NHS Grampian Stakeholder Engagement Framework – Consultation Draft

1. Introduction

NHS Grampian’s organisational values, “Caring, Listening, Improving”, should be central to the way we work. For these values to be truly meaningful, we need to listen to, engage with, and be responsive to the needs of families, carers, the public and staff. This needs to be on an ongoing basis and at every stage of their interactions with us: at the point of care, following care and when we are making changes to services.

This Stakeholder Engagement Framework follows the patient and carer journey and outlines our obligations and aspirations at each stage of this journey. It highlights stakeholder groups where there are particular considerations or where there is considerable focus currently. It also outlines how we aim to work together with partner organisations to develop care and services which are person-centred, safe and effective.

The framework concludes with a brief assessment of how well we are doing in relation to stakeholder engagement – our strengths and where we need to do more. A detailed improvement plan, covering a 12-18 month timeframe, has been developed to set out how and when we will deliver on areas where we have identified more needs to be done.

2. The importance of person centred care

Person centred care sees patients as equal partners in planning their treatment and care, and encourages staff and patients to decide together the most suitable care plan for them. It places patients, their families and carers at the centre of the decision making process and allows care to be planned and delivered in accordance with their wishes in a manner that is most appropriate for them.

Person centred care aims to be patient focused and promote the patient’s right to make informed decisions independently by clearly presenting choices and helping them to make informed decisions. Person centred care recognises the needs of patients and builds strong relationships with them, their carers and family members.

The delivery of person-centred care is central to the realisation of NHS Grampian’s Healthfit 2020 and NHS Scotland’s 2020 vision, where everyone is able to live longer, healthier lives at home or in a homely setting. When care is truly person-centred:

- People have a positive experience of care and get the outcomes they expect
- Staff are valued and supported to work collaboratively, and
- People are empowered to be active partners in their care

A stakeholder engagement framework which encompasses everyone in collaborating to improve health and outcomes of care is a requirement for the assurance of a person-centred approach.
**Patient Information**

NHS Grampian is committed to ensuring that patients have access to the information they need, when they need it. This information needs to be accurate, honest and accessible to patients, the public and carers, and presented in a format that is appropriate to them.

Quality patient information is also critical in supporting person centred care and helping people to become active partners in their own care by enabling them to make informed decisions regarding their lifestyle, treatment and care. This goal is achieved by providing guidance to the public on how to make the best use of the services available by providing access to information and sources of further information and help.

Good patient information is important as it can:

- Help to reduce anxiety by keeping patients and carers better informed
- Lead to better clinical outcomes
- Foster confidence and ownership which will lead to ongoing personal responsibility and self care.
- Reduce waste by helping to ensure that patients arrive on time and are properly prepared for their appointment.
- Remind patients of important information

3. **The journey of care**

3.1 **Engagement at the point of care**

Recent reports into poor standards of care in hospitals in both Scotland and England have highlighted the need to listen to the stories and experiences of patients and recognise the fact that such information is a good indicator of quality of care. There is now increasing evidence linking patient and staff experience to patient outcomes, wellbeing, length of stay in hospital and patient mortality.

In NHS Scotland, there is an increasing desire to use real time or point of care patient and staff experience information to make improvements; with the development of national measures which state:

> By December 2015, 100% of services/departments will have real time feedback systems in place for both service users and for staff.

The knowledge we have gained by collecting patient experience information in Grampian has led to the conclusion that when we ask patients about their experiences, they often tell us about issues related to safety and effectiveness. For example:

> After leaving hospital from my operation I did not receive any pain killers or leaflets regarding removal of stitches. Due to this, the stitches in my left side became infected and had made a large hole in my abdomen. I was readmitted to hospital to make this go away.

Better Together Inpatient Survey Free Text 2012
Historically, we have used formal compliments and complaints as a measure of patient experience but this does not provide the whole picture. More recently, real time staff and patient experience has been captured as part of NHS Grampian “pledges” work where, as well as statistical data on experience, patients and staff are also asked:

- What went well today?
- What did not go well?
- What would have made your experience better?

