

**NHS GRAMPIAN**

**Minute of Meeting of the Engagement and Participation Committee  
10.00am Wednesday 2 December 2020  
via Microsoft Teams**

**PRESENT:**

Amy Anderson, Chair, Non-Executive Board Member  
 Professor Lynda Lynch, Chair, NHS Grampian  
 Louise Ballantyne, Head of Engagement  
 Kim Cruttenden, Chair of Area Clinical Forum  
 Cllr Isobel Davidson, Non-Executive Board Member  
 Jane Ewen, Nurse Director, Excellence & Innovation  
 Jenny Gow, Public Representative  
 Nigel Firth, Equality & Diversity Manager  
 Liz Howarth, Consultation & Engagement Officer  
 Stuart Humphreys, Director of Marketing and Communications  
 Professor Louise Locock, Professor of Health Services, University of Aberdeen  
 Anna Rist, Consultation & Engagement Officer  
 John Tomlinson, Non-Executive Board Member

**ATTENDING:**

Marilyn Elmslie, Communications Officer, Clerk to the Committee  
 Preston Gan, System Transformation Programme Manager

No.		Action
1.	<p><b>Welcome and apologies</b>            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 Paul Allen, June Brown, Professor Nick Fluck, Jenny Ingram, Cameron Matthew, Jonathan Passmore, Rachel Little, Dave Russell and Lauren Tweedley.</p>	
2.  2a	<p><b>Minute of the meeting held on 9 September 2020</b>            The minute was approved as a correct record of the discussions.</p> <p><b>Action/Decision Sheet update</b></p> <p><b>Action 1 - Changes to Women and Children Services at Dr Gray's Hospital</b></p> <p>Louise Ballantyne reported that the changes to the Children services at Dr Gray's hospital have been implemented successfully and that the model was working well. It was noted that an evaluation of performance is planned for the future.</p> <p><b>Action completed and to be removed from tracker</b></p> <p>Changes to Women's Services at Dr Gray's hospital are now being led by Christina Cameron, Best Start Senior Planner, and will be incorporated</p>	

within the regional work of the Executive Collaborative Oversight Group (ECOG). The group are reviewing 4 key areas: Unscheduled Care, Elective Care, North of Scotland Children & Young People's Health Services, Best Start North of Scotland.

The aim being to ensure that pathways are designed to provide the best care to everyone from Aberdeen northwards – incorporating services in Inverness and Elgin.

Stuart Humphreys provided a progress update on the Sensemaker project looking at maternity services in the North of Scotland, which will capture and aggregate people's views to help shape future services. The survey software that will allow people to share their patient experiences is now ready and the necessary Information Governance are currently being reviewed ahead of the planned launch in January 2021.

Lynda Lynch enquired if Sensemaker weights more recent experience over stories from many years ago. Louise confirmed that Sensemaker questionnaires were developed to capture the patient's story and the software will allow comparison.

Stuart added that whilst no weighting was attributed, the software will enable data to be filtered to identify when the story took place and analysis to be undertaken accordingly.

**Women's Services to remain on the Action Tracker to enable EPC to monitor the outcomes of the pilot.**

**Action 2 – Participation of Children and Young People Group**

This area of work will also be incorporated within the ECOG. Anna Rist is a member of the Child Health Public Involvement Group and North of Scotland Children & Young People's Health Services Transformation Programme. An update on each group was provided in the Public Involvement project update template.

John Tomlinson acknowledged that it was necessary for some areas of the work to be paused due to COVID but requested that the EPC be assured that children's and young people's interests and views are being listened to.

**To be included as an item at the next EPC meeting in February.**

**Action 3 – Handling and Learning from Feedback**

Jane Ewen will follow up with June Brown. Item discussed further at agenda item 7.

