

ACUTE SERVICES BEDS/ACTIVITY/CAPACITY SUB-GROUP
Note of Meeting held on Thursday, 26th August, 2004
Conference Room, Southern General Hospital

		ACTION
1.	<p>NOTE OF PREVIOUS MEETING</p> <ul style="list-style-type: none"> The note of the meeting held on 29th July 2004 was accepted as accurate. 	
2.	<p>CLINICAL MODELS WORK</p> <ul style="list-style-type: none"> A brief update on progress with the Clinical Model Groups was provided by Planning and Clinical Leads. Update templates, detailing progress, will be shared in advance of the next meeting; It was confirmed that there are a number of outstanding data issues within some of the Clinical Model Groups. Agreed that Joe Clancy from GGNHSB will agree these with Information Officers (linked to Clinical Model Groups), and work direct with Sam Gallaher from CHKS to agree how these were resolved – either through CHKS or, ideally, locally; Catriona Renfrew confirmed that she will be finalising Terms of Reference for the Trauma Working Group. It would be important that there are clear links to the Rehab and Musculoskeletal Clinical Model Groups. Membership of the Trauma Working Group will need to reflect this. Catriona agreed to liaise with these two groups in finalising Terms of Reference and membership. <p>Head Injury Update:</p> <ul style="list-style-type: none"> Dr. John Womersley, CHPM, and Chair of the Head Injury Planning and Implementation Group (PIG) will provide a short paper on the current Head Injury Service Pathway and details of the PIG's view of future service model. This will be presented at the next Beds Activity/Capacity/Sub-Group Meeting on 23rd September 2004. <p>Care Pathway Service:</p> <ul style="list-style-type: none"> Pat Kilpatrick will confirm the date for this session and provide details of the format/content. Pat to do this ASAP; 	<p>Planning Leads</p> <p>JC/SG</p> <p>CR</p> <p>JW</p> <p>PK</p>

<p>3.</p>	<p>CLINICAL LEAD TIME</p> <ul style="list-style-type: none"> • Catriona Renfrew reminded Clinical Leads that resources are available to fund dedicated clinical time to enable the Clinical Models Work to progress effectively. • Planning Managers to finalise these details with Clinical Leads ASAP and confirm details to Catriona Renfrew. 	<p>JC/PK</p>
<p>4.</p>	<p>TIMELINE FOR CAPITAL PLANNING AND CLINICAL MODELS WORK</p> <ul style="list-style-type: none"> • Two papers were shared with the Agenda for the meeting. These laid out the key stages within the capital planning process and an indication of the timeline for capital planning. Robert Calderwood talked through these papers; • A number of issues were raised in the following debate about the development of the OBC/Capital Plans: <ul style="list-style-type: none"> ○ Radiology remains a major issue and it is important that we establish a clear understanding about current radiology services and capacity, and how these should look in future facilities. It was agreed that Dr. Paul Duffy should be invited to join the ASR Beds/Activity/Capacity Group as he is the Clinical Lead for Imaging Modernisation; ○ Anne Harkness raised the question of whether all surgical and medical admissions are picked up within the SMR dataset (that informed the CHKS/HRG analysis). It was proposed by Catriona that Hamish McLaren be asked to ‘sense check’ these data to establish what gaps we have, set against what has been assumed in the acute admissions project work, e.g., we should check the data for how patients presenting with drug overdose are managed. Clinical/Planning Leads to link with Hamish McLaren to ensure this review of data is completed ASAP; <p>Clinical Models Template:</p> <ul style="list-style-type: none"> • A short paper/template had been attached to the Agenda outlining data for each of the Clinical Models Groups to capture by October, 2004; • Camie Howie asked that Catriona/Brian Cowan provide a clear statement/describe what each group should be doing to ensure a meaningful/robust output 	<p>DL</p> <p>HMCL/Planning & Clinical Leads</p>

	<p>is provided e.g. need to be clear on how the Clinical Models Work intersects with the benchmarking, performance/improvement element of the CHKS work etc.</p> <p>To assist, Catriona agreed that a paper would be produced describing the totality of the ASR/CHKS performance improvement, benchmarking and clinical models processes;</p> <ul style="list-style-type: none"> • It was agreed that Clinical Models Groups should be explicit about the manpower/workforce changes that flow from many proposed pathways/activity changes. 	<p>CR/DL</p> <p>Clinical/Planning Leads</p>
<p>5.</p>	<p>PLANNING SUPPORT FOR CLINICAL MODELS GROUPS</p> <ul style="list-style-type: none"> • David Leese confirmed that he would share details of additional planning support for each of the Clinical Models Groups. This would be shared with Planning Leads and Clinical Leads ASAP. 	<p>DL</p>
<p>6.</p>	<p>DATE AND TIME OF NEXT MEETING</p> <ul style="list-style-type: none"> • Thursday, 23rd September, 2004 at 5.00 p.m. in the Conference Room, Southern General Hospital. 	