



# Putting People First Year 1 Progress Report

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March 2025 – The Journey So Far

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## Putting People First – NHS Grampian’s new approach to how we listen to and involve people

*“We need to invest our time and efforts in creating a different conversation and relationship with the people of Grampian, to ensure we delivery good quality care and can provide sustainable and care services for the future.”*

Plan for the Future



Following extensive engagement and a review of the evidence base for effective involvement, Putting People First was endorsed by the NHS Grampian Board in June 2024 as the agreed direction of travel for how we want to involve and work with the public as equal partners. This begins a long term journey of change for NHS Grampian to create the conditions where we can more actively listen to what is important to people and work in collaboration with people to build the best system possible. This is about how services are designed but also about working as a system which connects with community supports and assets to enable people to take an active role in their own health and wellbeing.

This report provides an overview of the activities carried out in the past year, opportunities and challenges in our system and summarises next steps for growing the Putting People First approach.

## Background

Putting People First is about building trust and relationships through dialogue so people (colleagues and citizens) feel valued, heard, included, motivated and supported. This is not a one size fits all approach but about collaborating within existing networks in our system and using a range of ways to ensure we hear from our diverse population. We want to support staff to feel confident and supported in working in this way, creating the conditions where we value the expertise of lived experience equally alongside service expertise and developing a shared narrative to enable us to collaborate honestly and transparently with members of the public to address the challenges we all see and feel every day in our health and care system.

The framework is publicly available and can be accessed here: [putting-people-first-approach-may-2024-2.pdf](#)





***At the core of the approach is not a series of rules or KPIs but a commitment and ambition to work differently, to create new collaborations, all underpinned by four guiding principles:***

### ***1. We put people first***

We strengthen the voice and expertise of lived experience within existing services and support local staff to act on what they hear.

We are strengths based, use jargon free accessible language and we are honest.

### ***2. Collaboration always***

We are clear on the unique role and expertise offered by NHS Grampian and collaborate within the local system to agreed shared priorities, working within Community Planning Partnership arrangements, with General Practice, Health & Social Care Partnerships, third sector, communities and all the staff.

Where we focus on place and connect pathways of care to communities.

Where we connect and build community capacity and see communities as an integral part of our system, leading and participating in decision making.



### ***3. We value each other as equals***

We celebrate our diversity and are flexible in approaches to how we involve and engage people to ensure all are included and heard, including embracing the opportunities that digital approaches offer.

Where we equally value the expertise of people seeking care and our third sector partners alongside the expertise provided by clinicians.

We recognise that this new approach may challenge established behaviours and attitudes and that colleagues and the wider public will need to be supported to make the change.

### ***4. We care about our purpose and learn together***

Where we are all proud to be part of the Grampian system and have a clear focus on helping all people live their best lives, in good health for as long as possible.

Where we focus on learning and developing together and we elevate the value of human stories to rebalance a target focused NHS culture.



# Setting the Foundations for the Putting People First Approach – Agreed Priorities for 2024-2026

As described in the diagram below, in the foundation years (2024-2026) the focus is to collaborate across the system to progress the areas in the orange circles. We also want to make how we listen to and involve people more visible, creating more spaces to learn together, identify themes, gaps and challenges across the system.





We have collaborated across existing teams to agree priority areas using existing staff capacity. This has required staff from Culture Wellbeing & Development, the Public Involvement team, Quality Improvement & Assurance Team, Transformation & Realistic Medicine, Planning, Innovation & Programmes, Public Health, and Corporate Communications, other stakeholders and services to collaborate on agreed shared priorities. We have also collaborated with people across the system, connecting with the three HSCPs, Community Planning Partners and our Third Sector.

A delivery plan using a logic model approach has been developed to track progress in setting the foundations for Putting People First. A Core Group meets monthly where people responsible for agreed actions in the plan raise issues/report on progress. A wider whole system Oversight Group receives updates on the delivery plan every 2-3 months, providing constructive challenge, support and opportunities to work collaborate across the system

Despite limited resources, we have made progress across all priorities in the delivery plan. However, this has become increasingly challenging due to financial pressures impacting on capacity within teams.



