

**GREATER GLASGOW AND CLYDE NHS BOARD**

IPC (M) 09/03

**INVOLVING PEOPLE COMMITTEE**

Minutes of the meeting of the Involving People Committee

3 Centre, Dalian House

At 10.00 pm on Monday, 1 June 2009

**PRESENT**

Peter Hamilton (Chair)

	Scott Bryson	Pat Bryson	Jessica Murray
Ally McLaws	Helen MacNeil		Ravinder Kaur Nijjar

**IN ATTENDANCE**

Jim Whyteside	Head of Public Affairs
Louise Wheeler	Scottish Health Council
James Stewart	Scottish Health Council
Linda Davidson	Events Co-ordinator
Anna Baxendale	Head of Health Improvement & Inequalities

**1. APOLOGIES & WELCOME**

Apologies were received on behalf of, John Bannon, Grant Carson, Amanda Coulthard and Joe McIlwee.

Peter Hamilton welcomed everyone in attendance including Anna Baxendale, Head of Health Improvement and Inequalities who came along to talk on agenda item 4. – The Hi Hubs.

**2. MINUTE OF MEETING OF 2 FEBRUARY 2009**

Approved.

**3. MATTERS ARISING**

Inequalities Event

Jim updated the committee on the progress of the Inequalities Event; this is due to take place on 18<sup>th</sup> June in the Glasgow Royal Concert Hall. He went on to say that invitations to the event were being sent , numbers of approx 200 were expected to attend. Layout for the event had been agreed by Comms and Inequalities teams and arrangements made for ten workshops.

Mikey Hughes, a well known contestant on Channel Four's Big Brother, who is also a radio presenter/journalist and has a visual impairment has confirmed his attendance at the event

Jim also went on to say that other NHS Boards are being invited via the Scottish Health Council.

Peter informed members that their presence would be welcomed if available.

#### Patient Information Points

Ally stated that the Patient Information Point in the new Stobhill hospital is up and running with the new Victoria Hospital PiP being set up at present. The main entrance, maternity and outpatients at the Southern General, the Queen Elizabeth building at Glasgow Royal Infirmary and Springburn Health Centre are scheduled to be put in place by the end of July.

Ally went on to say that if this project is to be rolled out to other sites a business case would need to be prepared.

#### New Hospitals

Ally informed that a special edition of Health News themed on the new hospitals would be coming out on 3rd June. Also, for the first time, Staff News had been produced with two different covers featuring the new hospitals, although both have the same content. An online version will also be available, this will have a web link to other information on other sites.

#### **4. HI HUBS**

Anna Baxendale, Head of Health Improvement and Inequalities provided the committee with a Powerpoint presentation on the feasibility study of the renamed Hi Hubs – **Patient ‘i’ Centres**.

She stated that a feasibility study had been undertaken to test the consolidation of key elements :-

- patient info services
- signposting to community services
- delivery of health promotion services
- volunteering – volunteer centre and advocacy
- healthy working lives
- helpdesk facilities

Anna went on to say that the key elements of the centres includes a service which is fully integrated into the hospital with strong links to health improvement and the voluntary sector within the appropriate CH(C)Ps. Centres which are accessible, comfortable and welcoming to walk into, with friendly staff and a non clinical atmosphere.

A wide range of information would be available providing signposting, supported signposting and referring users to information and services locally. Access to IT and internet is also considered essential to achieve good quality information.

She said that the information and support that is needed should be tailored to meet the varied needs of patients, families and carers at particular junctures in their journey. Specific groups have particular needs around accessing services and should be handled in a sensitive way due to the potentially personal nature of these contacts.

Anna said that funding for the project on the whole is a challenge although space within the new Stobhill and Victoria had been identified with room fit-outs being underway in both places with a July opening. A librarian will be based between both sites.

Peter asked Anna if the PiCs would hold condition specific literature as currently held at outpatient clinics and Anna replied that this is where the skill of a librarian would be beneficial liaising closely with clinicians.

Some issues around access had still to be resolved when the points were unmanned although IT facilities could provide a solution.