Responses help us to understand the experiences of both staff and patients, and leads to ideas for improvement. Currently, 20 clinical areas across Grampian are engaged with real time staff and patient experience; however there is a need to be more systematic and comprehensive in how we collect and use real time experience data.

### 3.2 Engagement following care

NHS bodies have a responsibility (Can I help you? Scottish Government Guidance 2012) to ensure that staff are competent and confident in dealing with feedback in a way that is person-centred, and aims to resolve issues as they arise. The focus should be on early and local resolution, wherever possible, and learning and improvement from all forms of feedback should be shared with colleagues and implemented as appropriate in order to help foster a culture of continual service improvement.

Whilst assuring compliance with formal complaint handling arrangements, in line with the Patient Rights (Scotland) Act 2011, and ensuring action is taken as necessary, the feedback system must develop mechanisms for encouraging fast, effective and efficient responses across NHS Grampian. The centralised Feedback Team provide specialist advice and support to patients and staff on this process.

Key issues and opinions of service users raise awareness and illustrate key areas for improvement that may not be immediately obvious to service providers, and personal perspectives often reflect issues of collective concern (Grumbles, Gripes and Grievance - the role of complaints in transforming public services 2013).

Good communication and openness actively encourages and welcomes service users’ views and will embed a culture that values both positive and negative feedback. The development and improvement of these skills must be a high priority for those delivering NHS services and will be supported by the recent introduction of five modules across NHS Grampian. Support is also provided by the new complaints training role introduced within the Feedback Team in 2013; allowing one to one support to identified Complaint Leads, and facilitating the effective flow of feedback across the organisation.

### 3.3 Engagement in service planning and development

NHS Boards have a statutory duty to involve patients and the public in planning and developing health services, and in decisions which will significantly affect the operation of these services (NHS Reform (Scotland) Act 2004). CEL 4 (2010), ‘Informing, Engaging and Consulting People in Developing Health and Community Care Services’ sets out the process that Boards have to follow when considering making changes.
However, stakeholder engagement should not be about complying with guidance to enable change. Fundamentally, it is about increasing public understanding of why change is necessary and ensuring the views and experiences of those most affected are at the heart of any redesign. Where possible, help provide services that best meet their needs.

NHS Grampian uses a wide range of methods to inform, engage and consult including our Public Involvement Network, public representatives, patient and carer surveys, interviews and focus groups, and public meetings. The range of tools and techniques is reviewed and adjusted to suit circumstances and client groups. For example, staff have developed expertise in engaging with children, including those with complex needs, young people, ethnic minority communities and people who have a sensory impairment. This helps ensure that anyone with an interest has the opportunity to be engaged, including those who are less confident or able to take part in traditional ways.

For more complex and difficult change processes, we need to invest in engaging properly to increase public understanding of the case for change and to ensure that communities can effectively and realistically influence future direction. At the same time, we need to be honest about the boundaries of the engagement i.e. what cannot be changed, for example because of statutory or regulatory factors. Equally, we need to ensure that feedback is always provided, which explains the changes that have resulted from the input, but is also honest about the views that have not been taken on board and why.

Engaging staff in service change and strategy development is more likely to lead to more successful implementation, because of a greater sense of ownership. Frontline staff can also be our greatest ambassadors with patients in relation to service redesign; often having developed positive relationships with service users and having the potential to feed patient concerns and anxieties into involvement processes.

Support and expertise around methodologies and techniques needs to be ensured to continue our good track record of engagement in complex and difficult change processes.

4. A focus on some of our key stakeholders...

4.1 Staff

Although staff engagement has been referenced at key points of the patient journey outlined above, this section provides more detail around the evidence base and governance framework in which this should take place.

Investment in staff is a direct investment in patient care because we know when staff feel valued and well treated, both patient care and system performance improve. Clear evidence links high performing teams with lower rates of patient mortality (West et al 2006). A study of partnership working in NHS Scotland showed that genuine partnership working enabled all to develop and deliver key health policies and initiatives to improve patient services, drive organisational change, and develop and implement appropriate workforce policies (Bacon et al 2012). The same evidence is echoed in the recommendations of the Francis and Keogh reports (2013).
In NHS Scotland, the staff governance framework places a legal requirement on all NHS boards to ensure that staff are well informed, involved in decisions, provided with a safe working environment, treated fairly and consistently and provided with adequate training to undertake their role. These requirements have now been enhanced to include reciprocal staff responsibilities.

