

**NHS GREATER GLASGOW AND CLYDE**

Minutes of the Meeting of the Greater Glasgow – Acute  
Services – South Glasgow Monitoring Group held  
at 9.30 a.m. on Friday, 8<sup>th</sup> December 2006  
in the Floor E Conference Room, Victoria Infirmary  
Langside Road, Glasgow, G42 9TT

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**P R E S E N T :**

Mr Peter Mullen (in the Chair)

Mrs Margaret Hinds	Dr Ian McLaughlin
Mr Stewart Maxwell MSP	Dr Ken O'Neill
Mr Ken Macintosh MSP	Mrs Edith Penny
Mr James Sandeman	

**I N A T T E N D A N C E**

Mr Robert Calderwood	..	Chief Operating Officer – Acute Services Division
Mrs Karen Gillespie	..	Administration Manager
Mr John C Hamilton	..	Head of Board Administration, NHS Board
Ms Janice Houston	..	Associate Director of Nursing, NHS 24
Mr Ally McLaws	..	Director of Corporate Communications, NHS Board
Mr Niall McGrogan	..	Head of Community Engagement, NHS Board
Ms Kate Munro	..	Community Engagement Manager, NHS Board

**ACTION BY**

26. **APOLOGIES AND WELCOME**

Apologies for absence were intimated on behalf of Mr Brian Bingham, Dr Donald Blackwood, Mrs Pat Bryson, Ms Sandra Davidson, Ms Catherine Fleming and Ms Janis Hughes MSP.

The Chair welcomed Mr Ally McLaws, Director of Corporate Communications, who was attending to give members a presentation on the Communications Strategy of NHS Greater Glasgow and Clyde; Ms Janice Houston, Associate Director of Nursing, NHS 24, who was attending to give members a presentation on the work and future plans of NHS 24; Dr Ian McLaughlin, who was representing Mr Brian Bingham; and Ms Karen Gillespie who was attending as part of a training programme.

27. **MINUTES**

The approved Minutes of the South Monitoring Group meeting held on 8<sup>th</sup> September 2006 [SMG(M)06/03] were noted.

28. **MATTERS ARISING**

a) Monitoring Template

In relation to Minute 21(a) – Monitoring Template – Mr Sandeman advised members that he had submitted his Monitoring Report and assumptions to the Minister for Health and Community Care and was awaiting a meaningful response.

NOTED

b) Update on New Victoria Hospital

In relation to Minute 21(b) – Update on New Victoria Hospital – Mr Calderwood advised that the Minister had cut the first sod on 13<sup>th</sup> November 2006 and the construction work was due to be completed by 31<sup>st</sup> March 2009. The Final Business Case (except the information deemed commercially sensitive) was now available on the NHS Board’s website – [www.nhsggc.org.uk](http://www.nhsggc.org.uk) - via ‘Major New Improvements’ and then ‘Documents, Reports and Publications’. If members wished to receive a hard copy of the document they should contact John Hamilton.

**Members**

Mr Sandeman queried the elective day surgery rates – currently shown as 60% and projected to rise to 75% when the new hospital opens. Mr Sandeman thought the current rate was about half the current figure – Mr Calderwood agreed to provide Mr Sandeman with a full analysis of the current and projected day surgery rates.

**R Calderwood**

NOTED

c) Bed Model – Update

In relation to Minute 24(a) – Bed Model – Mr Calderwood advised that the draft bed model was presented to NHS Board Members at their Seminar earlier in the week. The bed model would continue to be developed as a result of discussions with clinicians and thereafter finalised in order to underpin the Outline Business Case for the New Southside Hospital.

Mrs Hinds was disappointed at the length of time it was taking for the Bed Model to be completed and shared with the Group. In response to her questions, Mr Calderwood advised that the Bed Model was still being developed and that by using an average occupancy rate of 82% for acute medical admissions facilities, this would give a 99.5% probability of a bed being available. If demand was significantly greater, i.e. during a ‘flu pandemic, then additional facilities would be made available by re-directing or postponing in-patient elective care.

NOTED

29. **NHS GREATER GLASGOW AND CLYDE – COMMUNICATIONS**

The Chair welcomed Mr Ally McLaws, Director of Corporate Communications, who had attended to give a presentation on the NHS Board’s Communications Strategy – both internal and external communications. A copy of the overheads used in the presentation are attached to the Minutes.

