

NHS GRAMPIAN

**Minute of Meeting of the Engagement and Participation Committee
10.00am Wednesday 9 June 2021
via Microsoft Teams**

PRESENT:

Amy Anderson, Chair, Non-Executive Board Member
Stuart Humphreys, Director of Marketing and Communications
Louise Ballantyne, Head of Engagement
Paul Allen, Director of eHealth and Facilities
Dr June Brown, Director of Nursing
Kim Cruttenden, Chair of Area Clinical Forum
Cllr Isobel Davidson, Non-Executive Board Member
Albert Donald, Non-Executive Board Member
Joyce Duncan, Non-Executive Board Member
Nigel Firth, Equality & Diversity Manager
Luan Grugeon, Non-Executive Board Member
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, Acute Services
Malcolm Metcalf, Associate Medical Director, deputising for Prof Nick Fluck
Anna Rist, Consultation & Engagement Officer
John Tomlinson, Non-Executive Board Member
Susan Webb, Director of Public Health

ATTENDING:

Marilyn Elmslie, Communications Officer, Clerk to the Committee
Sarah Duncan, Board Secretary,
Susan Harrold, Planning Manager
Lesley Robertson, Community Planning Officer, Kincardine & Mearns Community
Planning Partnership
Lorraine Scott, Director of Planning, Innovation & Programmes
Jenna Young, Planning Manager

No.		Action
1.	<p>Welcome and apologies The Chair welcomed everyone to the meeting and advised that the meeting was being recorded to ensure accuracy for minute taking.</p> <p>Apologies were intimated on behalf of Dr Lynda Lynch, Professor Nick Fluck, Rachel Little, and Lauren Tweedley.</p> <p>The Chair noted that Jenny Gow, Public Representative, had to submit her resignation from the Committee due to work commitments. A note of thanks to her for contributing to the Committee was made. A replacement public representative will be sought.</p>	

<p>2.</p> <p>2a</p>	<p>Minute of the meeting held on 2 September 2020 The minute was approved as a correct record of the discussions.</p> <p>Action/Decision Sheet update Not previously circulated. Link to the document in the Teams file was sent following the meeting.</p> <p>It was agreed that the following would remain on the Tracksheet:</p> <ul style="list-style-type: none"> • Changes to Women services at Dr Gray's to monitor outcome of pilot Sensemaker project • Participation of Children and Young People Group • Grampian Independent Advocacy Strategic Plan 	
<p>3.</p>	<p>Renewal and Development of the Board Role of EPC</p>	
<p>3.1a</p>	<p>Engagement and Participation Committee Discussion Paper Amy reaffirmed EPC's commitment to continue developing the role of the EPC to fulfil its role as a core assurance committee to the NHS Grampian Board.</p> <p>A small working group of members of the Committee met on 12 May to take this forward and consider what a future programme of work should include. An action from the meeting was to produce a paper to be presented at a future Board meeting. The draft paper was circulated to Committee members for input and feedback.</p> <p>Stuart suggested that it would be useful to include representation from the individual IJBs and Modernisation Directorate in the membership of the Committee.</p> <p>John Tomlinson commented that the draft paper was a good starting point and that several aspects required to be developed further. There has to be complimentary engagement across the systems and the assurance that the infrastructure is in place.</p> <p>Susan Webb highlighted the work of the Locality Community Partnerships and recommended the insights from their work be captured and incorporated into planning NHS Grampian services.</p> <p>Luan Grugeon agreed that the 12 month focus of the Committee was important as forthcoming Clinical Strategy work may mean changes to the content of the Committee structures. She also suggested that the Committee needs to focus more on providing strategic assurance, separate itself from the operational issues and conduct an audit to identify the gaps which would inform a strategic review. The planning with people guidance was a useful starting point for a framework.</p>	