**Action 4 – Advocacy**

Louise confirmed that previous funding for Advocacy had been provided by NHS Grampian and shared across the 3 independent Advocacy providers. Additional funding had also been provided by individual Health and Social Care Partnerships. It has been agreed to review if this remains the best

	<p>approach to ensure equity across Grampian. A group chaired by Adam Coldwells, working closely with Health and Social Care Partnership staff, will meet in December and an update will be provided at next EPC.</p> <p><b>Item to remain on Action Tracker.</b></p> <p><b>Action 5</b> - Equality and Diversity Training Nigel Firth provided an update at item 4.1</p> <p><b>Action 6</b> - Board Short Life Working Group – Renewal Amy Anderson provided an update at item 3.1</p> <p><b>Action 7</b> - System Transformation Stuart Humphreys and Preston Gan presented at item 5</p> <p><b>Action 8</b> - Revised Guidance on Engagement and Participation Guidance has been revised fully and been provided to Boards for comment. Strategic documentation should be available soon.</p> <p>Amy Anderson enquired whether a NHS Scotland document entitled Communication and Participation Engagement with Health and Social Care Partnerships was included in the reviewed guidance. Louise was unaware of the document. Amy agreed to share with Louise for consideration.</p> <p><b>Action no 9</b> - Potential risks for inequality with increased use of Digital Consultations A tabled update report provided by Paul Allen highlighted that the actions and risks discussed at the previous EPC meeting had been addressed.</p> <p>John Tomlinson noted that the item had been discussed at the Aberdeen City IJB's recent meeting and they were awaiting a full report.</p> <p><b>Item to be removed from Action Tracker</b></p> <p><b>Action no 10</b> - Equality and Diversity update Renewed format report provided at item 4.2</p> <p><b>Item to be removed from Action Tracker</b></p>	
3.	<p><b>Renewal and Development of the Board Role of EPC</b></p>	
	<p><b>3.1 Update</b> Amy Anderson updated the Committee regarding her role as Chair of EPC to take forward identifying gaps around the EPC to become strategically led and less operational. She has discussed with communication and engagement colleagues within the NHS, HIS Engage, Community Planning Teams and Health and Social Care partnerships to explore for the Committee to participate, listen and invite scrutiny through these routes.</p>	

	<p>Amy suggested that the Role, Remit and Constitution of the EPC be reviewed. The strategic intent of the Committee requires to be agreed and the actions to enable that. Amy suggested that a sub-group be formed to take forward these actions.</p> <p>As the Committee has a leading role in the NHS Grampian Board's ambition for People Powered Health she asked the Committee to consider holding a workshop style event, to include participation from EPC and Board members, to develop an understanding of the various definitions of People Powered Health that could inform a future common approach.</p> <p>John Tomlinson was supportive and suggested that any workshop also consider equality aspects.</p> <p>Lynda Lynch noted that good progress was being made and suggested along with Isobel Davidson that the proposed format of a workshop be developed for consideration by the Board. This would then enable the Board to consider the proposal and clarify what assurance it requires of the Committee in relation to national, regional and local programmes.</p> <p><b>Actions:</b> Board wide conversation on People Powered Health and other key priorities to indicate to the EPC what they require assurance on.</p> <p>A small sub-group be formed to reflect those requirements and include in a review of the Role, Remit and Constitution of the EPC.</p>	<p><b>Chair</b></p> <p><b>Chair</b></p>
4.	<b>Equality and Diversity</b>	
4.1	<p><b>Survey of NHS Grampian staff who have completed Equality &amp; Diversity training 1995 – 2000</b></p> <p>To gather factual information to assist in producing a report for the Committee a Lime Survey was prepared and sent to 170 randomly selected staff who had completed the training.</p> <p>Nigel summarised the questions and results within the report and concluded that:</p> <ul style="list-style-type: none"> <li>• the response rate of 52.4% was high for this type of survey. The responses showed a high degree of information retention and that the face-to-face approach of the training was found to be beneficial</li> <li>• 45 of the respondents gauged their confidence to challenge discriminatory behaviour at 3 or above</li> <li>• it was encouraging that 15 respondents reported using the knowledge gained to intervene when they had witnessed discrimination</li> </ul>	

Nigel confirmed that due to COVID the training seminars were now conducted via Microsoft Teams however, requiring the content and presentation methodology to be adapted.

Kim Cruttenden enquired whether the training was mandatory for staff and if it would be available on TURAS. Nigel explained that level 2 and 4 training had been developed for previous training package eLearning but that Learning and Development had been asked to adapt it for use on TURAS.

