NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Greater Glasgow – Acute Services – South Glasgow Monitoring Group held at 9.30am on Friday, 29 May 2009 in the Meeting Room, Level 2, New Victoria Hospital, Langside Road, Glasgow, G42

PRESENT:

Mr Peter Mullen (in the Chair)

Mrs Pat Bryson    Mr James Kelly MSP
Ms Catherine Fleming  Mr Ken Macintosh MSP
Mrs Margaret Hinds  Mrs Enid Penny
Mr James Sandeman

IN ATTENDANCE:

Ms Jane Grant … Chief Operating Officer (Interim), Acute Services Division
Dr Cameron Howie … Associate Medical Director, Surgery and Anaesthetics Directorate
Mr John C Hamilton … Head of Board Administration, NHS Board
Mr Niall McGrogan … Head of Community Engagement and Transport

ACTION BY

9. APOLOGIES

Apologies for absence were intimated on behalf of Ms Sandra Davidson, Cllr. James Dornan, and Dr Ken O’Neill.

10. MINUTES

The approved Minutes of the South Monitoring Group meeting held on 13 March 2009 [SMG(M) 09/01] were noted.

11. MATTERS ARISING

a) Interim Changes to Vascular Services

In relation to Minute 7(b) – Victoria Infirmary – Ms Grant advised that as part of the approved Acute Services Strategy, it was intended to move vascular services into a single in-patient unit at the new South Side Hospital for NHS Greater Glasgow and Clyde. In the interim period, to secure the benefits of a single in-patient site and to assist the overall planning process across Glasgow, it was proposed to rationalise in-patient vascular services to the Western Infirmary and Gartnavel General Hospital towards the end of 2009. This would see the provision of beds in the Western Infirmary and the retention of a number of beds at Gartnavel General Hospital and this would be an interim position ahead of transferring to a single site at a new south-side hospital in 2014. This would impact on services at the Royal Infirmary, Victoria Infirmary, Southern General and Clyde Hospitals.
Mrs Hinds asked if it was still intended that the Western Infirmary close in due course and Ms Grant advised that this was indeed the case and the impact on the Victoria Infirmary would see the retention of short-stay/day surgery vascular cases and the movement of circa 80 elective and 40 emergency cases per annum.

**NOTED**

b) New South-Side Hospital

In relation to Minute 7(b) – Victoria Infirmary – Mrs Hinds asked if the financial implications as reported in the media would have an impact on the development of the new south-side hospital. Ms Grant advised that the publicly funded capital scheme was still proceeding within the approved timetable with the intention that the new south-side hospital would be available by late 2014. The stage reached was that the competitive dialogue process was underway and bidders would be required to compile and submit their responses by autumn and thereafter there would be an evaluation process. Dr Howie confirmed that there was a very high level of clinical input into the detail of the bids being constructed and there was certainly no lack of a sense of impetus. Mr Kelly advised that in response to a recent question in Parliament, the Cabinet Secretary had indicated that the funding was in place and this scheme should proceed although he did recognise that the Scottish Parliament funding was in three-year blocks and future years may have tighter financial settlements.

Mrs Penny raised the issue of a possibility of mixed ward and poor toileting facilities within the Victoria Infirmary and Ms Grant advised if there were particular cases which she was required to investigate, she would be happy to receive the details outwith the meeting and pursue these and respond direct back to the appropriate member. Dr Howie added that there was a refurbishment of the ward areas within the Victoria Infirmary about two to three years ago following the Health and Safety Report and this had certainly increased the quality of accommodation for patients. Lastly, Ms Grant advised that she was not aware of any Nightingale wards which were openly mixed wards although she did recognise that four-bedded units within ward areas could have different sexes in each block.

**NOTED**

12. SOUTH MONITORING GROUP DRAFT ANNUAL REPORT 2008/09

There was submitted for the Group’s consideration a draft copy of the South Monitoring Group Annual Report for 2008/09.

Mr Sandeman raised concerns at the wording of the third and fourth paragraphs under – Monitoring Reports – on page 3 of the draft Annual Report. After a detailed discussion, it was agreed to expand the third paragraph and delete the fourth paragraph. In addition, under Membership, the nominated body for Mrs Bryson would be corrected.

**DECIDED:**

That subject to the alterations agreed, the Annual Report for the South Monitoring Group for 2008/09 be approved for distribution.

The Minutes of the North Monitoring Group meeting held on 6 March 2009 were attached for information.

NOTED

14. ANY OTHER COMPETENT BUSINESS

a) Staffing

Mr Sandeman enquired as to the staffing arrangements for the existing Victoria Infirmary and the new Ambulatory Care Hospital which was to open on 8 June 2009.

Ms Grant advised that the arrangements varied between different services from complete transfer to the staff working between the two hospitals. The different arrangements had been agreed by the different clinical teams as appropriate to their services.

NOTED

b) Out-Patient Services – South-Side

Mrs Hinds asked if all out-patient services for the south-side of Glasgow would be centralised within the Ambulatory Care Hospital. Ms Grant advised that the extant plans remained with out-patient services continuing to be provided from the Victoria Ambulatory Care Hospital and the Southern General Hospital. She advised that it was already the case that the Ambulatory Care Hospital was at capacity for out-patient facilities once it opened and she did acknowledge that the day surgery/23-hour beds at the New Victoria Hospital would cover the south-side and there may be future expansions to this service in time.

NOTED

c) Signage

Mr Sandeman advised that he felt one of the major issues had been the poor signage for the Minor Injuries Unit which lay off the new road. There was a sign at Grange Road which indicated main entrance but was almost impossible to read due to the colour scheme for the sign.

d) Laboratories

Mr Sandeman asked if there would be a duplication of laboratory services between the Victoria Infirmary and the New Victoria Hospital. He also enquired whether the access to 24-hour laboratory services would be maintained if they were located in the New Victoria Hospital

In relation to the last three matters raised above, it was agreed to ask Karen Connelly, Project Manager, if she could answer these questions during the tour of the new hospital which would follow on from the end of the meeting.
15. **CHAIR’S COMMENTS**

Mr Mullen advised that with the opening of the New Victoria Hospital on 8 June 2009, he believed that this brought the South Monitoring Group remit to an end and that the current remit was no longer relevant going forward. It was the intention to write to the Cabinet Secretary for Health and Well-being once the New Victoria Hospital was open to advise that he believed that the work of the South Monitoring Group, based on the current remit, had come to an end and that serious consideration needed to be given to the future of the Group. Currently, the next meeting had been arranged for Friday, 11th September 2009: however, if the Cabinet Secretary was to make an announcement over the summer months which brought an end to the Group, he wished to take this opportunity of thanking all members for their efforts and commitment to the work of the Group and hoped that they had found it as interesting and educational as he had. He believed that all requests for information from management had been produced and he wished to thank all managerial and secretariat staff for the commitment to the working of the Group.

Mrs Hinds advised that the South and North Monitoring Groups’ futures were obviously linked and asked that the Chair liaise with the North Chair in sending a note to the Cabinet Secretary. This was agreed.

Mrs Penny felt that any new remit for the Group should concentrate on how the services at the Victoria Infirmary and the New Victoria Hospital would work together and how transport arrangements would operate for those patients who had inadvertently arrived at the Minor Injuries Unit but required Accident and Emergency services.

Mr Macintosh took this opportunity of thanking Peter Mullen for his excellent chairmanship, recognising the Group had disparate and conflicting views on many occasions but that the Chair had handled all these matters with his usual good humour and strong leadership.

The meeting ended at 10.35 a.m.