

MINUTE of MEETING of the ST JOHN'S HOSPITAL STAKEHOLDER GROUP held within ST. JOHN'S HOSPITAL, HOWDEN, LIVINGSTON on FRIDAY, 14 AUGUST 2009.

Present – Councillors Peter Johnston (Chair), Gordon Beurskens and Ellen Glass; Theresa Douglas, Maureen Anderson, Julie McDowell and Dr. Charles Winstanley.

Apologies – Jim Forrest and Jennifer Stirton.

In Attendance – John Jack.

1. MINUTE -

The Group confirmed the minute of its meeting held on Friday 17 July 2009 as a correct record, subject to the following corrections:-

- (a) In the eighth paragraph on page 44, the date to be changed to read “26 November 2008”;
- (b) In the same paragraph on page 44, on the fifth line, to correct the sentence to finish “appeared not to be phrased in this way”.

Matters Arising -

- (a) Councillor Beurskens raised a matter outstanding from the minute of the meeting of the Group of 19 June 2009, at the top of page 37 of the minute, where it was noted that the Director of the CHCP was to write to the Medical Director of NHS Lothian in relation to Social Work assessments. Councillor Beurskens sought an assurance that the letter had been written.
- (b) In relation to the minute of the meeting of 17 July 2009, with reference to Item 4 of the Minute, Dr. Winstanley requested up-to-date information on the proposed meeting amongst Lothian Councils. The Chair advised that he was aware that Council Officers had issued invitations to such a meeting which was intended to take place in September. Dr. Winstanley indicated that NHS Lothian would be willing to assist with the provision of data and information if desired through the Director of Facilities.

Decision -

- (1) To seek confirmation from the Chair of the CHCP that he had written to the Medical Director of NHS Lothian in relation to Social Work Assessments;
- (2) To note the update in relation to the proposed meeting amongst Lothian Councils and the welcome offer of assistance with the provision of data and information from NHS Lothian.

2. DENTAL SUITE, ST. JOHN'S HOSPITAL -

Before the Group convened its meeting, a tour had been provided for members of the Group by Karen Gordon, Assistant Clinical Director, Salaried Primary Care Dental Service. The Chair expressed thanks on behalf of the Group to Karen Gordon for providing the tour and for answering questions posed by Group members during the tour. The impressive new facility was welcomed by members of the Group.

Councillor Glass enquired about methods of transfer of patients from beds in wards to the dental chairs for treatment, and whether that method of transfer had been tested. It was noted by Theresa Douglas that even if transfer had to be by way of a hoist then it would still represent an improvement since such treatment in the hospital had not previously been possible.

The Director of Facilities indicated that he would follow up Councillor Glass's enquiry in relation to the method of transferring patients, the process to be followed and the carrying out of risk assessments and training with the Director and Assistant Clinical Director of the Salaried Primary Care Dental Service and would feed the information back to her.

In response to a question from the Chair, it was advised that the use of the service would be publicised and arranged through the normal route of referrals through NHS 24.

Decision -

- (1) To thank the Assistant Clinical Director of the Salaried Primary Care Dental Service for the informative tour of the new dental suite.
- (2) To welcome the new dental suite as an important facility at St. John's Hospital.
- (3) To note that the Director of Facilities would revert to Councillor Glass with information in answer to the questions she raised regarding the method of transfer of patients from bed to dental chair.

3. NHS Lothian Re-zoning Proposals -

The Chair reiterated to the Group that arrangements were in hand for the meeting amongst the Lothian Councils, which was intended to take place in September 2009. The Director of Facilities advised that the issues relating to re-zoning and transport were still proceeding through the Health Board's Stakeholder Group on transport matters.

In relation to the discussion on the same subject which had taken place at the last meeting of the Group, Councillor Beurskens reminded the Group that Councils were being asked to provide assurances in relation to carrying out work and addressing the transport needs of the areas of West Lothian which are potentially affected by re-zoning proposals. He drew a distinction between that matter and issues relating to pan-Lothian transport needs.

Dr. Winstanley restated the position he had put to the Group at its meeting on 17 July 2009, as noted in the Minute of the Meeting on pages 45 and 46, namely, that NHS Lothian regarded it as important for affected Councils to do all that they could to monitor and analyse the issues raised in relation to transport to and from hospitals, and return to NHS Lothian with that information for comment, and with ideas and if possible commitments to address these issues. In response to an enquiry from Councillor Beurskens, Dr. Winstanley made it clear that he was not departing from the position as it had been stated to the Group at its last meeting and as was recorded in the Minute.

