NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of Greater Glasgow and Clyde – Acute Services – North Glasgow Monitoring Group held at 9.30 a.m. on Friday, 30th November 2007 in the 2nd Floor Meeting Room, North Glasgow CHCP Offices, 300 Balgrayhill Road, Glasgow, G21 3UR

P R E S E N T :

Mr Ian Miller (in the Chair)
Dr Robert Cumming
Dr Roger Hughes
Ms Elizabeth King
Professor D E S Stewart-Tull

Ms Mary Murray
Mr Paul Martin MSP
Mr John McMeekin

IN ATTENDANCE

Mr Robert Calderwood .. Chief Operating Officer – Acute Services Division
Mr John C Hamilton .. Head of Board Administration – NHS Board
Mr Mark McAllister .. Community Engagement Manager, NHS Board (to Minute 24)
Mr Niall McGrogan .. Head of Community Engagement, NHS Board

20. APOLOGIES

Apologies for absence were intimated on behalf of Ms Frances Lyall, Dr Robert Milroy, Dr Paul Ryan and Mr David Whitton MSP.

The Chair thanked members for agreeing to bring the meeting a week forward to allow him to attend.

21. MINUTES

The Minutes of the North Monitoring Group meeting held on 7th September 2007 [NMG(M)07/02] were noted.

22. MATTERS ARISING

a) Bed Model – Update

In relation to Minute 14(a) – Bed Model – Update – Mr Calderwood advised that a draft bed model was to be presented to the NHS Board Seminar on 4 December 2007 for discussion. It was planned thereafter that the final draft model would be submitted to the NHS Board at a meeting on Tuesday, 22 January 2008 as part of the Outline Business Case for the new South-Side Hospital and new Children’s Hospital.

The revised bed model would take account of the 18-week access targets, abolition of Availability Status Codes and the most recent activity numbers and patient profiles. The bed model was therefore driven by actual treatments (length of stay, activity and day cases) and then compared to equivalent cities across the UK to determine levels of efficiency and clinical practice. It was clear that NHS Greater Glasgow and Clyde still required improvements in meeting UK-wide day case rates.
The bed model would remain flexible and would be refreshed following the publication of the Information Services Division (ISD) activity numbers in the Spring 2008.

NOTED

22. FUTURE OF NORTH MONITORING GROUP

The Chair reported that a letter had been sent to the Cabinet Secretary for Health and Well-being advising that the Group recommended its retention until all named services in the Group’s remit had moved from Stobhill Hospital.

The Cabinet Secretary had responded on 24 September 2007 advising that she strongly believed that both the North and South Monitoring Groups had an important role to fulfil as NHS Greater Glasgow and Clyde moved towards completion of the new Stobhill and Victoria Hospitals. She believed that the fundamental basis of the Groups was to carry out their remit during the construction of the hospitals. She agreed therefore that the Groups should remain in place until the new Stobhill and Victoria Hospitals were completed in 2009. She also remained open-minded about the role of the Groups following that time.

The Group welcomed the Cabinet Secretary’s clarification of their future role and debated bringing a greater focus on the monitoring of named services to future meetings.

There had been concerns that the Group had not monitored named services for three years and there was a need to return to this core part of the Group’s remit. Also, the members’ comments on external impacts on named services should be an earlier item on the agenda.

Mr Calderwood welcomed this suggestion and agreed that he would provide members with a position paper early in the new year setting out the named services from the base year 2002/03 to present and highlight any changes or realignment of services which had occurred in that time. He also agreed that the next three meetings of the Monitoring Group (March, June and September 2008) would each have a presentation from the relevant Director of specific named services within the three areas of Emergency Care & Medical Services, Surgery & Anaesthetics and Rehabilitation & Assessment. Each presentation would include the development of these services.

Members welcomed this suggestion as a helpful way of contributing to the debate on the future shape of the named services currently located at Stobhill Hospital.

There were some concerns that some clinical changes may happen suddenly and too quickly for proper debate and planning to take place. Mr Calderwood emphasised that there were no current proposals to move services from Stobhill to other locations although clearly changes were being considered and debated. A number of clinicians had a desire to bring services together as quickly as possible but this would be carried out in a planned and managed way. There would be an impact from the opening of the new West of Scotland Cancer Centre at Gartnavel and the Cardiothoracic Services moving to the Golden Jubilee Hospital next year and therefore changes, including those associated with the opening of the new Stobhill and Victoria, would be inevitable.
DECIDED

1. That the Cabinet Secretary’s clarification that the Group’s work and remit continue until the new Stobhill Hospital was completed in 2009, be welcomed.

2. That Mr Calderwood provide members in the new year with a position paper on the named services covering 2002/03 to the current year.

3. That the next three meetings each receive a presentation on the plans for the named services within the Directorates of Emergency Care & Medical Services, Surgery & Anaesthetics and Rehabilitation & Assessment.

4. That the Standing Item on members’ comments on external impacts on named services be one of the first substantive agenda items in future.

ACTION BY

R Calderwood

R Calderwood

J C Hamilton

FEEDBACK FROM CHAIRS MEETING WITH CABINET SECRETARY ON 13 NOVEMBER 2007

The Chair advised that he and the Chair of the South Monitoring Group had their annual meeting with the Cabinet Secretary following the topping out of the new Victoria Hospital on 13 November 2007.

The Cabinet Secretary had asked both Chairs if they would be willing to stay on as Chairs of the North and South Monitoring Groups for the extended period and both had agreed.

