

**GREATER GLASGOW AND CLYDE NHS BOARD
IPC (M) 10/04**

INVOLVING PEOPLE COMMITTEE

Minutes of the meeting of the Involving People Committee
Meeting Room B
At 10.00 am on Monday 20 September 2010

PRESENT

Peter Hamilton
Scott Bryson Jessica Murray Pat Bryson
Ally McLaws Barry Williamson Joe McIlwee

IN ATTENDANCE

James Stewart Scottish Health Council
Linda Davidson Public Affairs

1. APOLOGIES AND WELCOME

Apologies were received on behalf of Grant Carson, Helen MacNeil and Ravinder Kaur Nijjar.

The Chair's welcomed guests were; Elisabeth Sutherland and Lesley Anderson, Facilities Directorate. Sandra Bustillo, Associate Director of Communications.

2. MINUTES OF MEETING 21 JUNE

Approved

3. MATTERS ARISING

VALE OF LEVEN UPDATE

Ally informed the committee that a special meeting was called by the Vale Monitoring Group to discuss the implications of the recent fire in Vale of Leven Hospital's Christie Ward.

He went on to comment that at their last session, Monitoring Group members instructed the Chairman, Bill Brackenridge, to write to Health Secretary Nicola Sturgeon seeking a fresh look at all possible options for Christie Ward, whose future was already under review.

Ally provided a further update on the Vale and said that as part of the ongoing campaign to publicise the changes at the Vale, a detailed leaflet is to be distributed, into every household in the catchment area, including Helensburgh and the Lochside, via the Royal Mail's Door to Door service at the start of November.

In addition to the individual letter box drops, c.12,000 copies of the leaflet will be placed in libraries, GP surgeries, pharmacies and other public areas throughout the region. It was also stated that copies of the leaflet can also be downloaded from the Vale website.

Ally also mentioned that at the meeting of the Monitoring group had been a brief update on progress with the proposed Alexandria Health Centre.

Members of the Scottish Government's Gateway Team have conducted interviews with some key figures involved in plans for the centre and the preparations for the final business case are moving forward.

Ally confirmed that the Christie Ward was closed and that patients are now being sent to Gartnavel Royal. The patient flow is being closely monitored.

BETTER TOGETHER

Peter gave a brief update on the Better Together survey, which is designed to investigate inpatients experiences during 2008/9. Of the 19,000 survey's issued, a response rate of 9,500 (45%) was achieved, which compared favourably to the rest of Scotland.

He went on to say that this highlighted a few areas that need to be improved upon e.g. Waiting times in A&E, noise levels, not enough time to talk to the doctor, hard to identify nurse in charge of ward, transport. Spiritual Care also scored poorly apart from Lightburn hospital.

Peter also went on to state that of the 150,000 GP surveys issued a response rate of 50,000 (33%) was achieved. Areas of concern highlighted were in things such as confidentiality, understanding, booking ahead, and waiting times in waiting areas, staff manner over the telephone.

Pat added that the confidentiality issue arose often due to the design and age of the building.

Barry agreed but said that the new Renfrew Health Centre has the same problem and it is brand new. He concluded that not enough thought goes into where the waiting areas and reception desks are situated.

PPF DEVELOPMENT

Peter informed the committee that after the successful development day held in April another one is being planned later in the year. The speakers we are planning to address the PPF members are Catriona Renfrew, Rory Farrelly Linda De Caestecker and John Hamilton.

Jess added that there have been concerns raised by PPF members surrounding the changes in the CHCPs and the meeting scheduled for November will provide a platform from which to inform them.

4. PUBLIC PARTNER INVOLVEMENT IN CLEANING SERVICES MONITORING – YEAR 4

The committee welcomed both Elisabeth and Lesley along to give an up-date on how the monitoring of cleaning services is progressing following an introductory presentation given in January 2007 by both Elisabeth and Catriona Sweeney.

Elisabeth started off by giving some background, stating that Healthcare Associated Infection (HAI) continues to remain a priority for the NHS in Scotland. The HAI Task Force issued the NHS Scotland Code of practice for the local management of hygiene and HAI in May 2004 this has subsequently been reviewed with a revision published in 2009.