Councillor Beurskens enquired as to the timescale for this work to be carried out for Councils if it was to be possible to influence any re-zoning action which might be taken by NHS Lothian. In response, Dr. Winstanley indicated that when up-to-date information was examined it may even be possible that a formal re-zoning would not be found to be necessary, but that a paper was being developed to be processed through the governance structure of NHS Lothian, with a likely target date for the meeting of the Health Board in November. As part of that process, Dr. Winstanley asked if the Director of the CHCP could be asked to submit data from Social Services records and services to feed into the same process.

Councillor Glass expressed the view that little progress was being made in relation to the re-zoning on transport issues and that difficulties in securing transport to hospital services remained the problem for West Lothian residents.

In response, the Chair expressed the view that progress was being made through discussions at the Group. He accepted that it may be possible that a formal re-zoning exercise would not be required once the up-to-date information was to hand and was analysed and that further work was being undertaken, as evidenced by the forthcoming meeting amongst Lothian Councils and the report being developed by NHS Lothian. In the view of the Chair, the meetings of the Group were open and transparent and both sides were making clear and honest statements of their positions.

Councillor Glass went on to express concern about the mix of patients who were being sent through the bed bureau to St. John's Hospital and in response to an enquiry from the Chair, the Director of Facilities indicated that information and statistics could be produced and made available based on postcodes and other criteria for admissions. Dr. Winstanley commented that this sort of information would be part of the exercise which was being carried out to inform the report on the matter which was targeted for the Board's meeting in November and that it would be possible for that data to be produced to the Group, although not the report itself until it had been considered by the Board.

The Chair enquired whether it would be possible for the Director of Facilities to liaise with Councillor Glass in connection with the provision of that data in an effort to try to make it as meaningful as possible for the Group. The Director of Facilities was happy to give that undertaking. Councillor Beurskens stressed that it was important that the Group was able to understand the approach that the Board would take to the issue of re-zoning, or not and the sorts of financial consequences which might flow from that process. Dr. Winstanley replied to indicate that the Board would first of all look at the sustainability of the specialisms at St. John's Hospital and would consult with patients and clinicians as part of that process. In response to a request from the Chair to bring information to the Group on financial aspects in relation to the re-zoning and the consideration of services at St. John's Hospital, Dr. Winstanley indicated that he would not be in a position to answer those questions at the Group but that the matter would have to be developed through the governance structure of the Board before being formally considered by the members of the Group.

In connection with the production of the data in liaison with Councillor Glass, the Chair enquired whether that would be possible for the next meeting of the Group which was scheduled for 2 October 2009. The Director of Facilities indicated that it should be possible to produce some raw data, although it might not be in a meaningful or usable form. Dr. Winstanley reiterated that although the basic data could be brought to the Group, the report itself which was to be informed by the provision of that data could not be brought to the Group until it had been before and decided by the Board.

Decision -

- (1) To note the update provided by the Chair, by Dr. Winstanley and the Director of Facilities on progress on issues of transport and re-zoning.
- (2) To agree that although some progress was being made on these issues, there is still work which requires to be done and brought before the Group for its information and consideration.
- (3) To note that a report on the possibility of re-zoning was to be developed by the Board with a view to being brought before the Board's meeting in November 2009.
- (4) To agree that basic data being developed by the Board for the purposes of that report would be made available to the Group and that the Director of Facilities would liaise with Councillor Glass in connection with the production of that information for the next meeting of the Group on 2 October 2009.

4. SHORT STAY ELECTIVE SURGERY CENTRE COMMUNICATIONS PLAN

The Clerk advised the Group that the report which had been planned to follow the issuing of the formal agenda for today's meeting had not been produced, and that contact with Jennifer Stirton had indicated that she was unwell and had not been at work and so not in a position to produce the report.

Dr. Winstanley indicated that the report in fact had not been finalised in time to reproduce to the meeting of the Group and he apologised for that omission. He indicated that the report would be available for the next meeting of the Group on 2 October 2009.

The Chair expressed disappointment at the report at not being produced for the meeting of the Group and asked if it would be possible for it to be shared with members of the Group in advance of the next meeting. Dr. Winstanley indicated that that should be possible.

Decision -

- (1) To note and accept the apologies from Dr. Winstanley for the absence of the planned report.
- (2) To note that the report would be available for discussion by the Group at its next meeting on 2 October 2009.

- (3) To note that the report would be circulated to members of the Group when it was ready, as well as being circulated with the agenda for the next meeting.