Understanding staff governance and individuals’ roles and responsibilities is crucial for the engagement of staff in further planned initiatives such as the dignified workplace, development of an action plan following results of national Staff Survey 2013, and the roll out of the iMatter staff experience project. There is increasing emphasis on staff experience as a measurable tool to ensure quality staff, in a quality service, providing quality care for patients, carers and the public.

NHS Grampian is working to enable all staff to feel empowered in changing and shaping the NHS Scotland healthcare system. We have the potential, through our 2020 Workforce vision, to markedly improve staff experience which will ultimately enhance employee engagement, by working to a common set of values and giving staff the tools and guidance to enhance their own invaluable skills.

4.2 Individuals and groups where there are particular considerations

Advocacy

Advocacy is about speaking up for an individual or group and is a way to help people retain control over decisions that affect their lives. An advocate does not make decisions on behalf of the individual but will help to obtain the information they need to make informed choices about their care and support them to have their opinions heard.

An individual's right to have an independent advocate is enshrined within the Mental Health (Care and treatment) Scotland Act 2003. Groups who may require the services of an advocate include:

- People with learning disabilities
- People with a physical disability
- People with a substance misuse problem
- People with a mental health issue
- Older people, including people with dementia
- Carers
- Children
- Prisoners

Independent advocacy is provided by organisations whose sole or main function is advocacy. It recognises that there may be times in the life of an individual when they need, or want, someone to advocate for them who has no other role in their lives. Such advocates generally support individuals in dealing with a specific issue or problem and work with them until that issue is resolved. They avoid giving advice and aim to support people to represent their own interests where possible and very much as a preference to acting on their behalf.
Currently the independent advocacy service covering NHS Grampian is provided by a single advocacy organisation in Aberdeen City (Advocacy Service Aberdeen) and by another for Aberdeenshire and Moray (Advocacy North East).

The independent advocacy service organisations in Grampian are highly professional and well respected organisations. They can provide a sound foundation for the development and growth of a sustainable service for the foreseeable future. National debate continues about the appropriate percentage of revenue committed to independent advocacy. Locally, the funding allocated to advocacy has come through a variety of sources – through funding to voluntary organisations, through the Change Fund and from the Carers Information Strategy, for example.

If services are to be developed from the patient’s perspective the diverse ways in which we enable people to make informed choices will be critical. In many cases it is the use of an advocate that ensures that people can express their wishes and receive the service they both want and need. Therefore, it is in everyone’s interest - the clinical team, the care worker, the relatives and family, and of course the client – to ensure that the opportunities to access independent advocacy are maximised to safeguard those least able to make informed choices and decisions.

Volunteering

“Volunteering is the giving of time and energy through a third party, which can bring measurable benefits to the volunteer, individual beneficiaries, groups and organisations, communities, the environment and society at large. It is a choice undertaken of one’s own free will, and is not motivated primarily for financial gain or for a wage or salary”. (Volunteering Strategy, Scottish Government (2004))

NHS Grampian is committed to supporting and promoting volunteering in line with the key objectives of the Scottish Government’s Policy, and as such, will continue to:

- encourage and enable people to become volunteers.
- provide appropriate support and training to volunteers.
- maximise the involvement of volunteers and the impact of volunteering on health services.
- improve the organisation and infrastructure of volunteering.
- communicate the importance, effectiveness and value of volunteering.
- promote and encourage equal opportunities throughout the community in the recruitment and placement of volunteers.
- consult with volunteering organisations and volunteers.
- encourage volunteers from local ethnic and diversity groups providing equity of access to volunteering.

The organisation has been awarded the Investing in Volunteers award for the second three year period. This acknowledged the policies and procedures that are in place as well as the practical support that is provided to volunteers.
The contribution made by volunteers is enormously valued and the number of volunteers and the range of their activity continues to develop. There is scope for further enhancement of the volunteer coordinator capacity, which is weak in parts of the organisation.

a) Carers

A carer is someone who provides unpaid support to a family member or friend. They may care for an older person, someone who is disabled, have a long-term condition, mental health problems or be affected by alcohol or substance misuse. Carers can be any age, from children to older people, and from every culture and community.

