N&SMG(M) 09/01
Minutes: 1 - 7

NHS GREATER GLASGOW AND CLYDE

Minute of the Joint Meeting of the
Greater Glasgow and Clyde – Acute Services
North and South Glasgow Monitoring Groups
held at 11.00 a.m. on Friday, 11 September 2009
in the Board Room, Dalian House,
350 St Vincent Street, Glasgow, G3 8YZ

PRESENT:

Mr Peter Mullen (in the Chair)

Mr Malcolm Allan
Mr Eric Canning
Ms Catherine Fleming
Mrs Margaret Hinds
Dr Roger Hughes
Mr James Kelly MSP
Ms Elizabeth King
Mr Paul Martin MSP
Mr Ken Macintosh MSP
Dr Ian MacLeod
Mr John McMeekin
Dr Ken O'Neill
Mr James Sandeman
Professor Duncan Stewart-Tull
Mr David Whitton MSP

IN ATTENDANCE

Mr Robert Calderwood	…	Chief Executive, NHS Board
Mrs Jane Grant		Chief Operating Officer – Acute Services Division
Mr John C Hamilton	…	Head of Board Administration
Mr Mark McAllister	…	Community Engagement Manager, NHS Board
Mr Andrew Robertson	…	Chair, NHS Board (for Minute 7)
Mr Barry Sillers	…	Planning Manager, Surgery & Anaesthetics – Acute Services Division

ACTION BY

1. **WELCOME AND APOLOGIES**

The Chair welcomed those present to the final meeting of the North and South Monitoring Groups following the announcement from the Cabinet Secretary for Health and Wellbeing that both Groups should be wound up. He advised that the Chair of the North Monitoring Group – Ian Miller – was very disappointed that he had been unable to attend the final meeting due to holiday commitments. A range of alternative dates for the meeting had been offered and, unfortunately for Ian, this was the date which suited the majority. He passed on Ian's thanks to the Members of the North Monitoring Group for their support and commitment to the working of the Group.

The Chair congratulated Jane Grant on her recent appointment as the Chief Operating Officer, Acute Services Division, and wished her well in the challenges that lay ahead.

Apologies were intimated on behalf of Mrs Pat Bryson, Dr Robert Cumming (represented by Mr M Allan), Ms Sandra Davidson, Cllr. James Dornan, Mrs Enid Penny (represented by Mr E Canning), Dr Robert Milroy (represented by Dr I MacLeod), Ms Mary Murray, Cllr. Ian Mackay and Dr Paul Ryan.

ACTION BY

The Chair also announced that Niall McGrogan, Head of Community Engagement and Transport had submitted his apologies as he was unable to attend due to annual leave commitments.

2. **MINUTES**

a) South Monitoring Group Meeting: 29 May 2009

NOTED

b) North Monitoring Group Meeting: 5 June 2009

NOTED

3. **MATTERS ARISING**

a) South Monitoring Group Minutes: 29 May 2009

i) New South Side Hospital

In relation to Minute 11(b) – New South Side Hospital – Mr Sandeman referred to the last sentence of the first paragraph and suggested that Mr Kelly had "asked the Group to recognise" that the Scottish Parliament funding was in 3-year blocks. This addition to the Minute would be raised with Mr Kelly and, if confirmed, the Minute would be altered. **J C Hamilton**

Ms Hinds remained concerned that the level of public funding required to construct the new South Side Hospital would not be met due to the economic situation and the future tighter financial settlements. Mr Whitton advised that the Comprehensive Spending Review for 2010 was due next week. The scrutiny of Public Spending by the Cabinet Secretary for Finance had led the current Government to indicate that there was no change to the current funding support for the new South Side Hospital.

Mr Calderwood advised that the tenders to construct the new South Side Hospital were to be received later in the day and once assessed and evaluated, would be submitted to the Performance Review Group on 3 November 2009 for a decision on the appointment of a Preferred Bidder. In response to a question from Mrs Hinds, he confirmed that this decision would be made public once the contractor had been notified and had confirmed their agreement to accepting the Preferred Bidder status. The bulk of the expenditure to construct the new South Side Hospital would fall to 2011 – 2014 and the Government had identified the scheme as a priority for funding as long as the value for money criteria was met.