He acknowledged that it has been challenging to provide Impact Assessor Training by remote methods but feedback received from a recent session provided for NHS Shetland colleagues had been positive and the intention was to also provide training for staff within NHS Shetland.

Professor Lynda Lynch noted that it would be useful to hear individual experiences from those that underwent the training. Lynda explained that she had recently had a positive meeting with the 2 university students following receipt of an open letter to the University highlighting issues and concerns from black undergraduate medical students. She acknowledged that a joint NHS Grampian/University of Aberdeen Working Group on Racial Equality has been formed to address these issues and was hopeful that changes made will benefit all staff and taskforce experience. She suggested that focus groups be formed to allow BME staff members to share their experiences in short videos. She concluded that NHS Grampian needs to ensure that it meets necessary legal requirements and the ambition to go further by empowering staff and students.

Nigel noted that both he and Louise are involved in the joint working group and one of the aims of the group is to make certain that medical students have mechanisms in place to raise their concerns when they happen. Another focus is to ensure that all 76 teaching Consultants have had the appropriate training. Nigel welcomed Lynda's suggestions regarding focus groups and short videos and was happy to take forward. **Action**

**Nigel Firth**

John Tomlinson agreed that the update was helpful, showed leadership and that Equality and Diversity Training was not just a technical exercise. The emphasis is on the need for conversations not blame.

John also suggested that we interrogate the data further from the responses within the questionnaire. Nigel replied that following the move of the eLearning system from AT Learning to TURAS a great deal of data has still to be uploaded to the new system and also for the Equality and Diversity Training be made available. He thanked John for his suggestions and agreed to action. **Action**

**Nigel Firth**

	<p>Jane Ewen highlighted that it was a priority for the Nursing Directorate to review all statutory and mandatory training to ensure that training packages were short, sharp and focussed and welcomed the Equality and Diversity training to be updated to TURAS as soon as possible. She recommended that the Learning and Development team be approached and asked to prioritise making the training available since this is an important element of the organisation's Caring Listening and Improving culture.</p> <p style="text-align: right;"><b>Action</b></p>	<b>Nigel Firth/Jane Ewen</b>
<b>4.2</b>	<p><b>Equality &amp; Diversity update report</b> Nigel explained that the new format of the report provided represented work in progress and welcomed feedback.</p> <p>He talked through the various strands of Equality and Diversity work noting the performance, assurance and improvement on each item.</p>	
<b>5</b>	<b>System Transformation</b>	
<b>5.1</b>	<p><b>System Transformation</b> Stuart Humphreys presented an extract from of a larger information pack created by the System Transformation team for managers to deliver to staff group. He reported that both the slides and accompanying series of 5 short videos hosted by Adam Coldwells, Deputy Chief Executive were still undergoing development and were being trialled with staff groups to ensure that the information provided was understandable.</p> <p>Stuart talked through the transformation principles and advised that an oversight group, chaired by Adam Coldwells, has been established to ensure a structured approach to cross-system organisational change in line with agreed Scottish Government policies and guard against unintended consequences.</p> <p>Due to the ongoing challenges posed by COVID and winter pressures, Stuart reported that roll-out would take place in the New Year on a date yet to be confirmed.</p> <p>Stuart introduced Preston Gan who provided a resume of the System Transformation Oversight Group as item 6.</p>	
<b>6</b>	<p><b>System Transformation Oversight Group</b> Preston Gan reported that the purpose of the NHS Grampian System Transformation Oversight Group (STOG) is to oversee that the transformation and organisational change required across the system, is carried out consistently, fairly, and is developed and implemented timeously in partnership with stakeholders.</p>	