In response to questions from members, Mr McLaws answered as follows:-

- The next Our Health Event was being organised jointly with NHS 24 and would be held in March 2007.
- The new centralised Communications Department, following the dissolution of the Trusts and Divisions, had led to reduced staffing and costs through economies of scale and had led to a significant improvement in the NHS Board’s communications with the public, media and its staff. Communications would continue to evolve and new ways of communicating with people would be developed.
- The NHS Board had responded to concerns from the public about using the terms ACAD or Ambulatory Care Hospital and had received positive comment about adopting the term – New Victoria Hospital. Some members remained concerned that this had caused people to think that it was a like-for-like replacement of the Victoria Infirmary.

- Images of the New Victoria Hospital would be improved where required.
- The distribution of the Health News was continually monitored in terms of costs and reaching the targeted audience.
- Press releases were available on the NHS Board's website and Core Briefs for staff were on the NHS Board's intranet.
- The effectiveness of the Health-care Associated Infection (HAI) posters had been encouraging in terms of people seeing the posters – a more detailed analysis of the effectiveness and the rates of health-care associated infection would be available from the Public Health Department.
- The website had the facility of updating those who had logged-on for electronic notification of changes to specific parts or information on the website.

The Chair thanked Mr McLaws for his helpful and informative presentation and for answering members' questions so comprehensively. He recalled expressing his serious concerns to the Minister and the Chair of the NHS Board three years ago about the inability of the Board to get its message across. He now believed that communications were at the heart of the NHS Board – it was structured and diverse and the public and staff were now much more informed. He was pleased to see the results of the independent evaluation and he greatly welcomed the progress made and congratulated Mr McLaws on the NHS Board's new Communications Strategy.

**NOTED**

**30. NHS 24**

The Chair welcomed Ms Janice Houston, Associate Director of Nursing, NHS 24, who had attended to give a presentation on the role and services of NHS 24. A copy of the overheads used in the presentation are attached to the Minutes.

In response to questions from members, Ms Houston answered as follows:-

- NHS 24 would remain in the Golden Jubilee Hospital: however, due to pressure for additional clinical space for the hospital, the local centre for NHS Greater Glasgow would be moving to suitable accommodation and located within the NHS Board's area.
- The qualified nurses have a 7-week induction programme to complete when joining NHS 24.
- Two levels of consent were required from patients - agreement was sought to clinical staff accessing their medical records when dealing with their calls or visits and agreement sought to pass the outcome of the patient's call/visit electronically to their own GP.
- Meetings are held with NHS Boards to share trends and patterns from the anonymised qualitative data collected by NHS 24.
- NHS 24 had the same levels of staff turnover as the other parts of the NHS.
- The Community Health Index (CHI) number was allocated to all residents and used throughout the NHS.
- Attendances at A&E Departments had not changed since the introduction of NHS 24.

The Chair thanked Ms Houston for an interesting and insightful presentation and was pleased to note the improvements which had been achieved by NHS 24 and also the wide range of services available, including the out-of-hours service and link to the NHS Board-run Service and the Health Information and advice service.

NOTED

**31. NORTH MONITORING GROUP MINUTES: 15<sup>TH</sup> SEPTEMBER 2006**

The North Monitoring Group Minutes of the meeting held on 15<sup>th</sup> September 2006 were noted.

**32. ANY OTHER COMPETENT BUSINESS**

- a) Mrs Hinds and Mrs Penny raised the possibility of the overnight beds rising above the current prediction of 12 beds and if this happened would this be a new service development or a re-distribution of beds from the rehabilitation beds. Mr Calderwood confirmed that if the rise occurred it would be a re-distribution of beds. Mrs Penny added that the public did not seem yet to understand that the Mansionhouse Suite would close.

NOTED

**33. DATE OF NEXT MEETING**

It was agreed that the next meeting was to be a Joint Meeting with the North Monitoring Group, that the meeting be held at 9.30 a.m. on Friday, 9<sup>th</sup> March 2007 in the Board Room, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ.

Possible agenda items for the Joint Meeting should be submitted by members to John Hamilton.

**Members**

The remaining planned meetings in 2007 were to follow the usual pattern and therefore were set as:-

- 9.30 a.m. on Friday, 8<sup>th</sup> June 2007
- 9.30 a.m. on Friday, 14<sup>th</sup> September 2007
- 9.30 a.m. on Friday, 14<sup>th</sup> December 2007

- all to be held in the Floor E Conference Room, Victoria Infirmary, Langside Road, Glasgow, G51 4TF.

The meeting ended at 11.05 a.m.