The delivery plan covers 4 agreed priority areas of activities, with BRAGPP status used to monitor progress:

**Blue: Milestone completed**

**Red: Milestone has significant delays**

**Amber: Milestone has minor delays**

**Green: Milestone on track**

**Purple: Proposal stage**

**Dark Blue: Postponed**

**Progress to date is summarised as followed** (at Feb 2025 – Final year end updates to be added in March):

### 1.Supporting People's Skills and Confidence

Develop resources to support teams improve how they involve the public

Toolkits training developed and being tested

RAG Actions Status:

4 Green

1 Amber

1 Red (being actively addressed)

### 2.Developing community led health responses

Community Appointment Day (CAD) – testing underway across multiple localities

RAG Actions Status:

4 Green

2 Blue

## Putting People First Priority Areas for Action

### 4. Grow a network

Communities of practice established

Leadership support in place

Cross system engagement and oversight group established

RAG Action status:

4 Green, 1 Blue

### 3. Increase public voice in public services

Test real time feedback loops - plan in place

Create our own learning loops and develop our existing processes - areas identified

RAG Action status:

2 Green

1 Amber

## ***Domain 1 Supporting Peoples Skills and confidence***

In the discovery phase of developing Putting People First, people told us that staff can lack confidence and skills in how to have conversations both with colleagues and citizens which are empowering.

A cross system working group has been set up to map all the current training opportunities available to assess if training available meets the skills required. This includes skills in having caring/empowering conversations, generative listening skills and skills to support people receive feedback well which support more equal conversations between people. This activity was delayed in starting due to staff capacity and this appears as red in the summary slide. This group is now meeting and currently carrying out a mapping exercise across the health and care system to identify what training is available, find similarities/gaps and assess reach and impact of training. The desired outcome is to improve access to impactful training which supports effective conversations and to assess potential for streamlining/cross system collaborations around learning and support.

We have also developed resources to support people (colleagues, citizens and communities) to improve how we involve and engage with the public. A digital toolkit has been developed through engagement with community members and organisations across Aberdeen, and also through the [Grampian Engagement Network](#).

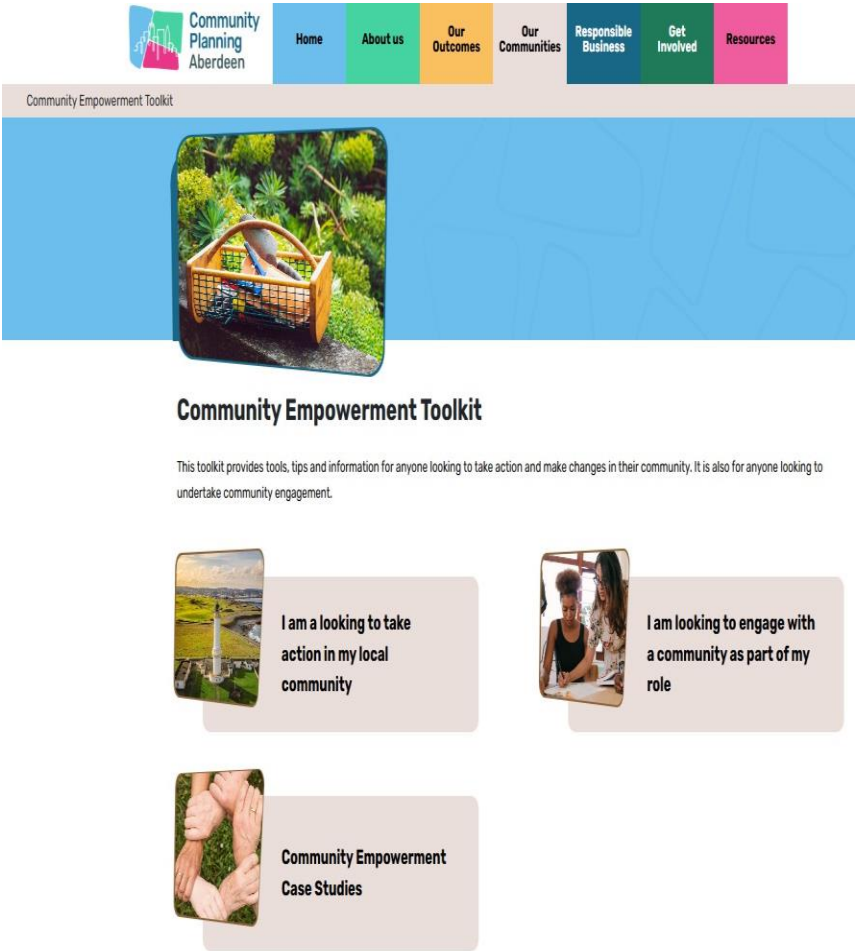
**Domain 1 Supporting Peoples Skills and confidence**

[The Community Empowerment Toolkit](#) provides tips and information for anyone looking to take action and make changes in their community. It is also for anyone looking to undertake community engagement as part of their role and includes the following:

Community members [can find out a wide range of information](#), including getting in touch with their local Community Council, where to get help with funding, useful data to support projects, and how to connect into existing groups and organisations.