NOTED

ACTION BY

b) North Monitoring Group Minutes: 5 June 2009

i) Renal Services

In relation to Minute 12(b) – Members' comments on External Impacts on Named Services: Dr Milroy – Mr Sandeman asked if the Renal Dialysis Unit had now opened. Mrs Grant advised that there were indeed still some outstanding issues in relation to the water supply which had not yet been resolved and there was currently no definitive date yet when the Renal Dialysis Unit would open.

NOTED

ii) Future of Monitoring Groups

In relation to Minute 16 – Any Other Competent Business – Dr Hughes reiterated the Medical Staff Association's view was that the opening of the new ambulatory care hospital did not end the remit of the Group. In-patient beds were due to remain on the Stobhill Hospital site for a further two years and the Medical Staff Association strongly believed that the Monitoring Group had a crucial role to play during this period.

Mrs Grant advised that she and the Medical Director had agreed to engage and meet with the Medical Staff Association in the near future to agree a way of working where the Association's concerns about relevant issues could be raised and dealt with. Dr MacLeod asked if the correspondence with the Cabinet Secretary could be shared with Monitoring Group members and the Chair agreed that it would be sent out with the draft Minute of this meeting. **J C Hamilton**

Mr Macintosh wondered if another forum could be created to discuss the issues which had been covered at the Monitoring Group meetings, which he had found most helpful. He did not agree with the decision to bring the Groups to an end and felt that bringing together elected representatives, community groups, patients and staff had been a useful forum for debate.

Mr Calderwood explained the role of Public Partnership Forums in Community Health (and Care) Partnerships; the Involving People Committee which had led to the Our Health events and the setting up of the Public Involvement Database which now contained over 3,000 members of the public; the role of the Community Engagement Team and their connections with Community Councils and Community Groups; the local and Area Partnership Forums for staff and the regular meetings with MSPs. In addition, he set out the work of the South Side Hospital Project Team which included Patient Groups and the Yorkhill Children's Group to advise on aspects of the new hospitals.

Ms King advised that she was not pleased that there was no longer a Patients Forum at Stobhill and she disagreed with the Groups being wound up and it was all because the NHS Board no longer wanted the Groups in place.

Mr Calderwood reiterated that the Parliamentary Debate in September 2002 had led to a Ministerial commitment that named services would be maintained at Stobhill and the Victoria Infirmary for five years from that date unless there was a clinical reason of safety to move the services. This had been met and in September 2007 it was agreed to extend the role of the Group until the two new ambulatory hospitals opened. Both had opened earlier this year and the Cabinet Secretary was therefore asked to consider the future role of the Groups as the remit was no longer relevant to the current situation. In addition, there was a need to consider wider engagement with communities on city-wide specialties being impacted upon by the development of the new South Side Hospital.

The Chair advised that he and Ian Miller had met the Cabinet Secretary in November 2008 and she had asked them both to stay on as Chairs until the new ambulatory care hospitals had opened and at that time she would consider the future of the Groups – the options being no change, dissolve, issue a revised remit or merge the Groups. Following the May/June 2009 meetings of both Groups he and Ian Miller wrote again to the Cabinet Secretary for clarity on the future of the Groups and she had replied as follows:-

"Thank you for your joint letter of 14 July about the future of the North and South Monitoring Groups. I would like to thank all members of the Monitoring Groups for their hard work and I fully believe that they have fulfilled an important role in the New Stobhill and Victoria Hospitals coming on stream this summer.

The fundamental purpose of the Groups was to carry out their remit during the construction of the hospitals and I agree with you that the current remits of the Groups are no longer relevant. As such, I would now like to confirm that both Groups should be wound up.

Thank you again for all your hard and important work."

Mr Martin advised that the remit had no mention of the new ambulatory care hospitals or their opening and five-year commitment while part of the Parliamentary Debate in 2002 was not incorporated into the remits of the Groups. Therefore, both Groups should continue until in-patients moved off the hospital sites. The period of tenure of the Chairs was not relevant to the continuation of the Groups. The remit was to monitor named services and as long as they remained, the Groups should continue to monitor what happened to these named services. He acknowledged the different Forums as described by Mr Calderwood but reiterated that none of them had the independent role of the Monitoring Groups and this was maybe why the NHS Board did not want to see their continuation.