		<p>Joyce Duncan also noted an audit would be useful and there should be a focus on linking further with the Third Sector. This would allow us to engage with Communities of Interest as there may be specific health or illness related aspects that we need to be aware of.</p> <p>Lesley Robertson feedback that it was reassuring to hear improving links with Community Planning Partnerships referenced as this was also their focus. She suggested that it would be useful to have a formalised structure as well as an ability to share and access information.</p> <p>Amy thanked everyone for the useful debate. She highlighted that the intent of the paper is to set out the Committee's strategic intent and to provide a common language of terms. The feedback from the Committee discussion will be taken forward to the next sub-group of the committee meeting to continue to work on the paper which will be provided to the NHS Grampian Board. Action</p>	<p>EPC small working group (AA, SH, LB, JT, DR)</p>
<p>3.1b</p>	<p>Draft Workplan of EPC</p>	<p>Louise Ballantyne presented a slide which featured an example of a forward planner for the Committee, which included:</p> <ul style="list-style-type: none"> • Upcoming documents and reports to be submitted • Upcoming events relating to the committee remit • Key items for discussion • Health and Social Care Publications relevant to the committee remit <p>It was agreed that once the strategical remit of the Committee was finalised then many of the items within each heading would be more appropriately discussed at operational level (i.e. a sub-committee of EPC) which would then feedback to the EPC. It was noted this should include ensuring the Committee is sighted on reports before they are published.</p> <p>EPC to work out the strategic intent of the Committee prior to finalising paper to the NHS Grampian Board. The workplan of the EPC can then be populated for the next 12 months. Action</p>	<p>LB, SH, AA, all</p>
<p>3.2</p>	<p>Advocacy</p>	<p>Louise noted that there was an agreement between NHS Grampian and the Health and Social Care leads on Advocacy to review/refresh and recommission the arrangements on a Grampian wide basis. Due to Covid-19 this work had been paused but will recommence shortly. Luan enquired if the review would include advocacy users and supporters. This was confirmed and was a</p>	

		<p>good example of how the Committee can support work across boundaries.</p> <p>Louise will provide a fuller update at a future EPC meeting.</p> <p style="text-align: right;">Action</p>	LB
3.3		<p>Handling and Learning from Feedback Annual Report</p> <p>Jenny Ingram talked through some of the findings within the Feedback Annual Report 2019/20 and the ways feedback is captured. She highlighted that the report has been well received and several other Health Boards were looking to adopt a similar report style.</p> <p>Jenny noted that it would be helpful to know what the strategic intent of the EPC would require from the Feedback and Quality Assurance teams going forward.</p> <p>Louise suggested that a formalised link would be helpful as it would be useful to hear feedback from services that have been changed.</p> <p>John felt that the report showed that NHS Grampian have mechanisms in place to hear from people but highlighted that we have to be assured that improvements have been made as a result. He suggested that the report was relevant to come to the EPC on an annual basis.</p> <p>Luan enquired whether there were gaps from getting feedback from seldom heard voices. An action for the EPC would be to incorporate assurance that that a diversity of views has been sought, both from Feedback and other programmes, going forward. Nigel Firth confirmed that NHS Grampian has a legal duty under the Fairer Scotland Duty Act to ensure equality of health outcomes. Luan also suggested a comparison with other Health Boards reports, however Professor Locock said this should be done with caution due to differences in approaches in different Board areas.</p> <p>Dave Russell commented that the report focussed mainly on complaints but there are other patient experiences which do not lead to complaints. He agreed with Luan that capturing and finding out where the gaps are was necessary.</p> <p>Joyce enquired whether the outcomes on the findings are communicated to new clinical staff. Jenny confirmed that training on handling complaints was included in the undergraduate's training and the Feedback staff are due to start retraining with the Ombudsman on how to deal with complaints and feedback effectively.</p> <p>Jenny noted that there are several care assurance tools available for gathering information from patients and their families including</p>	

