ACUTE SERVICES REVIEW
BEDS ACTIVITY CAPACITY SUB-GROUP

Note of Meeting held on 26th February 2004 in Conference Room,
Southern General Hospital

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1. **Notes of previous meeting held on 4th December 2003/ Actions from January 2004 meetings**
   - The notes from the last meeting were confirmed as accurate.  

2. **Matters Arising**
   - Catriona Renfrew confirmed that a meeting took place on 22nd January 2003 to discuss planning assumptions to inform the CHKS analysis. A copy of the slides, with actions agreed, at 22nd January, 2004 is attached;  
   - Attached is a copy of the agreed Clinical and Planning Leads for the Clinical Models work. This will progress once we have the final analysis from CHKS, including the HRG analysis (see later item in this note);  

3. **UPDATE ON CHKS WORK PROGRAMME**
   - See attached presentation by Sam Gallacher;  
   - It was agreed that, in order to move on with the next iteration of the planning analysis, CHKS require a complete 2002/03 SMR Dataset and updated population projections. This to be available by early March 2004. The presentation attached confirms the critical next steps;  
   - Once we have this next iteration of the CHKS analysis (now to be presented on 29th April, 2004), it was agreed that Catriona Renfrew and Brian Cowan would agree timescales of the work programme with CHKS and with Robert Calderwood, in his capacity as Programme Director of ASR.  

4. **HRG ANALYSIS FOR CLINICAL MODELS WORK**
   - Sam Gallacher confirmed that the HRG analysis would only be available once CHKS have provided the next iteration of the performance/planning analysis, informed by the 2002/03 SMR data (this will now be after 29th April 2004)  
   - When available, HRG analysis for each of the clinical model group will be provided and CHKS will meet with each Clinical
and Planning Lead to share data and agree how CHKS will continue to support the Clinical Model Groups in their work;

- In the discussion about HRG analysis, a number of points were raised:

- Dr Cameron Howie asked how the HRG analysis will identify the large number of elderly patients with non-specific diagnosis. Sam Gallacher agreed to review if this;

- Dr Martin Sambrook suggested there would be a need (in for example Rheumatology) to review case notes to test the understanding of the HRG analysis. This could require staff time being committed to undertake such a review;

- Catriona Renfrew accepted that Clinical Model Groups would need to scope what is required in each area to enable HRG analysis to be ‘reality checked’ and where time staff is required to review case notes etc, this should be quantified. Catriona agreed that decisions on funding staff time would need to be made as quickly as possible through the ASR Groups.

5. OPERATIONAL PHASE

- Attached presentation identifies key next steps. These to be reviewed at future ASR Beds/activity/capacity sub group meets;

- With regard to clinical coding, Catriona Renfrew proposed that Trusts need to identify a lead person for coding improvement, who will lead this work across both Trusts/Divisions. It was agreed that Pat Kilpatrick and Jim Crombie would work with Sam Gallacher to identify an approach to improve clinical coding within Trusts. Pat/Jim would also identify staff from Trusts/Divisions to attend the CHKS clinical coding improvement programme.

6. DATE AND TIME OF NEXT MEETING

The next meeting is scheduled for Thursday, 25th March 2004 (meeting was postponed – next meeting is Thursday, 29th April 2004).