5. AOCB -

- (a) Councillor Glass asked about the termination of the telephone number 419666 for the hospital and the difficulties that this had caused for West Lothian residents. The Director of Facilities explained the background to the number having been terminated as a result of a complete revision of telephone numbers and that the number mentioned had been continued in use for longer than had originally been envisaged. It was accepted that the loss of the number had caused some confusion and it was noted that steps had already been taken by the Board to put notices in public areas to publicise the new telephone numbers. Marion Anderson suggested that the matter could also be publicised through the Council's publication "The Bulletin" and the Group agreed that would be sensible.

Decision -

To note the undertakings from both Council and Board representatives to ensure that the termination of this telephone number and the new numbers in its place, were publicised as widely as possible.

- (b) Councillor Beurskens enquired whether Angela McCallum's report was still on track to be presented to the Group at its meeting on 2 October. The Chair indicated that it was still on schedule as far as he was aware, but that he would ensure that the Council's Chief Social Work Officer contacted Dr McCallum to avoid any delays in the report being finalised.

Decision-

To note that the Council's Chief Social Work Officer would contact Dr McCallum to provide what information was required for her report to be finalised for the next meeting of the Group on 2 October 2009.

- (c) Councillor Beurskens raised the issue of car parking at the hospital site and whether it would be possible for there to be an update provided to the Group. The Director of Facilities responded that there was a report which was working its way through the Board structure dealing with the issues of parking across the whole of the Lothian Health Board area. He advised the Group that the Chair had provided the information which had been mentioned at the last meeting (page 49 of the Minute) and that he would be following that up if the report, once processed through the Board structure, indicated that this would be a possibility.

Decision -

To note that a formal report was being developed for consideration by the Board and that the outcome would be notified to the Group thereafter.

- (d) Councillor Beurskens raised the issue about Councillor Glass' renewed rights of access to the hospital premises and asked that the present restrictions should be withdrawn.

The Chair indicated that there should be some sort of reasonable limitations on the sort of access which was envisaged, which was accepted by Councillor Beurskens, but he expressed the view that Councillor Glass should nevertheless be in a position to be able to access the hospital premises in the same way as any other member of the public whether to see a patient, or attend a meeting.

Dr. Winstanley commented that it would be reasonable to ask Councillor Glass to notify the hospital management when she intended to visit, just in the same way that he personally did before visiting any hospital premises. He indicated that he would discuss the present situation with his senior colleagues, and the request for the position to be resolved, and would respond to Councillor Glass in due course with a copy of that response being sent to the Chair.

The Chair welcomed that undertaking and indicated that he would hope that Councillor Glass would be treated in the same way as other elected members of West Lothian Council.

Decision -

To note the undertaking by the Board to consider the position at Senior Management level and respond to Councillor Glass and the Chair in due course.

Short Stay Elective Surgery Centre at St John's Hospital – Communications Plan

Updated August 2009

1. Introduction

The purpose of this document is to set out the communications plan for the **Short Stay Elective Surgery Centre (SSESC)**.

Communications for the £8.2m centre will be led by NHS Lothian's Communications Department.

It is important to have a co-ordinated approach to internal and external communications, including all media relations, in order to ensure consistency of approach and communication of key messages.

The Centre is due to be complete in December 2010 and communications will play an important role in the success of the project.

The rationale and importance of this major project is that it will provide a revolutionary service to patients from all over NHS Lothian to reduce waiting times and cancellations and boost operating theatre efficiency.

2. Background

The **SSESC** is to be built in phases within St John's Hospital. It will be created in place of wards five, six and seven and will have the capacity to treat 3,000 patients for day surgery from all over NHS Lothian.

The wards will be merged to create a state-of-the-art, self-contained U-shaped unit, which will provide surgical procedures for specialities currently accommodated in St John's.

This will include Orthopaedics, Gynaecology, Head and Neck, General Surgery, minor plastic cases and Urology.

As patients from across Lothian will be treated at this new Centre it is important to engage with Lothian wide patients, public and stakeholders and not just West Lothian.

3. Progress

The first stage began with the new creation of the Endoscopy Suite, designed to double the capacity of the current unit at St John's and support the planned diagnostic screening for bowel cancer.

This enabling work was completed in and patients are being treated within the new building, while the neighbouring decontamination unit is close to completion.

Alterations required to be carried out in OPD 4 to accommodate the laser suite, while the former residence had to be converted to provide office space for clerical staff. These works are also now complete.

The creation of Ward 19a to Ear Nose and Throat services is currently underway and anticipated to be complete by the end of the year.

The remaining phase of the project, the creation of the centre itself, is currently in the procurement process under Framework Scotland.