For organisations looking to undertake community engagement, [the toolkit provides a step-by-step guide](#), with lots of useful resources to help support good community engagement. While the toolkit has been developed by Community Planning Aberdeen, the community engagement section can be used for any location.

As well as the toolkit, a new introductory training course ‘Foundations of community engagement’ is being offered to community engagement practitioners across Aberdeen, Aberdeenshire and Moray. This course is for anyone who wants to learn the basics of community engagement and apply these skills as part of their job role.



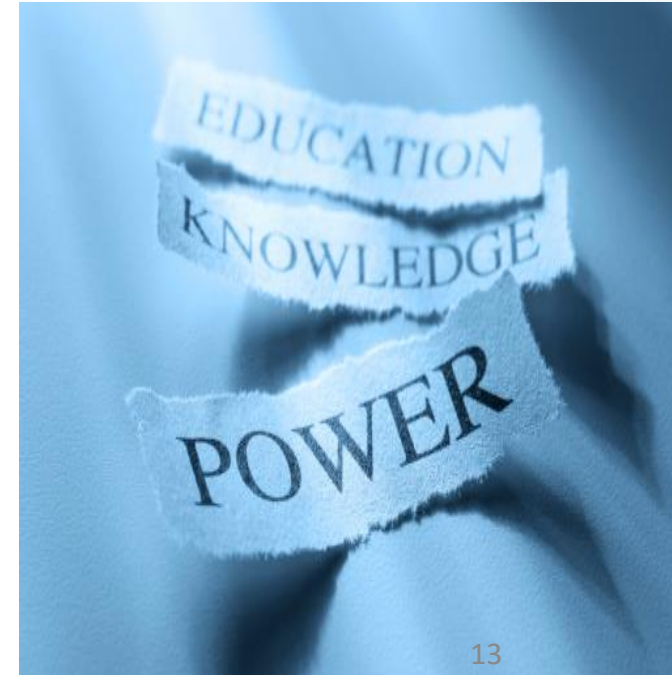


## **Domain 1 Supporting Peoples Skills and confidence**

The toolkit was launched on 27-02-2025 after engagement with communities and partners and work is underway to promote the toolkit across Aberdeen and Grampian. The Foundations of Community Engagement training course is open to anyone in Grampian, and 8 training sessions are planned for the next 6 months.

In addition, a specific introductory training for NHS staff has also been developed. This is called Engagement 101 - *'Why you should be engaging with your patients every day and how to get started'* and offers a one hour workshop for staff who are new to patient engagement. A first pilot workshop took place in February and was attended by approximately 15 colleagues in a range of different roles from across Grampian. A feedback form has been shared with attendees and will be used to improve the experience for future cohorts. This will be further developed in the next year.

In addition, an opportunity to increase skills and confidence in the workforce has emerged this year through the piloting of an innovative reverse mentoring program which matches senior leaders with more junior staff members from black and ethnic minority backgrounds to help break down barriers and shape culture as part of NHS Grampian's anti-racism plan.



## **Domain 2 Developing Community Led Health responses – Community Appointment Days (CADs)**

In developing Putting People First, we recognised that there is a gap in how NHS Grampian connects on an ongoing and meaningful way with communities. Experience suggests this is most effective when there is a targeted approach with communities, involving trusted third sector, local services and focussing on issues which really matter to people.

Over the past year, we have focused on supporting the development of Community Appointment Days to improve how we involve the public, wider services and the third sector, applying a learning approach to this work.

Community Appointment Days (CADs) are a new way of working which bring clinical services into non-clinical settings and offers under one roof a wide range of third sector, peer support, wider public sector and community based support. This approach provides unhurried person centred, holistic care and support, promoting prevention & self-management, seeing the whole person, beyond their presenting condition.