The monitoring process includes mechanisms which provide the public with confidence that appropriate measures to manage cleaning services are in place including assurance that any shortcomings are rectified.

She went on to say that to develop the initiative a working group with membership from key external and internal stakeholders was established. This also included the chair of HAI task force, a lay person, internal facilities and infection control personnel. Input was also sought from HFS implementation team, NHSGGC Involving People, the original East Glasgow LHCC patient's forum and the community engagement team. Initially volunteers were recruited from the Board's involving people database and local volunteer networks.

She followed on to say that over the years, 34 public partners have been recruited and trained and from this 22 have current working agreements.

Lesley picked up at this stage and carried on to say that through the development with our joint working public partners we continue to seek their views. A number of changes and improvements have been implemented as a direct result of Public Partners input and as the initiative evolves evidence of some successful and also less successful techniques used to elicit views have come to light, a couple of examples being; - the approach taken to team working during the monitoring visits, amendments to the internal cleaning services monitoring report form, significant changes made to the training awareness content for new prospective partners. All developments, information and good practice are shared at a bi monthly public partner sector leads group meeting.

Lesley continued by saying that there are requirements for sustaining the initiative for peer/public review. Promoting this element of objective independent review falls within the facilitates directorate's responsibility to monitor and report performance internally across the various governance structures and externally through HFS to the Scottish Government.

This process is based on 24 monitoring and reporting, one for each of the main acute hospitals, sites and partnerships. Each of these requires an element of peer/public review based on set national targets which organisationally have been set to ensure each directorate represented is visited.

Elisabeth interjected at this point to say that there has been much recognition from various organisations/groups:

- Assessment against the National Standards for community engagement March 2008 and a positive outcome was achieved as part of the SHCs verification of NHSGGC.
- Share a display presentation about initiative at Better Together conference November 2008.
- Facilitate a workshop at SHC 'Sharing and Showcasing' event March 2009
- Our approach to public involvement is published on HFS website as an exemplar model and referenced in quarterly 2 report published Nov 09.
- Public partners have been involved in all four HEI visits to NHSGGC at IRH, SGH, GRI and RAH.
- Feedback from public partners on all aspects of their experience contributed to the HFS Innovation Award and also the overall Paul Taylor award in Nov 08.

Elisabeth carried on to discuss how best to plan the way forward by:

- Enhancing the monitoring visit outcomes by supporting the introduction in year of formal estates environment monitoring and overall performance reporting in the context of HAI risk.
- Assess opportunities for increased compliance with participation standards.
- Continue to listen to public partners and assess outcomes following development sessions
- Continue to recruit new partners in order to increase opportunities for open, transparent and positive cleaning monitoring visit inputs and experiences
- Participate in assessment re investing in volunteer accreditation

Barry congratulated Elisabeth and Lesley on receiving the Initiative award

5. ANNUAL REVIEW PROCESS

Ally informed the committee that the Annual Review this year is being held on Monday 1st November with the main element of the event being held in the Glasgow Royal Concert Hall

As part of this process, the Cabinet Secretary is scheduled to meet with a small number of patient representatives prior to the public meeting in the Royal Concert Hall. This preliminary session is due to last approximately 45 minutes and she will have the opportunity to chat informally with the reps, asking them for their thoughts on NHSGGC's performance and also their own personnel views. Subset to this we are arranging a preparatory session between the reps, the Scottish Health Council, Peter, Jo and Linda. This will allow public representatives to pose any questions/queries that they may have on the format and give them expectations on the day.

Ally carried on by explaining on the day of the Annual Review the Cabinet Secretary is due to have a short meeting with the Chairman and Chief Executive followed by another two meetings with the Area Clinical Forum and then the Area Partnership Forum. A short break will then take place before she goes into the private session with the patient reps. After this session is over with she will depart to go on a site visit – this is still under discussion.

The Cabinet Secretary and her party scheduled to arrive at the Glasgow Royal Concert Hall at 1.00 where she will be joined by the patient reps, chairman's awards winners and NHSGGC board members for lunch before going on to present the winner of the Chairman's award at 2.00. The AR will start at 2.15 pm and is due to last approximately three hours; the last 30 minutes will be taken up with the Cabinet Secretary and the NHSGGC Board answering questions from the floor.

