and risk. <p>2. Feedback on complaints handling:</p> <p>Data collection and reporting has resumed now supported by the Quality Improvement and Assurance Team. A snapshot view was included. On average only 23% of responses agreed with the statements, 20% were neutral responses and 57% did not agree with the statements. The open question ‘if you would like to add some further comments’, 75% responded in their own words, top three themes:</p> <ul style="list-style-type: none"> • Response to complaints – incomplete, inaccurate, unresolved • Ability/Accessibility to log a complaint • Actions from the complaint unclear or not known to be followed up on <p>Dave enquired around support provision for HMP community. Jenny indicated that the majority of the complaints relate to sourcing of medication et al and are closed as promptly as they opened, i.e., fast turned around. The feedback service will be working with Aberdeenshire H&SCP around offering dedicated support.</p>	

	<p>Dave suggested that it might be interesting to look at the number of patient contacts per postcode area. Jenny indicated that this information could be gathered from health intelligence.</p> <p>Dave also suggested that prejudice & discrimination also be a complaint theme of its own right. Jenny took this on board and Louise agreed that this should be looked at.</p> <p>Dave mentioned the negative responses per category, relating to GPs and asked 'how do we get assurance of meaningful engagement in primary care?' Louise indicated that now is the time to look at in-house feedback services between the public and independent practices.</p> <p>Louise asked how NHSG as a board or through H&SCPs we could obtain assurance that complaints do not in fact need further escalation. Jenny indicated there is a yearly inspection of the prisons with production of a report through the Quality & Safety Sub-Group.</p> <p>Louise pointed out that advocacy providers are occasionally only available part-time so this leading to less opportunities for advocacy provision, is indicated in the numbers in the report.</p> <p>23% of complaints around communications, would be interested in opportunities to hear about the sub-themes.</p> <p>Louise extended her thanks for the report and embedded newsletter which Jenny stated had been sent out in a daily brief.</p> <p>Amy thanked everyone for the good discussion.</p>	
7.	Equality & Diversity	
	<p>7.1 Disability and COVID-19 Survey Outcome</p> <p>Nigel stated that we know from national data that COVID-19 and lockdown had disproportionately impacted on patients with a disability but as we did not know the local situation was, a questionnaire was created and distributed. The GREC produced a detailed report on its outcome which will be available in the next two weeks and will be shared widely when ready.</p> <p>There was an expectation from the disability group that access to GP services, hospital services, dentists, opticians would be the main issues. However, the biggest two single issues highlighted were both related to mental health. Rating mental health prior to lockdown (1 being poor. 5 being good) most were 3 or 4. During lockdown, rating average 2. Post lockdown, still well below normal levels. People with a disability living on their own had even more stark results.</p>	

	<p>Amy posed the question on how these findings might affect our services. Dave stated that if these patients are not already in our mental health services, primary care services and mental health services will be impacted.</p> <p>Cameron agreed with above and highlighted that it also reflects on our specialist services where some of these patients may return into.</p> <p>Discussion ensued around the findings perhaps indicating a fear of returning to normal. Nigel indicated that the comments included in the free text section of the survey indicated so.</p>	
<p>7.2</p>	<p>Workforce Monitoring Report Update</p> <p>Nigel stated that the annual report provided in advance of the meeting covers all 9 of the ‘protected characteristics’, as defined in the Equality Act 2010, and was approved at the Staff Governance Committee on 10th August.</p> <p>Nigel indicated that the report paints a positive picture of NHS Grampian as an employer but highlighted the following items from the report:</p> <ul style="list-style-type: none"> • The non-availability of reliable information from the NHS Scotland-wide ‘Job Train’ system for the past year is an issue which must be addressed ahead of the 2022/23 report. • The reason(s) for a net outflow of 463 staff, most of which were of Scottish ethnicity, needs to be explored further to gathering learnings. • The reason(s) why staff who have identified themselves as having a disability, had a lower training completion date requires to be explored further. <p>Louise enquired if it was normal practice for 18% of staff to answer ‘don’t know’ or ‘prefer not to answer’ when asked about their gender. Nigel clarified that ‘prefer not to answer’ is within a person’s right and the ‘don’t know’ can be used by people whose ethnicities don’t fit neatly into one category over the other.</p> <p>There are sensitivities around ethnicities but we ought to encourage staff to share their information, although a voluntary option.</p> <p>It was noted that staff are gradually feeling more comfortable about sharing information about their sexual orientation with NHS Grampian – suggesting it is increasingly viewed as an inclusive organisation.</p>	

	<p>Nigel clarified for Dave, that the report contains data on permanent NHS Grampian staff only but indicated it is hoped in future to include bank and locum staff. It is important to ensure substantive staff data is correct first.</p> <p>Nigel stated that the report will also be shared with the GAPF.</p>	
8.	Public Involvement	
8.1	<p>Public Involvement Update Louise updated on her team's top 3 items:</p> <ul style="list-style-type: none"> • Staff Equalities Network leading on work for speak up ambassadors and advocates networks, supporting staff to come forward around bullying and harassment, and whistleblowing. • Completion of the redesign of the Public Involvement Team, welcoming 3 new team members. • Continuation of work, especially around capital investment projects totalling £312M including National Treatment Centre – option appraisal re-run early next month. Dr Grays Hospital Transformation with workshops in September/October, linking in with the Maternity Services Review. The Mortuary Project build is imminent following wide engagement. <p><u>Priorities over next 3 months</u></p> <ul style="list-style-type: none"> • Continuation of promotion of Hallmark for Engagement accreditation, developed by the Grampian Wide Engagement Network, mainstreaming around NHS Grampian • Continue to develop resources and information for staff to carry out their own engagement work via toolkits. • Continue to think about the joined-up approach between Public Involvement and Public Health. 	
8.2	<p>Volunteer update Louise indicated the organisation is at a pivotal point for volunteer work. A paper is being taken to CET Business Meeting later in August to seek clarification of the organisation's long-term, ambition for harnessing the positive contribution of volunteers. She indicated that resources for volunteer services are required on the Foresterhill site, as the temporary post is coming to an end in September.</p> <p>The paper will include mention of the benefits for organisational culture, safety benefits for patients who may present as confused, reducing isolation for patients; and opportunities for volunteers to see NHS Grampian as a good place to work; and youth programme opportunities to secure future recruitment for us.</p>	