		<p>the findings from Care Opinion. She is working closely with Kirsten Dickson from the Risk and Assurance team to pull together the key messages and themes to develop further.</p> <p>It was agreed that it would be useful for Jenny to liaise with Corporate Communications to discuss how handling and reporting of Feedback can be effectively reported back to the EPC. Action</p>	<p>JI, SH, LB an NF</p>
<p>4.</p>	<p>Equality and Diversity</p>		
	<p>4.1</p>	<p>Equality and Diversity Report update including training Nigel Firth talked through the report and highlighted progress made since the last EPC meeting. This included:</p> <ul style="list-style-type: none"> • Impact Assessor One Day Level One Training Seminar for 4 Aberdeen City HSCP participants and one from NHS Shetland. Successful training delivered entirely by electronic methods and practical exercises. • Equality and Diversity Training Seminars Level 2 - 18 seminars held where a total of 670 people from NHS Grampian, Orkney and Shetland completed the training. • Equality and Diversity Training Seminars Level 4 - 13 seminars held where a total of 158 people completed the training. <p>Regarding meeting the communication needs of non-English speaking patients and disabled people, Nigel reported that access to accurate and timely information on Covid19 remained available through Language Line interpretation, face-to face-interpreters using Near Me by utilising local BSL interpreters. Nigel also noted that 20 individual BSL interpreters have each received a personal letter of thanks for their support and contribution from Adam Coldwells, Deputy Chief Executive.</p> <p>John commented that the report is welcomed and it would be useful to address the assurance aspect by reporting on the impact.</p> <p>Dave enquired if contract staff also had access to the same training. Nigel responded by highlighting that there had been a high uptake among temporary vaccinator staff completing the training. Dave suggested that this example be replicated for other contract staff. Nigel welcomed the suggestion.</p> <p>Amy agreed that it would be useful to have evidence based reporting in future reports. She also highlighted the risk that Equality and Diversity team is a small team working across 3 Health Boards. Nigel noted that the Director of Communications and Marketing is aware of the risk and was supporting the Equality and Diversity team by making additional resource available.</p>	

<p>4.2a&b</p>	<p>Equality & Diversity Outcome Report and covering paper Nigel explained that the NHS Grampian Equality Outcomes 2021 to 2025 had been published and uploaded to the NHS Grampian website on 12 April. He agreed that it would have been helpful for EPC to have had sight prior to publication but advised that, due to the deadline set by the European Health Rights Commission and the pausing of Committee meetings due to the pandemic, this had not been possible on this occasion. It was agreed that relevant future reports be shared with the appropriate Committee in good time.</p> <p>The report sets out what NHS Grampian wishes to achieve in the period (April 2021 to March 2025) to progress equality both in the services it provides and within the organisation. Due to Covid-19 the legal requirement to involve and consult with local equality and diversity groups, partner agencies and the wider community of Grampian when formulating the outcomes is, was met mainly through online telephone interaction. Nigel highlighted that, in addition to receiving feedback from the appropriate named groups and individuals during the consultation, a Lime Survey was also conducted to allow feedback to be provided anonymously.</p> <p>Nigel commended and thanked the many NHS Grampian staff, partners and agencies who had provided the material for the report during a challenging period.</p> <p>Luan commented that the covering paper which will be provided for the NHS Grampian Board should include learnings from previous reports on where the strategic focus needs to be.</p> <p>Amy suggested that the report could be used as an action plan which would allow the Committee to get a feel for the breadth of the work with 3rd sector agencies. She also noted that once the EPC Workplan was complete that it should provide the Committee with a timeline and focus for future reports.</p>	
<p>5.</p>	<p>Project updates – involvement and engagement activity Louise provided a brief overview of the work of the involvement and engagement activity using an infographic showing 5 key priorities:</p> <ol style="list-style-type: none"> 1. Continue to develop relations and tap into more diverse, representative and hard to reach communities 2. Continue to support the NHS Grampian led system wide ‘Engagement Advisory Group’ 3. Continue to build momentum with continuous, real time, meaningful public and staff engagement 4. Continue to embed consistent system wide, evidence based, best practice engagement 	

