

ACUTE SERVICES BEDS/ACTIVITY/CAPACITY SUB-GROUP

Note of Meeting held on 29th July 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 April 2004 was noted as accurate. 	
2.	<p>CLINICAL MODELS WORK</p> <p>Update for Each of the Clinical Models Work:</p> <ul style="list-style-type: none"> A copy of an update for each of the Clinical Models Work was sent out with the Agenda. These were circulated for information; <p>Trauma Work:</p> <ul style="list-style-type: none"> Catriona Renfrew confirmed that following the Orthopaedic Services Meeting in mid-June 2004, a separate Trauma Working Group and Elective Ortho Group will be established. Consequently, trauma work should not be included in the work of the musculo-skeletal or rehab services groups. Catriona Renfrew will work with Brian Cowan to agree terms of reference for the Trauma Group and membership; With regard to head injury, we agreed that Catriona Renfrew would write to the Head Injury PIG to ask that they undertake a review of the Head Injury Care Pathway and, from this, contribute to the clinical models work/determination of future bed numbers. Catriona will ask for an initial paper from the Head Injury PIG to come to the next meeting of the ASR Beds/Activity/Capacity Sub-Group. <p>Timetable/Format for Clinical Models Work:</p> <ul style="list-style-type: none"> Robert Calderwood proposed that by early October 2004 each Clinical Models Group should produce a headline level report. At that time, it will be important to take stock of issues raised, ensure that each Clinical Model Group is building a wide understanding and ownership across the clinical/managerial community in Glasgow. Robert suggested a final report from each Group should be completed by March, 2005; It was also agreed that Robert Calderwood/David Leese would develop a timetable for this work which sets a clinical models work against the capital planning timetable for the development of the 	<p align="center">CR/BC</p> <p align="center">CR</p> <p align="center">RC/DL</p>

	OBC and FBC stages of planning;	
	<p>Critical Care:</p> <ul style="list-style-type: none"> Sam Gallaher noted that the CHKS data analysis would not be used for critical care clinical models group. It has been agreed with Cammy Howie that local data would be used, using the same data field format as HRGs. This data will chart critical care needs to specialties, identifying current use, probable future use and future bed numbers (in total and by specialty). Sam G to work with Dr Howie to establish data set. 	SG/CH
3.	<p>CLINICAL LEAD TIME</p> <ul style="list-style-type: none"> There is now an agreement in place for clinical lead time by Dr. Stephen Gallagher and Dr. Robert Monie. Also time had been agreed for Dr. Caroline Morrison, Consultant in Public Health Medicine. Catriona Renfrew/Brian Cowan asked for an early response from other clinical leads (Martin Sambrook/Margaret Roberts/Cammy Howie/Paddy O'dwyer. Clinicians who would lead work on ophthalmology and ENT to be identified/confirmed by Pat Kilpatrick and time requirement confirmed. Clinical leads to finalise discussions with Planning Leads on time of commitment ASAP and provide information to Catriona Renfrew. 	PK/ Clinical Leads
4.	<p>CHKS HRG ANALYSIS/WORK</p> <ul style="list-style-type: none"> Sam Gallaher confirmed that a range of data analysis is still ongoing, including work for the rehab, diabetes and respiratory groups; Catriona Renfrew confirmed that North and South Glasgow Divisions have been asked to report back to GGNHS CMT on actions being taken to address shortcomings in clinical coding, linking clinical coding to consultant job plans and other aspects of clinical governance. The report was being co-ordinated through Chief Executives back to CMT; Sam Gallaher confirmed that the clinical governance data is now with North and South Glasgow Divisions. Sam/Isobel will continue to work with Divisions to ensure progress. It was noted that this element of the CHKS work should no longer be on the Agenda of the ASR Beds/Activity/Capacity Sub-Group. This work, where relevant, will be steered by Divisions and connect back into GGNHS CMT. 	RC/TD

5.	<p>CARE PATHWAYS</p> <ul style="list-style-type: none"> • David Leese confirmed that a seminar is being proposed for October 2004 to introduce Clinical and Planning Leads (and others as appropriate) to Care Pathways, what they are, how they are developed etc. The proposal was supported by the Group; • Pat Kilpatrick agreed to develop a proposition to share with Clinical Leads and others, outlining the type of seminar we intend to run. 	PK
	<p>Once received Clinical Leads will then be able to determine who should be involved. It was agreed that the seminar should focus on high level characteristics of CPs, not on the micro-detail.</p> <ul style="list-style-type: none"> • It was agreed that a date would be secured for this event ASAP in order to give clinicians and others time to plan diaries. 	PK/Planning Leads
6.	<p>DATE AND TIME OF NEXT MEETING</p> <ul style="list-style-type: none"> • Thursday, 26th August 2004 at 5.00 p.m. in the Conference Room, Southern General Hospital. 	