It brings clinical services out into communities and enables better connections to be made with community based supports which can help people take a more active role in their own health and wellbeing.

Integral to this approach is that it is co-designed with people with lived experience and their expertise is integral to the development of the approach.



## Domain 2 Developing Community Led Health responses – Community Appointment Days (CADs)

Presentations on CADs were provided to a wide range of forums and groups in the system in the early part of 2024 which generated significant interest in the CAD approach.

A key focus in this first year has been to support local cross system collaborations to get started through sharing the learning and good practice from elsewhere, sharing tools and resources and supporting a learning approach. We have supporting teams to build in Monitoring & Evaluation and made this approach visible across the system with support from our communications and engagement experts:

[Moray Appointment Community Day - Full Video \(youtube.com\)](https://youtu.be/POf39LM6DxQ)  
<https://youtu.be/POf39LM6DxQ>

To date we have had 3 Community Appointment Days in Grampian, one in Elgin focusing on Musculoskeletal Physiotherapy and Podiatry and two in Aberdeen focusing on Chronic Pain, with further CADs planned for 2025 across a range of conditions and populations. In the past 6 months, over 370 people have attended a CAD in Grampian, providing high quality care and important learning to inform how we transform the system.





## Domain 2 Developing Community Led Health responses – Community Appointment Days (CADs)

A priority for testing the Community Appointment Day approaches is to evaluate impact both in the short, medium and longer term. Whilst there has been lots of ideas from improvements, we have created learning loops to help shape and improve each future CADs, overall themes from initial evaluations are:

**Patient Experience - high level of satisfaction around key themes:**

**Having Time** - people were not rushed and had time to talk about their concerns.

**Being Listened to** – people fed back that they felt truly listened to.

**One-stop-shop** – people spoke positively of having services all in one place, learning what support was available in their community.

**Patient Centred** – advice was specific to each person, looked at as a whole person, not just one ailment.

**Motivational** - people expressed intent to become more active as a result of attending.





## ***Domain 2 Developing Community Led Health responses – Community Appointment Days (CADs)***

**Staff Experience – learning and positive feedback around key themes**

**Operational** – really positive about working this way and using these events going forward.

**Consultations** – really good to have a more holistic conversation with patients.

**Preparation and support** – staff taken out of ‘what they know’ can cause anxiety, also highlighted importance of scheduling breaks and debriefing after intense conversations.

**Waiting Lists** – staff talked of how this way of working could help to reduce waiting lists/improve uptake of prevention/self-management advice. This will feature in future evaluation activity.

**Stakeholder feedback** – positive feedback from partner organisations who attended, highly valued feeling an equal partner with the NHS and keen to participate in future sessions.



### ***Domain 3 Increase public voice in services***

**In the discovery phase, we recognised that NHS Grampian does not** receive feedback from the majority of people who access care, either during or after an episode of care.

Real time feedback loops provide teams with a systematic approach to receiving rapid anonymous feedback from patients based on what really matters to people. Experience from elsewhere indicates that this can reduce complaints, improve staff and patient satisfaction. A collaboration involving colleagues from Wellbeing Culture & Development, Public Involvement, Quality Improvement & Assurance Teams was established to take this forward. We have been learning from the expertise from an NHS trust and to date, we have agreed the core question set, developed a digital method for capturing data and reporting and agreed our end to end operating procedure. We had hoped to begin testing in the Autumn of 2024, however, this has not been possible due lack of available capacity within teams. However, recently we have managed to identify a small amount of resource to enable testing to begin. We are now in the final stages of identifying which ward area will go live with testing very soon.

Over the year, a review of NHS Grampian's Public Involvement Network structure has also been completed which included feedback from the existing members. A two tier system will be put in place, so people can choose the degree of involvement they want to have with the PIN. Work is now underway to put in place a new PIN mailing list - open to individuals, community groups and organisations with an interest in healthcare. This will be used to share updates, news, events and other opportunities to get involved and will be widely advertised. The process around recruitment and induction for Public Involvement Representatives is being updated and will now be aligned more closely with NHSG Volunteering.



### **Domain 3 Increase public voice in services**

A collaboration between NHS Grampian and Aberdeenshire Council, the Health Equity & Learning Project (HELP) is now underway. Funded by Scottish Government this is focused on identifying and addressing barriers for families accessing NHS services, to identify and mitigate the costs and cost-related barriers facing families accessing NHS services and to work with children and families as equal partners to identify challenges and solutions.