6. LIGHTBURN

Sandra informed the committee that the Board approved plans to launch a three-month formal public consultation on the transfer of rehabilitation beds to Stobhill and the possible closure of Lightburn Hospital.

This follows proposed service changes to the elderly medicine inpatient services in East Glasgow to provide all assessment beds at Glasgow Royal Infirmary while longer term rehabilitation beds will be provided on a single site at Stobhill Hospital.

The decision to go to public consultation follows engagement with a range of interested groups including patients and carers as well as staff from Lightburn Hospital and community groups. Three options were outlined for future service provision but no single favoured option could be agreed amongst the groups.

While the Board agreed to move to public consultation, there was discussion around the issue of public transport and access to Stobhill Hospital. A Transport Needs Assessment will be carried out and our Community Engagement team has agreed to publicise the Evening Visitor Service in the local community.

Sandra also went on to say that two public meetings have been arranged for Monday 18th October in Eastbank Health Promotion Centre and the 21st October in John Wheatly College. These events have been advertised locally by distributing poster and summary leaflet into public premises through the east end and the Community Engagement team are staging six drop in sessions within the community. Adverts promoting the public meetings were also placed in local newspapers.

Peter asked if there had been much political heat and Sandra responded by saying that 'no' and that there is a view in the community that people are realistic as to what we are going to achieve. The Evening Times had published an article and there was no heat generated from it. She went on to comment that one of the issues in the transport links, is being assessed by Niall and his team and the findings will be fed back to the public.

7. PHARMACY MATTERS

Scott gave the committee a brief update on current pharmacy matters. He said that the concerns raised by patients around how to use medicines that came to light from the GP Survey are being addressed by East Glasgow CHCP via the link established with Anne Mitchell and Catriona Carson who had given a presentation to this committee on Literacy earlier in the year. This matter is being taken forward by the working group established after Scott had met with them both to review this subject.

8. THE PUBLIC FACE OF COMMUNICATIONS

Ally informed the committee that at the recent Corporate Management Team (CMT) meeting he tabled a paper on the 'Public Face of Communications'. He said that in light of the cost cutting measures that are taking place in Westminster, the axe is being wielded on public sector budgets. In Communications/Marketing/PR alone there have been budget cuts of approx 50%— we have taken a hard look at ourselves and should be doing as much as we can do in looking at our own marketing costs.

So what do we spend on marketing? This is something we recently took a look at and submitted these findings to the Scottish Government. In doing so, Health News came into focus. Recently two people who live out with the NHSGGC catchment area complained that they got Health News in their Herald. They wrote to Nicola Sturgeon complaining that this was a waste of money in this current climate of savings. He went on to say that it is actually cheaper to insert into all editions rather than none at all. This is not the public perception.

Ally carried on to say that we use Health News to provide information on major health campaigns. We print and distribute 40,000 at a cost of £20,000 and do five editions a year. This is not a huge cost in comparison to large marketing campaigns. The cabinet secretary replied to the two complainers explaining this to them that it is as cost /information effective as a lot of national campaigns.

He also explained that we are in the second year of a three year contract with the Evening Times. But to reduce costs further we are dropping our editions to four a year instead of the present five editions. We have also decided not to insert Health News into the Sunday Herald and limit the insertion of the title into the third edition of the Herald – which is distributed within NHSGGC's catchment area only. Another consideration is that the title is inserted into the Evening Times only and makes sure that each edition that we produce works harder for us...

Barry posed the question why we use the Herald rather than the tabloids.

Ally responded by explaining that a tendering exercise had taken place beforehand and the Evening Times and Herald group had given us the best deal and met our needs more. We know that the Evening Times and Herald does not sell as many newspapers as the Daily Record but it has a bigger impact and better pick up rate. We also have a direct relationship with them and have built advertising pages of five a year into the contract

9. AOB.

Ally informed the committee that the monies have been released from Endowments for the Involving People Group.

10. DATE OF NEXT MEETING

It was agreed that the Committee would meet again on Monday 22 November 2010. The meeting would commence at 10.00 am. The venue will be in the Boardroom, JB Russell House (Board HQ), Gartnavel Campus.

Linda Davidson
November 2010