The Monitoring Groups had been useful Forums to get various points across and it was helpful their work was on the website for the public to read.

ACTION BY

Dr Hughes recalled that he and Mr Calderwood had been NHS Board Members in 2000/2001 when the then Minister was considering how best to mollify the public in relation to the Acute Services Strategy and the retention of named services for a set timescale to be monitored by two Groups was considered one way of doing this. At that time the in-patient services were due to leave Stobhill in 2006, now it was 2011 and therefore the monitoring role should continue until then.

Mr Calderwood stated that the views of both Groups had been provided to the Cabinet Secretary. It had been decided that both Groups be wound up and he had explained earlier the mechanisms in which effective engagement could be maintained.

Mrs Hinds agreed with Dr Hughes that the remit related to the Acute Services Strategy and the Groups had been useful and when areas like the signage at the new Victoria Hospital was poor, the Group was able to draw this to the attention of management. The NHS Board needed to recognise that people came to Group members with issues/problems because they were scared to raise them with staff or the NHS Board direct. Mr Calderwood advised that the new signage had been designed with public input and that improvements were now being made. Mrs Grant advised that she had met with the South East Health Forum to address issues of concern and identify those issues of a strategic nature and those of an operational nature. She reported that there had been minor teething problems in opening the new ambulatory care hospitals but overall they had been welcomed by the public and staff.

Mr McAllister reported on the work of the Access and Signage Group over recent years and once problems had been identified steps were taken to make the improvements necessary. Engagement Groups were active in the south side around the design of services for the new hospital at the Southern General and this included Children's Groups for the new Children's Hospital. The Public Partnership Forum had been well engaged and the Community Engagement Team was happy to attend any Groups or Committee to discuss issues related to NHS services and try to resolve outstanding issues or concerns.

The Chair stated that the Ministerial commitment to retaining named services for five years had ended and the new ambulatory care hospitals had now opened and the Cabinet Secretary had made her decision in relation to the future of the Groups. Both Groups had diverse opinions about the future and it had been correct to ask the Cabinet Secretary to consider the future of the Groups at that time.

Mr Martin stated that he respected Mr McAllister's description of the ongoing engagement but that that work was carried out on the NHS Board's terms and the independent role of the Monitoring Groups was essential to retain. He stated that named services must continue to be monitored and he would be making representations to the Cabinet Secretary to this effect and he would query why Parliament was not advised as Parliament had agreed the setting up of the Groups in the first place.

ACTION BY

Mr Calderwood advised that the in-patient beds at Stobhill Hospital would be transferred at the earliest possible time now that the new ambulatory care hospitals had opened and while that was planned for March 2011 there were a number of clinical and other reasons why this should be as early as possible. Clinical discussions were ongoing on renal services and day chemotherapy services. In relation to the south side there would be little opportunity to re-design services until the new South Side Hospital had opened although there would be difficulties in meeting the new training requirements for doctors with the reduction in clinical time in wards and the impact that this would have on medical rotas.

The Ministerial commitment to maintain services from 2002 for five years had ended. There would be a continual need to re-design and move services to ensure a safe, effective and economic service to patients. Such service changes in the future would be discussed with the public and engagement would be held with Groups to explain the reasons and necessity to move services.

Professor Stewart-Tull advised that he represented 13 Community Councils on the North Monitoring Group. The Groups had received talks, presentations and received papers well beyond their remit to monitor the retention of named services. It was now likely with the Groups being wound up that endless pressure groups would be formed. He believed that the Monitoring Groups had been well-mannered and received useful information even although he felt little had been received on clinical services in the north but a lot of information had been received on waiting times. He believed that all the Community Councils would be writing to the Cabinet Secretary to express their disappointment at the decision to have the Groups wound up.

The Chair reminded members that a detailed minute of the meeting would be taken and provided to the Cabinet Secretary so that she could see the debate and strength of feeling about the decision to have the Groups wound up.

Mr Sandeman stated that he had agreed with everything that had been said: however, the remit had been unworkable from the beginning as for some services activity numbers were not collected or available to members and he questioned the real worth of all the various grass-roots groups mentioned. He stressed the need for rigorous scrutiny of planning procedures, and cited the valuable contribution made by Independent Scrutiny Panels.