The project is also engaging with staff in Paediatrics to understand the challenges they face in supporting families with these barriers and the solutions which could assist them in tackling these. Later in 2025 the project will co-create a test of change with the ultimate aim that no family suffers financial disadvantage or risks being pushed into poverty due to the need to access health services.

Between October 2024 and February 2025, a project board has been established comprising of NHS Grampian (including the lead for Putting People First) and Aberdeenshire partners, have recruited expert staffing support to take forward the work, and engagement with families and children to begin to identify their challenges and solutions has started.

The project will have a lived experience project panel in place by end of March 2025. The first phase of staff engagement is underway with the intent to complete this by April 2025. As well as providing rich insights into how NHS Grampian can improve how we do things to take into account poverty, this project will be partially staffed by NHS Grampian's Public Involvement team, bringing new learning and expertise around delivering Lived Experience panels back to the NHS Grampian Public Involvement team.





## Domain 4 – Grow a network and make how we listen to people visible

Integral to the development of Putting People First is to ensure there is awareness of the intent across the whole system and an open invitation to collaborate with local Community Planning Partnerships and Health & Social Care Partnerships and the third sector. In the last 9 months, inputs and connects have been made to all the Community Planning Partnerships and IJBs, HSCP leadership teams, NEPHA and a range of community groups.

This has led to system wide awareness of Putting People First and has resulted in Aberdeen Community Planning Partnership actively considering adopting the Putting People First as their approach to community engagement.

In addition, these connects have led to new opportunities to deliver Community Appointment Days and also the opportunity to connect with local colleagues who are developing the GIRFE (Getting it Right for Everyone) toolkits.

The Grampian Engagement Network (GEN) has also developed this year and the GEN has been working in collaboration with Aberdeen City Community Engagement Group (CEG) to deliver an exciting 'Spotlight Series' which presented a range of innovative learning sessions for members on topics including the Community Paradigm, the Radical Potential of Participatory Budgeting and the innovative Practice of Participatory Research.



## ***Domain 4 – Grow a network and make how we listen to people visible***

This year, we have also engaged with the research community to share knowledge and expertise around this work. A seminar was held in summer of 2024 which attracted a wide range of interested participants both from academia, clinicians as well as third and community sector.

There is active engagement with the three third sector interfaces and academics to develop a research application which could see the third sector directly employ community researchers.