<p>Responsibilities of the STOG (on behalf of NHS Grampian Chief Executive) are to oversee and ensure:</p> <ul style="list-style-type: none"> <li>• Delivery against all of the principals set out above</li> <li>• Transparent cross-system challenge to proposals and decisions and to ensure that consequences of changes in one part of the system are understood across the whole system</li> <li>• The organisational model is within the funding allocation to the Board and must consider safety and quality</li> <li>• Adherence to the NHS Scotland Staff Governance Standard – well informed; appropriately trained and developed; involved in decisions; treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community</li> <li>• Organisational Change policy is followed</li> </ul> <p>Kim Cruttenden observed that the information pack and videos should be conveyed in a simple east to understand format that is accessible through the intranet. She advised that people will be more engaged if they understand the plan and the process.</p> <p>Kim also mentioned the difficulty in negotiating the current intranet for accessible information and enquired if there was a plan to review. Stuart noted that there is an intention to review the intranet in 2021 following completion of the new NHS Grampian website which he advised would go live on 3 December.</p> <p>John Tomlinson reiterated Kim’s comment on making the information easily understandable as he felt the slides were complex. He suggested that at least 3 examples of how people will be affected be shown included.</p> <p>John also suggested that the EPC be added to the Co-production, Collaboration and Engagement responsibility chart since the Committee’s role is to provide assurance to the Board that collaboration and engagement is undertaken.</p> <p>Professor Lynda Lynch added that the plan should contain details enabling the public to understand the need for the transformational change.</p> <p>Stuart and Preston thanked the EPC for their comments and agreed to share them with the System Transformation team for consideration. <b>Action</b></p> <p>Louise Ballantyne welcomed the STOG and its ability to provide strategic oversight of all transformation and organisational change in the system.</p>	<p><b>Stuart Humphreys/Preston Gan</b></p>
<p><b>7 Handling and Learning through Feedback</b></p> <p>Jane Ewen highlighted that Jenny Ingram is leading the new process of reporting learning from feedback and adverse events and would be happy to provide reports for future EPC meetings.</p>	

	<p>Amy reiterated the EPC's leading role on People Powered Health and importance of it being updated on learning through feedback.</p> <p>Louise explained to Jane that approximately 30% of complaints were regarding clinical aspects of care. The majority concern the patient's experience and it was the learning from the feedback which are important for the EPC to consider when providing assurance to the Board.</p> <p>Jane agreed to discuss with June Brown and progress the matter. <b>Action</b></p>	<b>Jane Ewen</b>
<b>8</b>	<b>Project updates – involvement and engagement activity</b>	
	<p><b>8.1</b> In reference to the template provided, Louise noted that it provides detail on each project the Public Engagement team are dealing with and whether they are ongoing or paused due to the pandemic.</p> <p>Louise reported that the team are very busy and drew attention to a number of projects in particular: Child and Adolescent Mental Health Service, Best Start North, Making it Better, Elective Care Programme and the Baird and Anchor Capital and Redesign Project. She also highlighted the positive collaborative relationship with the Health and Social Care Partnerships supporting the projects.</p> <p>Amy thanked Louise for her team's valuable contribution.</p>	
<b>9.</b>	<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>• Renewal and Development of the Board Role of EPC</li> <li>• Equality &amp; Diversity progress</li> <li>• System Transformation</li> </ul> <p><b>Action</b></p>	<b>Chair</b>
<b>10.</b>	<p><b>Any Other Competent Business</b></p> <p>John Tomlinson highlighted the request from the Clinical Governance Committee for appropriate public representation on the committee. Professor Lynch suggested that the process of recruiting public representatives be reviewed to allow the right people with the right skills to be matched appropriately and for a term of office to be used as Best Practice.</p> <p>Louise welcomed the suggestion and for the opportunity to provide further information to the committee on the new methods of recruiting diverse public representatives. A paper will be provided for the next meeting in February.</p> <p><b>Action</b></p> <p>John emphasised that a new process will assist the public representatives who are successfully appointed to be much clearer in their role. He suggested utilising the current representatives in the discussions.</p>	<b>Louise Ballantyne</b>



	<p>Nigel noted that the current vacancy for Non-Executive Board Members should allow the opportunity for people from diverse backgrounds to be given a chance to broaden the diversity of the NHS Grampian Board. Professor Lynch noted that she was more than happy to have an informal chat with any applicant who is interested.</p> <p>The Chair thanked everyone for attending, the useful discussions and thoughtful questions.</p>	
11.	<p><b>The next meeting of the Committee is on Wednesday 10 February 2021 at 10.00am via Microsoft Teams</b></p> <p><b>Dates for EPC in 2021:</b></p> <p><b>Wed 10 February</b>  <b>Wed 12 May</b>  <b>Wed 11 August</b>  <b>Wed 10 November</b></p>	