Mr Martin sought agreement that the joint Chairs send a letter to the Cabinet Secretary expressing the Groups' concern at the decision to have the Groups wound up and that the current remit as drafted was still current and the Groups should continue to monitor named services while in-patients remained. The Chair emphasised that he remained of the view that the remit was no longer relevant and needed to be revised as named services were not required to be maintained for all time. He agreed, however, to send a letter to the Cabinet Secretary enclosing the Minute of this meeting and express the Group's disappointment at the decision taken and the Groups' view that named services required to be monitored whilst in-patients remained.

ACTION BY

DECIDED:

That the Chairs write to the Cabinet Secretary for Health and Wellbeing expressing the Groups' disappointment at the decision to have the Groups wound up and the Groups' view that they need to continue to monitor named services while named services remained at Stobhill and the Victoria Infirmary. **Chairs**

4. **ACUTE SERVICES: TO THE ACUTE SERVICES REVIEW AND BEYOND**

The Chair asked Mrs Jane Grant, Chief Operating Officer – Acute Services Division to give a short presentation to members on the Acute Services Strategy now and in the coming years. Mrs Grant gave her presentation to members and the overheads are attached to the Minute.

The following questions/points were raised:-

i) The site maps shown in the presentations would be made available to members.

ii) Thus far, there had been no obvious increase in patients attending the ambulatory care hospitals from outwith the NHS Board's area although it was early days. Activity patterns showed an increase in rates for day surgery and this was being monitored to ensure HEAT targets would be achieved.

iii) The Queen Mother's Maternity Hospital continued to take referrals: however, the 'high risk' births had already been transferred to the Princess Royal Maternity Unit at the Royal Infirmary. The West Glasgow ante-natal service would be transferred initially to the Western Infirmary for the period it remained open to ensure local access.

The new and expanded Maternity Unit at the Southern General Hospital was due to be handed over to the NHS Board in October 2009 and services would transfer in early 2010 leading to the planned closure of the Queen Mother's Maternity Hospital in February/March 2010.

iv) The Minor Injuries Units were settling in although the activity numbers were still not up to what had been planned and more work was required on explaining where children should go.

A member believed that the Royal Infirmary could not cope with its activity levels and patients did not want to attend it.

v) On the topic of transport, it was reported that there had been no significant adjustment to the alignment of clinical services to date (although there had been an increase in patients treated due to waiting time targets) but that the flows would be reviewed from now to 2014.

Discussions continued with Strathclyde Passenger Transport and the City Council's Planning Department, particularly in relation to South Glasgow to develop adequate and improved transport links. This needed to recognise the 'Partick Hub' re-design of subway, trains and buses; the possible FastLink to south Glasgow; the M74 extension and the traditional transport links running from north/south to create new link from South-East/South-West.

vi) The new South Side Hospital remained a budgeted £842m scheme with the construction cost at £600m and the remainder of the cost for new equipment, contingencies and inflation. Its planned phasing was roughly as follows:-

2009/10	-	£6m
2010/11	-	£35m
2011/12	-	£110m
2012/13	-	£210m
2013/14	-	£220m

NOTED

5. **WAITING TIMES AND ACCESS TARGETS – REPORT**

There was submitted, for information, the Waiting Times and Access Targets Report which had been considered at the NHS Board meeting on 18 August 2009.

NOTED

6. **ANY OTHER COMPETENT BUSINESS**

a) Stobhill Medical Staff Association – Update

A paper was tabled on behalf of the Stobhill Medical Staff Association (MSA) which expressed views on a number of issues. Dr MacLeod spoke to the items from the paper which included:-

i) Imaging
ii) Minor Injuries Unit
iii) Renal Dialysis Unit
iv) Chemotherapy Services
v) Postgraduate Facilities
vi) Clinical Services
vii) Acute Services Review
viii) Intensive Therapy Unit (ITU)
ix) Laboratory Services

In relation to imaging it was acknowledged that the CT scanner based in the main hospital was being maintained for out-of-hours emergency scanning for a two-month period. The new CT scanner in the ambulatory care hospital was operational but there was a wish that the CT scanner based in the main hospital continue to be available for out-of-hours work.