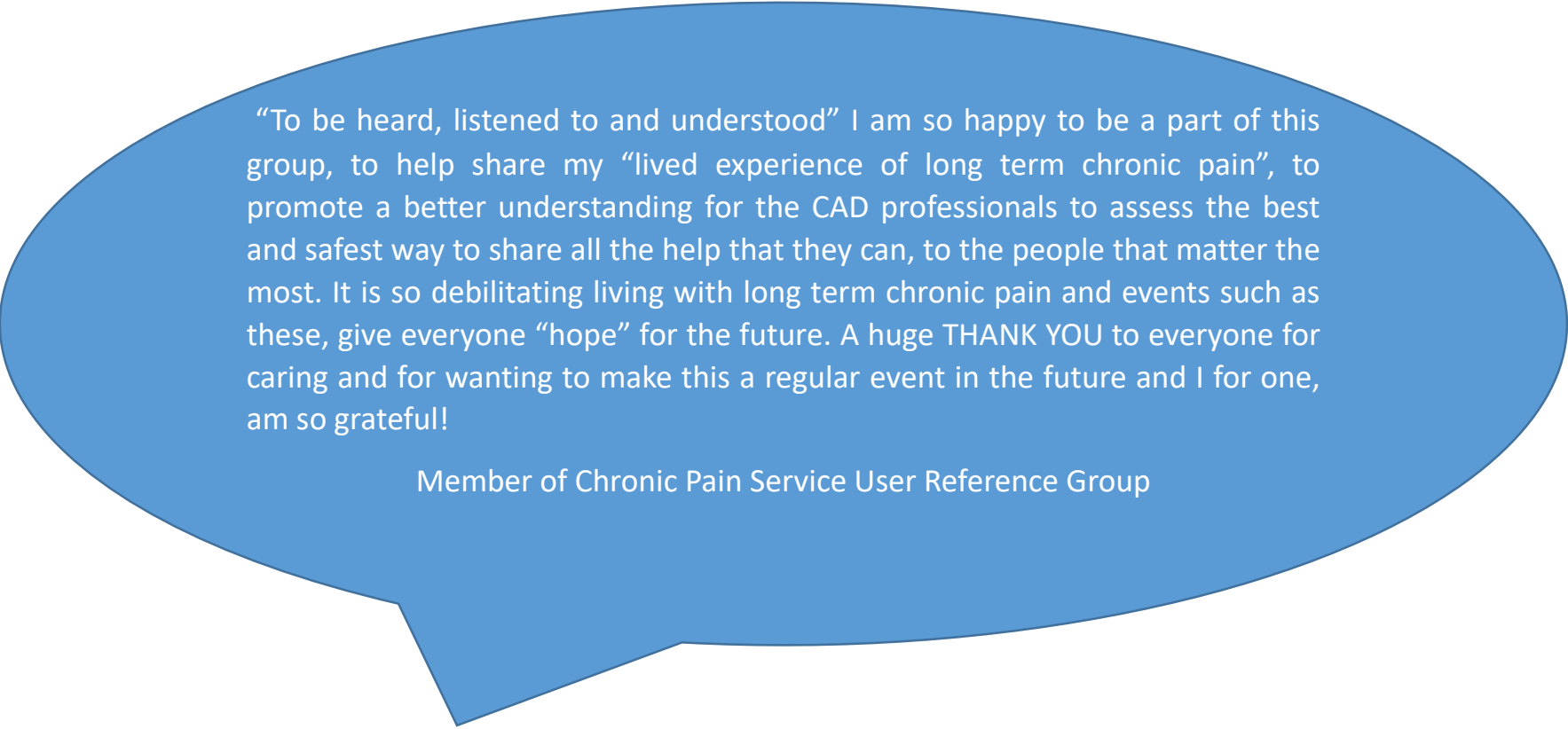
Furthermore, in order to share the learning from Putting People First, and specifically Community Appointment Day learning, we have set up an Teams site (which now has close to 100 members) and have held regular CAD sharing sessions to share learning and better connect the system to itself so we can create more collaborations in the future.

Board seminars and SLT inputs have also taken place. This has resulted in good awareness and support for Putting People First as the board's ambition to how we want to work with the public. This has also contributed to the creation of a new strategic risk for the organisation focusing on citizen engagement.

Governance arrangements have developed around Putting People First; we have replaced the Engagement and Empowerment Governance Oversight Group with the Putting People First Oversight Group. Membership is cross system, including colleagues from Community Planning partners, clinicians, NHS Grampian, Local Authorities, HSCPs and our third sector. The group provides oversight of the delivery plan but also opportunity to cross system work and learn from each other.

## ***Key learning points from 2024 - 2025***

This first year of setting the foundations for Putting People First has provided invaluable insights into the current system and helped shine a light on potential opportunities for radical change as well as real barriers and challenges to overcome:

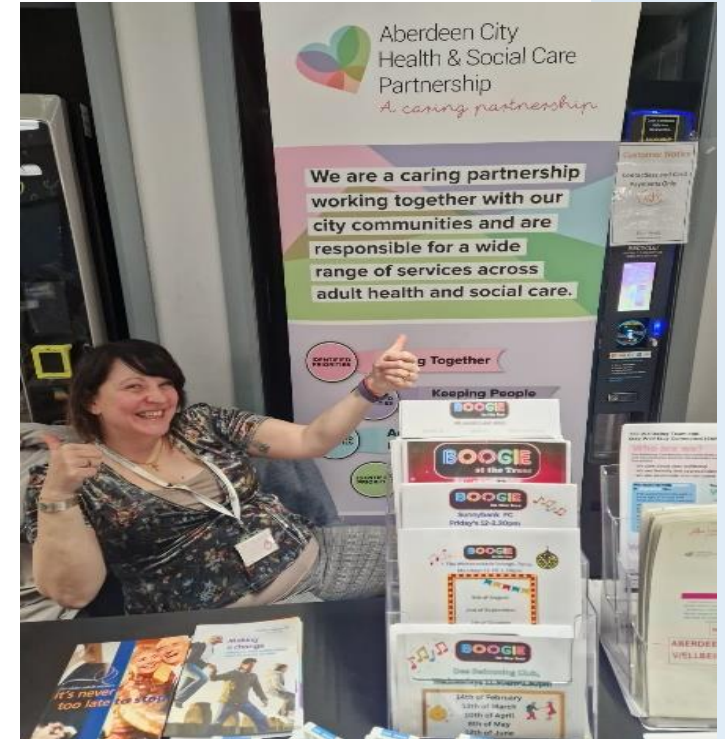


“To be heard, listened to and understood” I am so happy to be a part of this group, to help share my “lived experience of long term chronic pain”, to promote a better understanding for the CAD professionals to assess the best and safest way to share all the help that they can, to the people that matter the most. It is so debilitating living with long term chronic pain and events such as these, give everyone “hope” for the future. A huge THANK YOU to everyone for caring and for wanting to make this a regular event in the future and I for one, am so grateful!

Member of Chronic Pain Service User Reference Group

## Positive signals of success in the system learning from our recent experiences

- ✓ There is an appetite from many staff, stakeholders and the public to work in a more collaborative way and to test new models and approaches.
- ✓ The public are aware of the pressures in the NHS and are willing partners when invited to participate and are realistic and aware of the pressures facing the NHS.
- ✓ Staff involved to date in Community Appointment Days have found the experience positive and motivating.
- ✓ Key stakeholders including third and wider public sector who have valued working collaboratively and want to continue to develop collaborative approaches.





## ***Risks and challenges – Learning from 2024-2025 experience***

- Given the financial position of the board, the foundation year activities are being delivered from within existing teams which is proving challenging. A charity application was submitted in August 2024 for temporary additional capacity. The outcome is pending. However, to achieve whole organisation and system spread, board investment and prioritisation of resource to create equal partnerships with our communities will be required.
- Services often work in silos so it is challenging to find capacity to coordinate whole system approaches which go beyond the boundary of an individual service or organisation. This would be helped by work plans in different teams across the system prioritising whole system collaboration around innovative practices as valid and necessary KPIs (even when the output may be less tangible in the short term)

## ***Risks and challenges – Learning from 2024-2025 experience***

- Preventative and community led approaches need time to develop and demonstrate impact – it can be challenging to gather support and capacity to test given the focus on immediate financial pressures. It would be helpful if progressing prevention and collaborating with communities was a golden thread priority which featured in all service work plans.
- Culture and leadership are key enablers. NHS Grampian has a diverse range of cultures and micro cultures – leaders at all levels have a role to play in creating cultures which are empowering, make clear what we can change and give colleagues permission and support to innovate. Staff also need to be supported by their leaders to have a different type of conversation with the public which recognises Lived Experience expertise.
- In order to create equal partnerships with the public and create a new and sustainable model of health and care, we need to have a shared narrative which outlines where we are going and how we will get there. This is not present at the moment and is a barrier to driving whole system transformational change.

## What next for Putting People First?

We will continue to evolve Putting People First, putting building trusting relationships, co-production and system learning at the centre of how we do things. We will find opportunities to embed the Putting People First principles in planned activities in Grampian to drive system transformation to enable progression towards a system which is sustainable, and co-designed with people and communities:

- Further develop Community Appointment Days and other innovative community led health responses which are co-produced with community members with a focus on system wide learning.
- Support colleagues within substance use to test innovative methods to reduce drug deaths.
- Work with the third sector to find opportunities for innovation which share power with communities including supporting research and further growth in community champion approaches.
- Develop skills and confidence in teams through tests of changes including real time feedback loops, lived experience panels and other relational approaches to engagement and access to training which shares power with people.

## What next for Putting People First?

- Work with Health Improvement Scotland to ensure the Putting People First principles are reflected in the Scottish Approach to Change.
- Support the development of the Route Map for Strategic Change to ensure the Putting People First approach is embedded in how we do change.
- Support the creation of communications and engagement plan(s) underpinned by the Putting People First principles.
- Collaborate across shared agendas including GIRFE, Putting People First, Trauma Informed and Realistic Medicine to ensure consistency for staff and the public to make the most of the resources we have and to Put People First in how we deliver care.



***“Three years have passed since I was blue lighted to A&E.***

***Much has changed but The Scottish Ambulance Service, The Scottish Fire and Rescue Service and The NHS still stay with me.***

***What you do, all of you, means so much more than you know.***

***Thank you for allowing me to be here just to watch my wee girls grow.”***

Matt Kinghorn, photo on the cover page of the report.