Ravinder asked if there was a risk of duplication between PiPs and the proposed centres but Anna replied that the two will work in tandem. Ally stated that the two will carry different levels of information for different audiences but one should compliment the other.

Anna agreed to keep the committee informed of progress.

## **5. ASR COMMUNICATIONS**

Ally briefed the committee on the next phase of ASR which includes the eventual transfer of Stobhill Hospital Inpatient Services to the Glasgow Royal Infirmary by late 2010/early 2011. This would involve Renal and Vascular inpatient services being centralised in the Western Infirmary as an interim measure until the completion of the New South Side Hospital

Urology services would be rationalised on two sites – Southern General and Gartnavel General: again, this would be an interim measure until the final configuration was achieved on the Southern General and Royal Infirmary sites.

Ally will advise the committee of planned communications and engagement in relation to these albeit temporary moves.

## **6. INVOLVING PEOPLE FRAMEWORK**

Jim Whyteside distributed copies of the final version of the Framework stating this document covers the year 2009/10.

A new Framework document is to be produced by April 2010 to cover 2010 to 2013. The reason for this is to ensure that the Framework ties into all other NHSGGC policies and plans and to fit this in with the Corporate planning cycle. This version is not a public document but a managerial version only.

He went on to say that a couple of minor comments had come back from the CH(C)Ps; the main one being about raising awareness with the public on the role of the PPFs.

Peter, Ally to discuss governance role of the committee in light of the new framework and report to the next meeting of IPC.

## **7. SELF ASSESSMENT PROCESS ON PFPI**

Jim gave a short update on the self assessment process on PFPI that had taken place at the Thistle Hotel on Monday 11<sup>th</sup> May 2009. He followed on to say that from the 9 case studies 6 were selected by stakeholder representatives attending the seminar.

He stated that the final version of the Self Assessment report went live on the NHSGGC website on Friday 29<sup>th</sup> May and the Scottish Health Council had agreed that this self assessment represents a fair and accurate account of the progress made in the last year by ourselves in relation to PFPI.

## **8. PPF STRUCTURES**

Peter handed out to the committee a paper that had been produced by Community Engagement and gave a brief description on the event that was held on the Friday 27<sup>th</sup> February 09 in Dalian House where representatives from each of the PPFs were brought together to discuss the challenges ahead.

Peter went on to say that there was general agreement on the need to increase communication and public awareness of PPFs, consider training needs for members and improved communication links between PPFs. A follow up session has been agreed and will be held in September of this year.

Ally stated that he thought it was a good way of bringing the PPFs together as on their own they tend to work in isolation and these sessions help to bridge this gap.

## 9. FEEDBACK ON SIKH CHAPLAINCY

Ravinder fed back to the committee that the National Sikh Chaplaincy Day run in conjunction with the UK Sikh Healthcare Chaplaincy Group (20<sup>th</sup> to 26<sup>th</sup> April) and supported by Nicola Sturgeon had been very successful. She added that it was a really good way for the Sikh community to make themselves known and raise their profile in the hospital setting. Some members of the committee had supported a number of the site visits.

## 10. VOLUNTEERING ISSUES

As a result of a visit to Inverclyde Hospital by the Chair NHSGGC, Vice Chair and Peter and a subsequent meeting with League of Friends at Inverclyde it was recognised there was a need to develop closer ties with the voluntary sector in that locality. To this end Margaret McInnes, Voluntary Services Manager would take this action forward and keep committee advised of progress.

## 11. AOB

Jessica mentioned that a copy of the Board's Annual Infection Control Programme for 2009/10 was submitted for approval at the Clinical Governance committee. She felt that it would be appropriate for the section listing objectives and actions relating to Patient Focus and Public Involvement be referred to the Board's Involving People Committee for approval. Peter to speak to Secretary, David McClure.

## 12. DATE OF NEXT MEETING

It was agreed that Committee would meet again on **Monday, 3 August 2009**. The meeting would commence at **10.00 am**. The venue will be **Meeting Room, 3<sup>rd</sup> Floor Centre** (opposite lifts), Dalian House, 350 St Vincent Street, Glasgow.

Linda Davidson  
July 2009