

Greater Glasgow NHS Board**Board Meeting**

Tuesday, 18 February, 2003

Board Paper No. 03/9(b)

Chief Executive

**Progress on Implementing the Strategy
(including Communications Plan)****Recommendation:**

Members are asked to:-

- i) receive this progress report on taking forward the early stages in implementing the Acute Services Plan;
- ii) approve the next steps in the detailed Communications Plan, included at Annex A.

1. Background

- 1.1 When the Board received at its meeting in November last an initial report on progress on implementing the Acute Services Plan, Members asked for quarterly updates. This paper is the second update, which covers the key issues addressed in the report to the November meeting. Because of their significance, the updates which cover the progress on the Review of Emergency Admissions and on the development of a detailed Communications Plan are included as linked papers under this agenda item.
- 1.2 At the November meeting, the Vice Chairman had asked for a paper which set out the NHS Board's "governance" role in taking this strategy forward. A discussion paper which describes the Board's responsibilities forms part of this agenda item also.

2. Progress on Key Early Implementation Steps

- 2.1 The early priorities for action have been two-fold: first, to ensure timely progress in moving forward the approved mechanisms and ensuing procurement launches for the first three capital projects (viz. two ambulatory care hospitals and Phase 2 of the Beatson Oncology Centre); and secondly, to put in place overall project management structures which will allow work to progress now on the key planks of implementation and review, notwithstanding that the major service changes flowing from the plan will be enacted several years hence. Each of these key issues is covered in turn in the following sections of this report.
- 2.2 **Moving to Procurement of the Two Ambulatory Care Hospitals and Phase 2 of the Beatson Oncology Centre**

As Members are aware, a single business case in respect of the two ambulatory care hospitals which will be developed at the Victoria Infirmary and Stobhill sites was submitted in mid-January to the Capital Investment Group within the Scottish Executive Health Department. That combined business case was approved by the Health Department in a letter of 31 January: the aim now is to proceed to procurement advertisement by the end of this month.

2.3 Steady progress also is continuing with the plans for the Phase 2 re-development of the Beatson Oncology Centre. The update on the Beatson Action Plan (a separate item on the agenda for the Board meeting) largely covers this project. In short, this scheme, for which the Minister has already pledged Treasury funding, will be submitted to the Capital Investment Group for consideration later this week, with the expectation that the project, based on a design and build approach, can proceed to procurement in March, 2003.

2.4 **Appointing Professional Advisers**

Following a competitive tendering process, as part of which five companies were shortlisted for interview, the Board has appointed Bevan/Ashford and Shepherd/Wedderburn as its legal advisers in taking forward the plans for the early years of implementation. The appointed legal advisers have already met with Chief Executives to ensure that momentum is maintained in moving the procurement process for the two ambulatory care hospitals to advertisement later this month, and that the necessary steps are in place thereafter to secure compliance with the procurement timetable. To this end, an extended “scooping” session on the details of the ambulatory care projects has been arranged with key members of the Trusts’ Project Teams during the third week of February. The early exchanges with the appointed legal advisers have been productive and challenging.

2.5 The arrangements for the appointment of financial advisers to the NHS Board in this pan-Glasgow project are in hand also. Shortlisting interviews will be held later in the month, leading to an appointment quickly thereafter. It will then remain to appoint technical advisers to work as part of the NHS Board’s Project Team in taking forward this major procurement programme.

3. **Project Management**

3.1 The philosophy behind this major programme of procurement is that the approach will mirror the arrangements for unified working within NHS Greater Glasgow. Procurement will be a pan-Glasgow responsibility: the objective is that the implementation plan – spanning all of the key elements set out in this suite of papers – will be led by a Project Director at Executive Director level. That level of ‘cutting edge’ decision making will be a pre-requisite for ensuring the timely progression of the individual business case proposals, fused into an agreed investment strategy for the city’s acute care needs. It will ensure also that there is a clear executive end point for concluding any cross-organisational debates about how best efficacy will be reflected in the Board’s agreed, strategic clinical service plans.