4. Objectives

To raise awareness that a new **SSESC** is being built at St John's

To raise awareness and inform patients, public and staff of the development stages of the **SSESC**

To highlight the benefits the new centre will bring to St John's Hospital and patients from right across Lothian

To communicate with stakeholders, staff, patients and public in an open and transparent way

To engage with patients and public so they can contribute to areas which they can influence

5. Key Messages

The new **SSESC** will offer revolutionise patient care across NHS Lothian with a dedicated resource for day case surgery

NHS Lothian is dedicated to improving and providing the highest quality healthcare services

The **SSESC** underlines NHS Lothian's commitment to St John's as one of the three essential acute hospitals in NHS Lothian

The **SSESC** will provide excellent, modern and appropriate facilities for patients, enabling staff to deliver higher standards of care

NHS Lothian is committed to providing the best possible working conditions to enable staff to function at the highest level

The **SSESC** will revolutionise current working practices and therefore increase patient care, cut waiting times, reduce cancellations and boost theatre effectiveness

Internal audiences

Staff in St John's Hospital
Staff throughout NHS Lothian
Lothian NHS Board members
Public Partnership Forum representatives
CHP's
CHCP
Staff Partnership Forum

External audiences

Patients
Carers
Lothian Councillors
Members of the public
Health Boards in neighbouring areas
Local authorities
Community councils
Voluntary sector and community groups
Scottish Government Health Department
Voluntary Organisations in Scotland
MSPs, MPs, MEPs
Other Public Sector statutory bodies
Contractors
Public Transport providers

5. Communications Action Plan

In order to achieve the objectives of the communications plan a range of public relations activities has been drawn up and detailed in the table below.

EXTERNAL

ACTION/ACTIVITY	DESCRIPTION	TIMESCALE
Press activity	<p>Regular press releases to be produced relating to key milestones of the project, eg approval, plans, announcement of preferred bidder and phase completion</p> <p>Feature articles in key publications, such as local newspapers covering West, East and Midlothian as well as Edinburgh and the Evening News.</p> <p>Official launches and opening of both endoscopy and SSESC</p> <p>Lead: communications Team</p>	<p>A number of releases have already been published in the key media outlets and they will continue as required according to timeline</p> <p>The endoscopy suite and overall project has featured in national media following a visit by the Cabinet Secretary</p>
Photography	<p>Ensure up to date photography of the site as it develops, before and after interior shots</p> <p>Lead: Communications and medical photography team</p>	<p>As and when required</p>

ACTION/ACTIVITY	DESCRIPTION	TIMESCALE
Healthlink	<p>This is a new publication produced for the general public. Four versions are printed, one for each local authority area. They are produced quarterly and provide an opportunity for regular updates for the local community. The Short Stay Centre has already featured and will again in the next issue</p> <p>Lead: Communications team</p>	Issues produced March, June, September and December.
Information boards	<p>Produce a set of information boards to be viewed at entrances to the construction areas in St John's Hospital.</p> <p>Lead: Communications Team</p>	To coincide with work beginning at wards five, six and seven.
Regular meetings with MSPs and MPs	<p>Information will provided to MSPs at regular health board briefing sessions.</p> <p>Lead: Communications team</p>	Quarterly
Local authority newspapers	<p>Stories to be inserted on the progress of the work on the short stay centre at regular intervals.</p> <p>Lead: Communications team</p>	Ongoing

Internal Communications

ACTION/ACTIVITY	DESCRIPTION	TIMESCALE
Intranet	<p>Develop a web page to enable staff to be kept updated on the development process. Post press releases and links</p> <p>Lead: Project Manager/ Communications team</p>	On-going
Team Brief	<p>Keep staff updated with progress on the development of all enabling work by using the team brief which goes to managers and is cascaded to staff.</p> <p>Lead: Communications team</p>	Monthly
Board Brief (distributed to board members)	<p>Key information to be included as and when appropriate.</p> <p>Lead: Communications team</p>	Weekly
Connections	<p>Regular opportunities for updates and news about the new SDESC to be included in Connections.</p> <p>Lead: Communications team</p>	<p>It has featured prominently several times already and will continue.</p> <p>Bi-monthly</p>
Information boards	Produce a set of information boards to be viewed at entrances to the work areas in St John's Hospital.	To coincide with work beginning at

	Lead: Communications Team	wards five, six and seven.
Solus Screens	Post update messages and links to the intranet on the large plasma information screens in St John's coffee lounge and Deaconess House. Lead: Communications team	Ongoing
Local authority newspapers	Stories to be inserted on the progress of the work on the short stay centre at regular intervals. Lead: Communications team	Ongoing

6. Evaluation

Evaluation of the communications activities will be based on the outcome of the measurable communications objectives.

Media relations can be evaluated through the amount of coverage, its tone and position in publications and the response of editors to cover articles.