The Cabinet Secretary had also discussed the ongoing work of the Group and thanked the Chairs and members for their commitment and effort into the work of the Groups and she was pleased to hear that the Groups had been well served by the Directors and officers of the NHS Board.

It had been a good and productive meeting and the Cabinet Secretary looked forward to being informed of the Group’s future work.

NOTED

FEEDBACK ON THE TOPPING-OUT OF THE NEW STOBHILL HOSPITAL

The Chair advised that he had attended the Topping-Out Ceremony performed by the Cabinet Secretary for the new Stobhill Hospital on 30 October 2007. He had been impressed with the progress made and the scale of the development and had asked that the DVD made of the artist’s impression of the inside of the new hospital be shown at the end of the meeting. A new DVD was currently being made and would be made available to members once completed. A visit to the new hospital would also be arranged for members once the site was able to accommodate visitors inside the new hospital.

Mr Calderwood advised that an Operational Group had been formed and other Groups established to review clinical practice and needs when moving into the new Stobhill Hospital. Clinicians were considering activity levels now that they had a better understanding of the accommodation, scale and flexibility of the new hospital. The next stage was to consider the purchase of equipment (£25m had been set aside to purchase equipment) and staffing levels; impact on Consultants job plans and timing of services moving into the new hospital which would then affect the programme of the demolition of the Stobhill site. Once the demolitions of the existing buildings had been carried out, this would then allow the contractors to come back on site to complete the landscaping, car parking and construction of the main roads on to the site as Phase II of the project.

J C Hamilton
On the issue of the utilisation of the new theatres Mr Calderwood would arrange for Ms Jane Grant to clarify this point.

Members were keen that the new hospital had a welcoming and pleasant atmosphere and that the input from the various patient groups had been built into the design, colour scheme and staff training programmes. Mr McGrogan advised that patient groups had helpfully contributed to those matters and had influenced the design and functionality of the new hospital including signage and the needs of disabled people. Lessons from other facilities on welcoming patients and directing them to their clinics would be further considered; over 400,000 patients per annum would attend the new hospital and it would be a busy environment.

The Post-Operative Recovery area was a large area recognising the possibility of day surgery numbers rising.

**NOTED**

25. **STANDING ITEMS**

a) **Members’ Comments on External Impacts on Named Services**

Dr Milroy had arranged to have tabled in his absence items for discussion from the Stobhill Medical Staff Association. Dr Hughes took members through the main issues as follows:-

i) Car Parking – the new arrangements for Stobhill had temporarily been suspended but there were still concerns about poor public transport to the site, safety of staff, a lack of green transport initiatives which have been adequately supported, the impact of charging on poorly paid staff and the impact of staff using car parking in the surrounding area of the hospital. These matters required to be brought to the attention of the Hospital Manager.

ii) A continued lack of clinical involvement in the groups formed to review practices ahead of the move to the new hospital. Mr Calderwood would raise with the Medical Director and Jane Grant.

iii) The issue of Surgical Staffing problems was noted: it was being raised with the appropriate Clinical Directors.

iv) Confusion surrounding the location of the new MRI Scanner to serve the new hospitals – Mr Calderwood would raise the issue with the Director of Diagnostics.

v) Concern at the new arrangements for the centralisation of Complaints Staff – Mr Calderwood advised that this was in an effort to bring about an improvement in complaints handling and the poor performance being achieved in the Acute Services Division in meeting the response target times for replies to complaints.

vi) Concern at the lack of adequate access to the ‘flu vaccination for staff at Stobhill – the matter had been raised with the Occupational Health Department at the Royal Infirmary.

**NOTED**
b) Waiting Times and Access Targets

There was submitted for information the Waiting Times and Access Targets Report which had been considered by the NHS Board at its meeting on 23 October 2007. This incorporated the waiting times information against the national targets and other access targets set by the Scottish Government – Department of Health and Well-Being.

NOTED

26. ANY OTHER COMPETENT BUSINESS
a) Monitoring Report

There was tabled a Monitoring Report on patient activity which included the activity to 30 September 2007 and the updated Accident & Emergency figures.

It was agreed that future reports would have narrative added highlighting any significant changes or trends.

The Accident & Emergency figures remained fairly static with slight rises in the last three years – Mr Calderwood advised that slight rises had occurred in minor injuries and acute emergency medical admissions.

A member expressed concern about the accurate recording of the 4-hour target in A&E from arrival to discharge/admission. If the patient was not part of the recording process for capturing the timing of the discharge or admission how could meeting the target be independently verified. Mr Calderwood advised that the recording mechanism in place was sophisticated and captured the patient’s treatment and eventual discharge/admission and was consistent with the Scottish-wide approved recording system.

NOTED

b) Complaints

A member raised concern at a case where a patient was unable to access a full assessment of their condition for ten months. She advised that letters had been written to the NHS Board Chair and Cabinet Secretary and this matter would be dealt with via those routes.

NOTED

27. DVD – NEW STOBHILL HOSPITAL

The DVD on the new Stobhill Hospital was shown to members and the Chair highlighted the ‘internal fly-through’ which replicated the new building as he had witnessed at the Topping-Out Ceremony.

28. DATE OF NEXT MEETING

The next meeting of the North Monitoring Group would be held at 9.30 a.m. on Friday, 7th March 2008 in the Corporate Meeting Room, North Glasgow CHCP Offices, 300 Balgrayhill Road, Glasgow, G21 3UR.

The meeting ended at 11.30 a.m.