

GREATER GLASGOW NHS BOARD

**Minutes of concurrent and joint meetings:  
NHS Greater Glasgow Acute Services  
Communications Monitoring Sub-Group:  
Involving People Group  
held on Tuesday, 3 June 2003 in the  
Library, North Glasgow Trust HQ, Stobhill Hospital**

**1400hrs - Acute Services Communication and Monitoring Sub-Group Session**

**PRESENT**

Mr T P Davison (in the Chair)

Mr Gavin Barclay	..	Head of Administration, South Glasgow Trust
Ms Elsbeth Campbell	..	Communications Manager, Primary Care Trust
Mr Bill Goudie	..	Chair, Area Partnership Forum, GGNHSB
Mr Peter Hamilton	..	Chair, Involving People Group, GGNHSB
Mr Niall McGrogan	..	Head of Community Engagement, GGNHSB
Mr Ally McLaws	..	Director of Corporate Communications, GGNHSB
Ms Sandra Moir	..	Head of Communications, North Glasgow Trust
Mr Ryan Taylor	..	Communications Manager, Yorkhill NHS Trust
Ms Andrea Thomson	..	Communications Officer, North Glasgow Trust

**IN ATTENDANCE**

Mr Jim Whyteside .. Public Affairs Manager, GGNHSB

**ACTION BY**

**1. APOLOGIES**

Apologies for absence were received from Ms Charlotte Lee, Public Involvement Development Officer, Scottish Executive Health Department Involving People Team.

**2. MINUTES**

The minutes of the meeting held on Tuesday, 6 May 2003 were approved.

**3. MATTERS ARISING**

(a) Public Involvement – Greater Glasgow Primary Care NHS Trust.

Elsbeth Campbell confirmed that the broad range of public involvement activity occurring across the Primary Care Trust was having a definite impact. She updated the group on recent developments, which included the Primary Care Trust's reconfigured Achieving Better Services for Patients Group taking forward the PF/PI agenda. Three LHCCs already have dedicated Public Involvement workers with one more due to be appointed at another site. The Trust is in the process of appointing a dedicated market research worker, as it is felt this would be an extremely valuable in-house resource.

The Chairman underlined the need for the Trusts and the Board to be clear on each other's Public Involvement activity, in order to complement each other's work and marshal resources.

(b) Staff News

Bill Goudie noted that a number of staff working within the acute sector had not been issued with copies of the first issue of *Staff News*. Each Trust in turn confirmed their distribution arrangements in relation to *Staff News*.

The Chairman noted the need for clarity with regard to distribution of such publications, taking into account the practical issues faced in distribution across large and disparate organisations.

**Further to Ally McLaws' suggestion, it was agreed that the matter would be taken forward at the next meeting of the Greater Glasgow Communications Team**

(c) ACAD

Bill Goudie informed the group that, at a meeting he had attended earlier that day, an alternative vision of the ACAD facility planned at Stobhill Hospital had been presented.

The Chairman confirmed that the ACAD was very much a work in progress, in that the plans for it are evolving continuously. He confirmed that he would be leading a series of Acute Services presentations across NGT, wherein staff would be able to raise issues that were of particular concern.

Niall McGrogan stressed the need to ensure that appropriate mechanisms are in place to communicate information, in order to prevent those concerned uncovering information "by chance". The Chairman agreed that a focussed approach, tailored to the recipients, was required.

**3. STAFF COMMUNICATIONS UPDATE**

Sandra Moir confirmed that a series of meetings had been scheduled across NGT, in order to "roll out" details of plans associated with the Acute Services Review, further to a successful event of this type at Stobhill Hospital. Tim Davison will lead each of these.

Elsbeth Campbell discussed a proposed briefing for staff based at Gartnavel Royal, in order to communicate plans regarding the re-provision of the Gartnavel site and the actual moves and building involved. Sandra Moir may link in with Elsbeth Campbell in order that the Gartnavel Masterplan is covered in its entirety.

Gavin Barclay confirmed that South Glasgow Trust had included an update on the ACAD Project at the Victoria Infirmary in their most recent Trust Briefing Sheet and that the Trust's Internet and intranet sites will be re-launched presently.

The Chairman asked Gavin Barclay and Sandra Moir to liaise together to ensure that consistent messages are being given to staff in both Trusts.

Ryan Taylor confirmed that staff at Yorkhill NHS Trust are being kept informed with regard to ongoing developments, that a staff briefing system has been formalised and intranet and Internet sites developed.