3.2 There is already established a Project Executive Group to oversee implementation activity: this group brings together Chief Executives, key NHS Board and Trust Directors; it is now moving to establish a structure of sub-groups for whom lead Executive officers have now been agreed. The sub-group arrangements and lead officers are as follows:-

- Capital Planning and Procurement: Robert Calderwood and Brian Steven (Director of Finance, North Glasgow)
- Financial Planning: Wendy Hull, working with Finance Directors
- Communication and Community Engagement: Tim Davison, Ally McLaws and Niall McGrogan (Head of Community Engagement)
- Transport and Accessibility: Jonathan Best and Douglas Griffin (Director of Finance, Primary Care)
- Services/Beds/Activity: Catriona Renfrew and Dr Brian Cowan (Medical Director, South Glasgow)

There is also being established a broader based sub-group addressing workforce planning, which is being led by Ian Reid, working with Margaret Smith. Each of the sub-groups is preparing a crisp set of terms of reference and membership arrangements so that the sub-groups can be created within the next few weeks.

3.3 Community Engagement

The report brought to the Board's November meeting described the arrangements which were being developed in order to create dedicated capacity for community engagement, with a team established for that purpose. Niall McGrogan has been appointed as head of that team: he takes up post next month. A positive, current example of community engagement was the Health Forum convened by Janis Hughes MSP in Rutherglen on 10 February, 2003. Four senior clinical staff from south Glasgow, the Divisional General Manager of the Scottish Ambulance Service and the NHS Board Chief Executive all made presentations on aspects of the review and discussed with an audience of around 60 attendees a broad range of issues and concerns raised about the Acute Services Plan. The two key messages which came from those attending the seminar were the importance of ensuring on-going communication, with the opportunity for involvement in shaping the future service arrangements, and the need to deliver a credible transport strategy.

3.4 Transport

As reported above, there is now being established a specific sub-group to take forward the detailed transport planning required as part of the implementation arrangements. The NHS Board Chief Executive, Jonathan Best and Douglas Griffin (who are leading the work of this sub-group) met earlier this month with the Director General of Strathclyde Passenger Transport and his Director of Operations. The meeting gave the opportunity to set out in detail the thinking behind the clinical strategy which has been developed and to share initial ideas about the key transport challenges which that clinical strategy presents. The meeting was positive: there is a clear enthusiasm on the part of Strathclyde Passenger Transport to work with NHS Greater Glasgow and the broad range of other interests who are key to the successful development of this plan. Given the lead times available prior to the major changes in service disposition, there is ample opportunity to ensure that a successful strategy is developed.

3.5 The Scottish Ambulance Service is another key stakeholder in ensuring the success of the Acute Services Plan. Further detailed discussions have taken place recently between the Chief Executive and Divisional General Manager of the Scottish Ambulance Service and the Chief Executive of the South Glasgow NHS Trust. The Scottish Ambulance Service will continue to be involved closely in the development of the implementation plans over the coming months and years.

4. Future Reports to the NHS Board

4.1 In line with the arrangements agreed in November 2002, it is proposed to bring update reports on implementation quarterly to the NHS Board. The next report will come to the Board in May, 2003.

ANNEX A

COMMUNICATIONS ACTION PLAN Acute Services Modernisation Implementation

1. BACKGROUND

Despite considerable efforts, including major newspaper pull-outs in The Herald and Evening Times and considerable efforts at engaging the wider community directly there is a distinct lack of awareness throughout the communities we serve about the modernising agenda for acute hospitals and service change planned within Greater Glasgow over the next decade.

Almost all media, some political and much community focus have been influenced by negative perceptions of local opinion that NHS facilities are being removed.

It has been recognised that we have not taken the message of the £700m investment in improving Glasgow's acute services effectively enough and that a new approach was needed.