In relation to ITU, Dr Hughes commented upon the temporary ITU being of similar standard to the previous facility and asked about the finalisation of the extension of the contract for the new Day Surgery Unit. Mr Calderwood gave a detailed account of the complex contract negotiations and his hope that the contract would be signed by the end of the month.

NOTED

b) Rehabilitation Unit – Stobhill Hospital

Mr Allan raised concern about the rationalisation of services on the Stobhill site in relation to the transfer of stroke patients into an alternative facility and the effect this might have on these patients. Mrs Grant acknowledged the challenges that any such transfers had on patients and all efforts were being taken to minimise the impact on all patients. Rehabilitation Support Services were fully in place to help patients and this was a key factor in maintaining the rehabilitation of these patients.

NOTED

7. **CLOSING REMARKS**

The Chair welcomed the Chair of NHS Greater Glasgow and Clyde, Mr Andrew O Robertson, OBE – to the meeting. Mr Robertson thanked all members of both Monitoring Groups for the time and effort they had dedicated to the workings of the Groups. The NHS Board acknowledged the great benefits of having named services at Stobhill and the Victoria Infirmary monitored by the Groups and the steps they took to bring their work to the attention of the public. In particular, he thanked Peter Mullen and Ian Miller for chairing both Groups for over six years in such a diligent and professional way, recognising that neither had any experience of the NHS before taking on their new roles.

Mr Mullen (on behalf of himself and Ian Miller) thanked all members for their contributions and time commitment to the work of the Groups. In addition, he thanked Robert Calderwood, Chief Executive; Jane Grant, Chief Operating Officer; Niall McGrogan (and Mark McAllister and Kate Munro) from Community Engagement; and John Hamilton, Head of Board Administration for the their support to both Groups. He was pleased to report that both Groups had been well serviced by the management team and received all the information they had sought in a timely and well presented manner.

He and Ian had enjoyed the experience of dealing with NHS matters having both come from the field of education. He closed the meeting by thanking everyone for their efforts and time and asked that they enjoy a chat over the buffet lunch which had been provided.

The meeting ended at 12.40 a.m.

Acute Services:
To the ASR and beyond

Jane Grant

Chief Operating Officer

Content

- 2004 to 2009
- Today’s world
- Accelerated ASR
- 18 weeks RTT
- ASR Final State

2004 to 2009

- Maintenance of named services across Glasgow
- Ever decreasing access times
  - 2004 OP>6 months IPDC>8 months
  - 2009 OP<12 weeks IPDC<12 weeks
  - Moving towards 9 weeks
- Preparation for ACH operating
- Transition to day surgery

Today’s World

- 2 new state of the art ambulatory care hospitals at Victoria and Stobhill sites

New Victoria Services

- All Day Surgery for South Glasgow – 8 theatres & 12 overnight beds
- All endoscopy /gastroenterology day patients for South Glasgow – 5 endoscopy rooms
- All Outpatients for South East Glasgow
- All breast outpatients for South Glasgow
- 48 slow stream rehabilitation elderly beds
- Diagnostic Imaging
- Minor Injuries Unit
- Day Medical Unit – outreach oncology services from the Beatson
- Renal Dialysis Unit – 30 stations
- GP out of hours service overnight & weekends

New Stobhill Services

- All day surgery for North / East Glasgow – 6 theatres & 12 overnight beds
- All diagnostic endoscopy/gastroenterology for North / East
  - 4 endoscopy rooms
- Elderly Care beds
- All outpatient services for Stobhill catchment area as well as a small number of specialist clinics from the GRI catchment area
- Diagnostic Imaging
- Minor Injuries Unit
- GP out of hours service overnight and weekends
- Medical Day Unit
- Renal Dialysis Unit - 28 stations
- Allied Health Professional
  - Assessment and rehabilitation
- Centralisation of all of the North Pain Service

Today's World

- 2 new state of the art ambulatory care hospitals at Victoria and Stobhill
- Ward refurbishment and improvement programmes at GRI and SGH
- Refurbishment and expansion at GGH
- Ward refurbishment facility expansion and equipment investment in the West Campus
- Inpatient service provision at Victoria Infirmary