The vast majority of care in the UK is provided by family and friends, who make up the UK’s 6.5 million carers. The cost of this unpaid care is an estimated £119bn per year, more than the entire cost of the NHS (Carers UK and the University of Leeds 2011).

Local and national carers’ strategies promote the need to involve carers and young carers in planning and shaping services for the service user and the support required for themselves.

National carer strategies make clear that carers are equal partners in care (Scottish Government 2010a; 2010b). To support this, all Health Boards will adopt the EPiC (Equal Partners in Care) core principles for working with carers and young carers developed by NHS Education for Scotland (NES) and the Scottish Social Services Council (SSSC). The principles are based on six key outcomes for carers and young carers, which are informed by the vision of the Carers Strategy 2010-15:

- carers are identified
- carers are supported and empowered to manage their caring role
- carers are enabled to have a life outside of caring
- carers are free from disadvantage and discrimination related to their caring role
- carers are fully engaged in the planning and shaping of services
- carers are recognised and valued as equal partners in care

The Scottish Government 2014 Carers Legislation - Consultation on Proposals - proposes that NHS Boards and local authorities:

- must collaborate and involve relevant organisations and carers in the development of local carers’ strategies;
- make provision for carer involvement in the planning, shaping and delivery of services for people they care for and support carers in area out with the scope of integration;
- legislation includes a principle about carer involvement in care planning for service users (subject to consent) and support for themselves in areas not covered in existing legislation;
- legislation includes a principle about young carer involvement in care planning for service users (subject to consent) and support for themselves in areas not covered in existing legislation.
NHS Grampian respect the expertise of patients and their carers and are working to improve the way in which we communicate and involve them in the decisions that affect them.

b) People with a “protected characteristic”

Over the last two years, over 2,000 staff have completed Equality and Diversity awareness training to make them more aware of the health care needs of people with a “protected characteristic”. The 9 “protected characteristics” are: race, disability, age, sex (male or female), sexual orientation, gender reassignment, pregnancy and maternity, marriage and civil partnership, and religion or belief. Outlined below is the work which facilitates effective two way communication in relation to race and disability.

Race

Research carried out jointly by NHS Grampian and the Grampian Regional Equality Council has shown that over 90% of recent migrant workers and their families are non-English speaking when they first arrive in Grampian. It is important that whenever health care is provided, there is effective two way communication in place. Effective two way communication also allows non-English speaking patients to communicate their views on health care services, before, during and after treatment. To help achieve this, we have:

- “Language Line” - a telephone based interpretation service which gives access to expert interpreters, on the telephone, for 170 languages in over 800 locations in Grampian and was used on 5,347 occasions in 2013.
- “Face to face” interpretation - 140 “face to face” qualified interpreters who were used on 1,166 occasions in 2013.
- Translation - a wide range of local health care information is pre-translated into the main local ethnic community languages. We will also translate our published material upon request. On average, we translate five pieces of personal health care information from Eastern European languages each week, to help staff understand previous treatments provided out with the UK.
- The NHS Grampian Racial Equality Working Group - includes members of local ethnic communities and their representative organisations.
- Involvement and Consultation Events - each year, we hold at least 6 multi-lingual involvement and consultation events with local ethnic communities, run jointly with the Grampian Regional Equality Council. Total attendance averages over 180 people and feedback informs the annual NHS Grampian Equality Action Plans and is a useful tool for health care planning and providing feedback on follow up action taken.

Disability

The 2011 Census showed that one in five of the population has a communication disability. To assist people with a communication disability to express their views, NHS Grampian has put in place a wide range of measures:

- For People who are Deaf - three British Sign Language (BSL) interpreters under contract and a fourth through an agency.
- For People who use a Hearing Aid - over the last three years, NHS Grampian has purchased and issued over 250 Portable Induction Loops
• For People with a Learning Disability or Aphasia - accessible/pictorial material is provided.
• For wheelchair users and the semi-ambulant - NHS Grampian spends over £250,000 each year on making buildings and services more accessible.
• Dedicated Staff Training Seminars on “Understanding Disability” - a Seminar created and co-presented by disabled people.
• For People with a sight problem - All NHS Grampian published material complies with the Royal National Institute for the Blind “Good Practice Guidelines”.
• Disability Involvement and Consultation Events – held every two years to involve and consult disabled people, carers and older members of our community on specific major items of work. Feedback, together with input from the NHS Grampian Disability Discrimination Act Review Group (DDARG), informs the NHS Grampian Equality Action Plans.