In October 2002 a Board Seminar workshop took place where it was explained that, despite all previous communication efforts, a survey revealed the majority of Greater Glasgow residents were not even aware that major changes were being planned to the structure of Glasgow's acute hospitals provision.

It was also revealed that those who were aware of changes held negative perceptions of plans and misconstrued the plans as cuts and service reduction instead of a drive for better provision, efficiency and effective use of workforce skills to provide answers to growing demands on the NHS and the ability to provide enhanced clinical care.

Communications staff within the NHS Greater Glasgow system were tasked with formulating ways of redressing this situation quickly and maintaining effective communications throughout the modernising agenda period.

(Attached to this paper is Appendix 1 presented to the Board on October 22nd resulting from the workshop event. It was agreed that the recommendations expressed be progressed with some urgency)

2. NEXT STAGE

The Board has appointed a Head of Community Engagement – post to be taken up next month.

NHS Greater Glasgow communications staff progressed on a highly pro-active mass communication plan to reach out to staff and community.

Strategies have been put in to place to engage more effectively with the media, local communities, and the pan-Glasgow audience and work in closer partnership with local authorities to enhance effective communications.

3. THE ACTION PLAN

3.1 Phase One

Implementation date: March 1st

3.1.a) NHS Greater Glasgow News (see attached A)

Circulation 150,000 copies

Dimensions 16 pages, full colour on high quality heat set newsprint

Distribution 1,000 sites – every chemist in GGHB area, libraries, hospital sites, dentists, opticians, major supermarkets, various shopping centres, NHS Trust HQ's, Council HQ's and by mail to more than 2000 individuals and organisations in newly formed NHS Public Involvement Network data base.

The audience is one: staff, patients and general public.

Display Free standing display boxes (high standing and shelf versions) featuring generic NHS Greater Glasgow health messages. (see attached A)

Contents Main focus on scale and what the new hospitals will look like and will provide. Focus on mental health service improvements, pharmacy modernisation programmes, transport issues, paramedic enhancement, health improvement agenda (primarily most ambitious NHS stop smoking scheme launched in Greater Glasgow) and an explanation of the Public Involvement Network and how anyone can “get into the loop” and become effectively involved in shaping future services including the Health Plan.

Style The style of language is digestible and in plain English detailed enough to be relevant with sign posts to more detailed information wherever possible. It is highly visual with aerial views, scale dimensions of new hospitals and clear explanations of reasoning behind the modernising and improving agenda.

Design and concept along with majority of content has been created and devised completely in-house with NHS communications and graphic design staff.

Frequency The distribution stands will be re-used again in June with a second edition. This will update on acute services modernisation giving details of progress and monitoring arrangements and input from public involvement and answer questions that are being asked. The second edition will have a major focus on the Health Plan and engagement in that ongoing process.

3.1.b) NHS Greater Glasgow Website (see attached B)

Launch coincides with NHS Greater Glasgow News.

Newspaper launches website address.

People Involvement Network mail invites people and organisations to use website.

Website content:

Welcome to NHS Greater Glasgow.

One-stop site to all NHS services ... key themes are

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Acute Hospital Modernisation programme featuring

Q and A's – interactive with questions posed and answers given posted for all to read

Computer graphics of how new hospitals will look alongside photography of current hospitals and scale views (some aerial) of what is now and what will be.

Drop down menus of what will be offered at each hospital.

Interactive News site primarily designed for easy access for media providing accurate and up to the minute information on all aspect of the modernisation process and progress and monitoring situation. This part of the site will also contain ALL media releases issued from all Trusts and the Board within Greater Glasgow.

All news releases from Trusts and Board will carry the same corporate logo enhancing the single system message.

It will feature down-loadable photographs for media picture desks.

It will support Public Health Dept information flow during times of emergency information release by being available for immediate update round-the-clock seven days a week.