	<p>5. Continue development of Engagement Champion roles and Gold Standard Engagement Accreditation.</p> <p>Louise agreed for the infographic to be shared with the EPC MS Teams files.</p>	
<p>6.</p>	<p>Strategic Plan Development</p> <p>Susan Harrold and Jenna Bews took the Committee through a presentation which provided an update on the high level process, timescales and approach of the NHS Grampian Strategic Development Plan with staff, the public and partners.</p> <p>Key messages</p> <ul style="list-style-type: none"> • Strategic Plan for 2022-28 ~ signed off Feb 2022 • Plan co-created with public, service users, future service users, staff and partners • Inclusive engagement – via multiple mechanisms, targeted approaches and bespoke for different stakeholders • Utilisation of existing groups and networks, as well as wider public engagement • Focus on the seldom heard – those underserved and with particular needs to enable participation • Journey to a more inclusive engagement process will improve opportunities and reduce barriers <p>Following the presentation John commented that he was assured on the reach but not so clear on the methodology. Susan explained that the initial finding out was being mapped by Public Health Researchers and Public Involvement colleagues. Lorraine noted this is a significant task involving a number of colleagues to ensure the correct skills and expertise are utilised.</p> <p>Louise also confirmed that the approach being used was similar to what was used in the ALLIANCE (The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations). An Engagement Officer has been designated to assist working with the planning team to look at the methodology from different generational groups. Test checking with groups will be completed before going out to the wider public.</p> <p>Louise noted that it was important to build in success criteria which are meaningful and fully linked to the Health and Social Care Partnerships.</p> <p>Isobel voiced her concern on how we will manage the expectations of the public as there are may be services that NHS Grampian will be unable to deliver. Louise replied that within the National Standards of Engagement it can be explained what can be influenced and importantly what cannot. Communications will promote openness and transparency as it continues to influence the dialogue.</p>	

	<p>Luan was encouraged to see that listening to Seldom Heard Groups was highlighted and that language was important. She enquired how strongly prevention and intervention will feature. Lorraine confirmed that the key themes will emerge in phase 2 of the process. There will be different levels of dialogue and working with Community Planning to ensure we are maximising health outcomes for now and in the future.</p> <p>The EPC was asked to:</p> <ol style="list-style-type: none"> 1. Note the work undertaken to engage at the inception of the process to ensure support and an inclusive, joined-up approach with partners, reducing duplication and building on existing networks and engagement undertaken to date; 2. Note the next steps and that regular assurance reports will be provided to the EPC during the next 9 month period; 3. Advise that they are assured that the process (both that which has been completed and that which is proposed) is comprehensive and enables all stakeholders, including those with lived experience of local services and hard to reach individuals/groups to have an influence on the development of the strategy; and 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. <p>The Committee agreed to all 4 of the recommendations.</p> <p>The Chair enquired how often that the item would report back to EPC. Lorraine confirmed that it would be useful to have the matter as a standing item on the agenda at all future EPC meetings and included in the EPC Workplan.</p>	
7.	<p>Report to NHS Grampian Board</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"> • Engagement and Participation Committee Discussion Paper • Draft Workplan of EPC • Handling and Learning from Feedback Annual Report • Equality & Diversity Outcome Report and covering paper • Strategic Plan Development 	Chair
8.	<p>Any Other Competent Business</p> <p>There were none raised.</p>	

	The Chair thanked everyone for attending, the useful discussions and thoughtful questions.	
9.	<p>The next meeting of the Committee is on Wednesday 11 August 2021 at 10.00am via Microsoft Teams</p> <p>Future dates:</p> <p>2021</p> <p>Wed 10 Nov</p> <p>2022</p> <p>Wed 9 Feb</p> <p>Wed 11 May</p> <p>Wed 17 Aug</p> <p>Wed 16 Nov</p>	