**1445 hrs – Joint Session of Acute Services Communications and Monitoring Sub-Group and NHSGG Involving People Group**

**NHSGG Involving People Group**

**PRESENT**

Mr Peter Hamilton (in the Chair)

Mr Tim Davison	..	Chief Executive, North Glasgow Trust
Mr Andy Crawford	..	Clinical Governance Manager, Primary Care Trust (for Mrs Rosslyn Crocket)
Miss Maureen Henderson	..	Director of Nursing, South Glasgow Trust
Dr Trevor Lakey	..	Health Promotion Manager, GGNHSB
Mr Niall McGrogan	..	Head of Community Engagement, GGNHSB
Mr Ally McLaws	..	Director of Corporate Communications, GGNHSB
Ms Elsbeth Campbell	..	Communications Manager, Primary Care Trust
Ms Sandra Moir	..	Head of Communications, North Glasgow Trust (for Miss Margaret Smith and Mr John Bannon)
Ms Moira Ravey	..	Deputy Chief Officer, Greater Glasgow Health Council (for Mrs Pat Bryson)
Ms Brenda Townsend	..	Director of Nursing, Yorkhill Trust

**IN ATTENDANCE**

Mrs Lorraine Dick	..	Communications Officer, GGNHSB
Mr Jim Whyteside	..	Public Affairs Manager, GGNHSB

**ACTION BY**

**4. APOLOGIES**

Apologies for absence were received from Mr John Bannon, Trustee, North Glasgow Trust; Mrs Pat Bryson, Convener, Greater Glasgow Health Council; Mrs Rosslyn Crocket, Director of Nursing, Primary Care Trust; Mrs Ravinder Kaur Nijjar, NHS Board Member; and Miss Margaret Smith, Director of Nursing, North Glasgow Trust.

**5. WELCOME AND INTRODUCTIONS**

Tim Davison welcomed the members of both groups to their first joint session. He explained that there was such a degree of crossover of interest between the groups that, for the sake of clarity and co-ordination, it had been agreed that joint meetings were necessary.

Tim invited Peter Hamilton to Chair the rest of the meeting.

**6. PROPOSED INFORMATION AND ENGAGEMENT PLAN FOR GREATER GLASGOW**

North Glasgow Trust and the Primary Care Trust have recently given some consideration to developing an engagement plan for the Stobhill catchment area. The basic underlying principle of this plan was that engagement with the community should be organised jointly between primary and secondary care, in order that members of the public would gain a better understanding of the full extent of healthcare plans for their area.

## **ACTION BY**

The Designated Directors of Public Involvement in both Trusts were satisfied with the approach being proposed for Stobhill but it was suggested that it would be helpful to widen the scope of the proposal to a city-wide approach, thus enabling all Trusts to take a consistent approach to the provision of information and local community engagement. Sandra Moir and Elsbeth Campbell were tasked with developing this proposal

Their proposal aims to build on the pan-Glasgow Communications Strategy to inform the public of Greater Glasgow's plans to modernise health service across the city (including the specific plans for the Acute Services Strategy).

It also recognises the ongoing development of the Community Engagement Team at Greater Glasgow NHS Board. The proposal aims to provide a common baseline of good public involvement activity that can be taken forward by the Trusts with the support of the Community Engagement Team. If this common baseline of good practice is adopted by Trusts across the city, then the Community Engagement Team can dedicate more time and resources to targeting those disadvantaged, excluded groups which might not be reached by the methods described.

Elsbeth Campbell confirmed that all points within the paper were subject to discussion and that a consistent approach across Greater Glasgow is essential.

Niall McGrogan proposed that, as an alternative to agreeing a uniform baseline, short-term plans are actioned immediately. Sandra Moir stated that she saw this paper as a crucial starting point and as one stage in a much larger process. It was agreed that the Trusts should meet with Niall McGrogan in order to progress this paper.

Elsbeth Campbell emphasised the need to progress quickly, as developments are already in place and occurring across Greater Glasgow.

Tim Davison was keen that a work programme be developed covering both staff and public engagement. The programme should cover themes/timescales/who/what. He emphasised the need for flexibility, in the event of unplanned changes.

Niall McGrogan suggested that any such Work Programme adopt a 'timeline' structure, so that events and developments planned for two or three years from now are easily identified. He also suggested that those involved meet to discuss the structure of the programme and debate its basis.

Ally McLaws emphasised that no one person had access to the 'whole picture' and therefore it was necessary to develop a timeline, which could in turn be circulated amongst the public and staff.

## **DECIDED:**

1. That Niall and the Acute Trust teams would meet to pull together a timeline of activities and scope out responsibilities.
2. That Niall and the Trust and NHS Board Communications Managers would meet to use the above to pull together a joint action plan.
3. That the first draft of the action plan would be brought to the next joint meeting of the groups.

## **ACTION BY**

### **7. NETWORK DATABASE**

Peter requested Trust input to developing a unified database of contacts – community groups, patient groups, interested individuals and professional bodies. This in turn would be a foundation of the public involvement network and replace existing databases used for the purposes of consultation and engagement.

#### DECIDED:

1. That Trusts would supply information held by them to Jim Whyteside as and when possible in order for him to feed it into the shared database being set up by MMI, the web and network contractors.
2. That Jim would also incorporate local authority community listings plus groups identified by Niall into the database.
3. That Jim would arrange to write to each group or person entered into the database to confirm what level or type of consultation/engagement they would be prepared to be contacted about (e.g. everything, geographic, by Trust or just by subject).