Public Involvement Visitors can register an interest in getting involved in many areas of NHS activity from joining the Public Involvement Network, registering on a data base for mailed out information updates.

Visitors can ask any questions and be assured of a speedy reply.

Visitors can request more detailed information packs to be sent to them about any of the specific acute modernisation programme: On offer are detailed information packs on

1. The new Beatson/West of Scotland Cancer Centre – and Information Networks
2. Mental Health modernisation programme including the medium secure care centre and Gartnavel developments
3. The new Victoria ACAD
4. The new Southern General
5. The new Stobhill ACAD development
6. The A & E centre of excellence at Yorkhill Children's hospital
(see attached C)

Stop smoking

Coinciding with the website/NHS News launch in March is national No Smoking Day. NHS Greater Glasgow has a major initiative pan-Glasgow to help hundreds – and hopefully thousands – to try and stop smoking with a little help from chemists, GPs and LHCC and SIP community groups. Access to all is available on this site.

Other web-site specifics

The website has direct links to NHS 24 and to all existing Trust and Board websites in Greater Glasgow.

Other links as appropriate will be developed and honed during other phases of the website development in collaboration with partner organisations.

Talks are at an advanced stage to have key aspects of the site content made available on Glasgow City Council and to have them translated into various ethnic minority languages which will be utilized and made available on the NHS site and in print if requested.

Proactive media activity

Commissioned graphics of the new look hospitals and the contents of interviews with key people (along with photographs) will be made available to media organizations prior to the launch of the NHS News and Website.

NHS communications staff have already adopted a more proactive stance in relation to the acute hospitals modernisation agenda. Examples have included recent situations surrounding hospital acquired infections and pressures on acute admissions. Many such situations existing today create the driving force for change and for modernisation – this is our message.

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The entire communications agenda has been cranked up and is currently engaged with national, regional and local media organisations both in print and broadcast. This will be further consolidated in the months ahead.

Modernising Acute Hospitals information packs (see attached C)

Both the web site and the newspaper will invite people to request information folders giving details of the hospitals they wish to learn about.

Every pack will contain a detailed 9-page overview of the process to date complete with images and editorial detailing sequence of events, rationale behind the acute strategy and investments to be made.

Other separate information documents - laid out with images and detailed information - on services provided will be offered on: Yorkhill/Gartnavel/Western/Royal/Southern/Victoria/Beatson and Stobhill Hospitals

One, several or all of the separate information documents can be requested and sent out in a "Modernising for the 21st Century" folder for individual use or group discussions.

3.2 Phase 2

This will concentrate on CD rom presentations for public gatherings and for staff.

It will feature detailed and site specific patient journeys, transport consultation progress and service provision changes.

It will major on the monitoring process for change and be highly interactive with all parties.

Specific staff newsletter information is high on the agenda. Progress on integrating further parts of the various NHS Greater Glasgow websites into the unified site will continue.

Work to develop the intranet and extranet is in progress.

Billposter displays on the sites of new hospital builds will be explored in detail.

Video/CD-rom versions of the Health Plan, incorporating the acute modernisation programme will be developed and rolled out for use by community engagement teams and offered to anyone from the expanding data base list of Public Involvement Networks participants.

More work will be done to expand the circulation of subsequent editions of the NHS News and closer collaboration will be made with schools, colleges and universities.

3.3 Phase 3

This will evolve from the needs, demands and aspirations realized by those we communicate with in phases 1 and 2 and will remain flexible and highly pro-active.