In addition to the 9 “protected characteristics” NHS Grampian also fully complies with the duty to give armed forces veterans priority healthcare treatment, as set out in the NHS Scotland Circular CEL 8(2008) and the Scottish Government’s “Armed Forces Veterans Guide for Healthcare Providers”.

Cognisance is also taken of the special needs of gypsy/traveller communities and there is an extensive outreach and healthcare support programme in place.

4.3 Local authority, third sector partners and communities

As we move into an integrated health and social care environment, more integrated involvement is essential. Nationally, work is underway to streamline the guidelines that health and local authorities currently use. Locally, meanwhile, we will continue to work with local authority and third sector partners to build on existing good practice. For example, we already have input into the local Citizens Panel processes; work closely with local authority colleagues and third sector organisations on projects in local communities and specific services.

We will also need to consider the Community Empowerment (Scotland) Bill introduced to the Scottish Parliament in June 2014, which outlines “a range of proposals intended to give people in communities, and those supporting them in the public sector, a range of new ways to help deliver a better Scotland.” The Bill aims to empower communities by giving them the lead in starting discussions with the public sector on their own terms.

5. How well are we doing?

We can demonstrate a strong commitment to stakeholder engagement, through our values of “Caring, Listening, Improving” and our organisational strategic themes of “involving our patients, public staff and partners” and “developing and empowering our staff”.

We also have structures and systems in place to provide direction, assure quality and monitor; through the NHS Board Committees - Patient Focus and Public Involvement (PFPI), Clinical Governance and Staff Governance - and through the Grampian Area Partnership Forum.
NHS Grampian was also recently assessed as achieving the highest level of the national Participation Standard.

But we need to do more:

- We need to further embed stakeholder engagement in the organisation from the NHS Grampian Board right through to frontline staff.
- We need to make it easier for people to share their experiences, ideas and opinions and to be genuinely engaged in decision making at all levels.
- We need to consistently learn and act as a result of what people tell us.

The risks if we don’t:

- Not measuring real time experience risks lack of awareness of service quality.
- Not listening systematically to patients and staff risks missing opportunities to improve the effectiveness and safety of care and services.
- Not listening, involving and engaging staff in issues of service delivery may lead to the wrong decisions being made.
- Not taking the necessary actions to improve experience for all staff runs the risk of not delivering the best possible patient care.
- Failing to comply with national guidance around Informing, Engaging and Consulting, will mean we will be unable to deliver the scale and pace of change required.
- Whilst we continue to improve how we engage, until we do this routinely and then consistently act on feedback we run the risk of public and staff apathy and, at worst, loss of confidence and trust.

6. Action Plan

An action plan has been developed to ensure we translate our obligations and aspirations into action with the aim to develop a whole systems approach to stakeholder engagement at every level which supports the Board to place an appropriate level of scrutiny to these matters.

7. Consultation on Stakeholder Engagement Framework

This draft consultation framework will be shared with key groups and individuals for feedback and views on key actions required.
Supporting Information

NHS Reform (Scotland) Act 2004


Patient Rights (Scotland) Act 2011


NHS Scotland Healthcare Quality Strategy (2010)
http://www.scotland.gov.uk/Publications/2010/05/10102307/0

Health and Social Care Integration http://www.scotland.gov.uk/Topics/Health/Policy/Adult-Health-SocialCare-Integration

NHS Grampian Healthfit 2020 vision www.nhsgrampian.org/healthfit2020


Can I Help You? Guidance for handling and learning from feedback, comments, concerns or complaints about NHS health care services (2012). http://www.scotland.gov.uk/Publications/2012/03/6414


NHS Institute for Innovation and Improvement (2008). Patient Information
http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/patient_information.html