### **8. IDENTIFYING PUBLIC INVOLVEMENT ACTIVITY**

Jim tabled a paper setting out the options for pulling together information about current activity.

#### DECIDED:

1. That audits recently or currently being completed for CSBS in Trusts would provide a good starting point.
2. That designated Directors would pull together available information in time for the next joint groups meeting.
3. That Jim and Ally McLaws would produce a short glossary of terms related to Patient Focus and Public Involvement to be used in helping with future categorisation and quality assessment of recorded activity.

### **9. CERTIFICATE IN PUBLIC INVOLVEMENT: UPDATE**

Jim confirmed that the Scottish Executive had agreed to double the number of course places it would pay for in Greater Glasgow to forty. At a joint Board/Trusts meeting on 28<sup>th</sup> May, places had been allocated and arrangements agreed to forward the names of nominees to the course providers, Dumfries and Galloway Health Council. Jim confirmed that a number of those nominees would be allowed to apply for further training as course facilitators and this would have the knock-on effect of providing additional training opportunities for staff and patient/public representatives in future.

**10. WEST OF SCOTLAND CANCER NETWORK: NOF BID**

Peter presented a short paper outlining proposals to set up a West of Scotland cancer patients' involvement group and to submit a bid to the New Opportunities Fund for a patient involvement worker to be based at the Beatson Oncology Centre.

**ACTION BY**

Both groups supported the proposal and Peter indicated he would follow the matter up with Dr Sue Williams.

**11. SCOPING RESEARCH: UPDATE**

Jim confirmed that FMR Consultants would be running the first focus groups – for staff – with the help of Bill Goudie in the week commencing 16<sup>th</sup> June. As regards patients, Jim had contacted Andrea Torrie, Ethics Manager at the Western Infirmary, to be informed that a new Pan-Greater Glasgow Ethics Committee was to be established imminently and that permission to proceed should be sought from it. Jim had therefore submitted a formal request via Andrea and had also asked for a ruling on future anonymised opinion rather than clinical based research involving patients to determine if it were necessary to submit a request for permissions from the Ethics Committee for every piece of research in future.

**12. ACTION PLAN: 'DE-JARGONING' PROJECT**

Jim and Niall put forward a paper proposing that the Victoria and Stobhill ACADs be the pilot projects for the agreed objective of 'de-jargoning' NHS Greater Glasgow.

**DECIDED:**

1. That the project proceed with the full involvement of the Area Partnership Forum.
2. That the ACAD Teams North and South and the Acute Services Steering Group be informed of the project before any further steps are taken.

**1600 hrs – Involving People Group Session**

**13. MINUTE OF MEETING OF 28 APRIL 2003**

The Minute of the meeting held on 28 April 2003 was approved subject to the following corrections:

- (a) Trevor Lakey's title is Health Promotion Manager.
- (b) The Health Council has *part* sponsored a Public Involvement Officer at *Greater Shawlands* LHCC.

**14. NAME OF COMMITTEE**

It was agreed in the interests of simplicity to re-name the NHS Greater Glasgow Public Involvement Network Steering Committee, the NHS Greater Glasgow Involving People Group.

**15. MEMBERSHIP OF COMMITTEE**

Jim tabled a paper proposing the establishment of a public 'Lay Advisors Group' and a NHS Greater Glasgow Patients' Forum.

DECIDED:

1. That the groups be formed.
2. That the Designated Directors contact their local for a to seek nominees to join the pan-Greater Glasgow group.
3. That Jim approach the Scottish Executive Involving People Team over group facilitation arrangements.
4. That one representative of each of the new groups once established should be invited to attend meetings of the Involving People Group.
5. That Jim organise contact with Local Authorities for preliminary discussion about potential Community Planning-based arrangements for joint public involvement initiatives.

**ACTION BY**

**16. CONSULTATION DOCUMENT: A NEW PUBLIC INVOLVEMENT STRUCTURE FOR NHS SCOTLAND**

Peter tabled a draft response on behalf of the group (in turn, on behalf of NHS Greater Glasgow) to the consultation paper. It was agreed that the paper should be submitted.

**17. ANY OTHER COMPETENT BUSINESS**

(a) Performance Assessment Framework: Patient Focus and Public Involvement

Jim distributed copies of the latest papers received from the Scottish Executive. He asked that anyone who wished to submit further comments should relay them via himself before 31 July 2003.

(b) Consultation on Spiritual Care Policy

Maureen Henderson summarised proposed consultation arrangements as set out by the NHS Greater Glasgow Working Party. The Working Party had requested that the arrangements be taken forward under the aegis of the Involving People Group.

It was agreed to do this and Jim was asked to meet with John Hamilton to take the matter forward.

**18. DATE OF NEXT MEETING**

1400 hours on Thursday, 21 August 2003 at North Glasgow Trust Headquarters, Stobhill Hospital.

Andrea Thomson  
Jim Whyteside  
10<sup>th</sup> July 2003