Greater Glasgow NHS Board

Board Meeting

22nd October 2002

Appendix 1

Tom Divers, Chief Executive, Greater Glasgow NHS Board

Jim Whyteside, Public Affairs Manager, Greater Glasgow NHS Board

Communicating the Acute Hospital Services Strategy

Recommendation:

Members are asked to:

- Consider the issues and outcome from the Board Seminar workshop of 1st October 2002
- Discuss whether there is scope to add more to the outline proposals that emerged
- Note that a draft communications plan based on the proposals will be brought to the November Board meeting

1 Introduction

On 1st October 2002, the interim Chairman hosted a Board Seminar workshop on communications and the Acute Services Strategy. In the context of the Minister for Health and Community Care's permission to proceed with implementation of the strategy, it was noted that, in spite of previous communications activity, that:

- in the recent survey related to acute specialties (paper 02/59, 17th September 2002), the majority of the public and patients were not aware of changes to Glasgow's acute hospitals
- significant numbers of people have negative perceptions of the coming changes, a situation not helped by the inaccurate information being proliferated by pressure groups
- the changes have been misconstrued as cuts and service reductions when the opposite is true

It was agreed that the issues had to be addressed as a matter of urgency and Board Members were invited to consider them in detail. Board Members broke up into smaller groups to discuss the different 'target audiences' that need to be considered. The following sections describe the proposals that emerged in relation to each group.

2 NHS Greater Glasgow's Staff

Board Members agreed that the 'message' about acute hospital services had not been properly conveyed to staff. Given that staff need to understand how the changes will affect them personally, the matter has implications for their morale. It is also the case that staff are the best placed people to inform and reassure patients. The following actions were proposed:

- 'back to basics' written material, possibly distributed via payslips
- strongest possible confirmation that there will be NO compulsory redundancies as a result of the acute services strategy
- production of a video presentation which deals with the fundamental questions
- joint teams formed with staff from different hospitals to help plan the detailed service changes required by the strategy

3 The General Public

The feeling was that there had to be a better relationship and level of understanding between the general public and the acute sector. The options suggested to achieve this were:

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- initiatives to target young people, possibly on the lines of a Youth Forum (*continued overleaf*)
- opportunities for NHS stakeholders to debate and discuss issues
- encouragement of fundraising and volunteering activity, perhaps in a similar way to that organised in charities and universities

4 Elected Representatives

It was recognised that there had been failures in trying to persuade some elected representatives of the nature of the improvements coming to acute hospitals. Additionally, those representatives who supported the proposals had received little information and briefing material from the NHS that would allow them to persuade others, or even deal with routine enquiries from their constituents. It was suggested that:

- images of new buildings in newspapers and on billboards beside key sites would provide tangible evidence of the scale of change
- elected representatives should be offered the opportunity to become directly involved the process of design new buildings and services
- NHS Greater Glasgow should lose its inhibitions about revealing the great difficulties facing acute hospitals and why the change must be made
- there should be more active involvement in SIPs and local communities in a way that could help to influence local politicians

5 The Media

It was agreed that media interest in the acute services review, particularly in the case of the most popular newspaper titles, has been patchy. A number of titles were hostile to the proposals as a result of editorial decisions. Some were indifferent as the issues had been extremely complex, particularly during the consultation stage, and so regarded as 'indigestible'. The proposals were to:

- improve editorial contact and briefings for journalists
- 'package' information in a style that best suited newspapers and other media
- seek opportunities for paid-for space and features – such as 'wraparound' covers
- produce a public/media-friendly NHS Greater Glasgow newsletter, which would cover a range of topics and not just acute services

6 General Requirement

One group considered how communications could be improved in general, without regard to specific audiences. They suggested:

- video and CAD images of new facilities
- community drama and other schemes to promote 'ownership' of new services
- recognition that particular neighbourhoods and communities had little interest in the pan-Glasgow picture – more localised information material was needed
- comparison of current services with the best examples of what can be achieved and aspired to elsewhere
- offering speakers and briefings to a range of 'real' community groups across Greater Glasgow

7 Conclusion

Board Members are asked to consider the proposals that emerged from the seminar workshop and determine if there is more that should be done. Board Members are also asked to note that the final tally of proposals will form the basis of a draft communications plan for the Acute Services Strategy that will be presented at the November meeting.

Jim Whyteside
9th October 2002