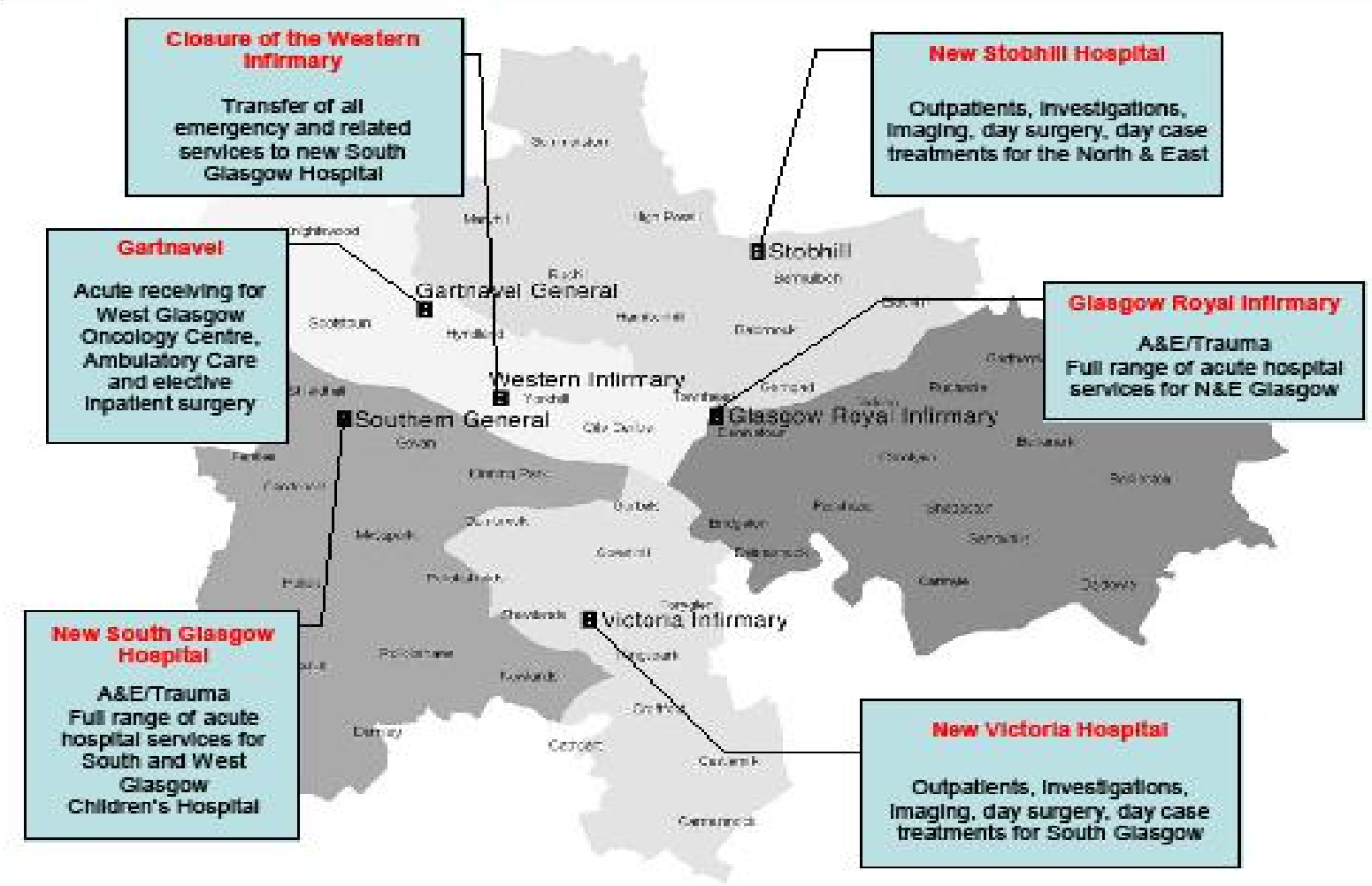
Victoria Infirmary Services Remaining

- Until opening of New South Glasgow Hospital
  - A&E
  - Inpatient medical services
  - Inpatient general surgical services
  - Inpatient orthopaedic services
  - Diagnostic Services

Tomorrow’s World

The Acute Services Review (ASR)

Acute Services Review (ASR) 2015



Acute Services Review

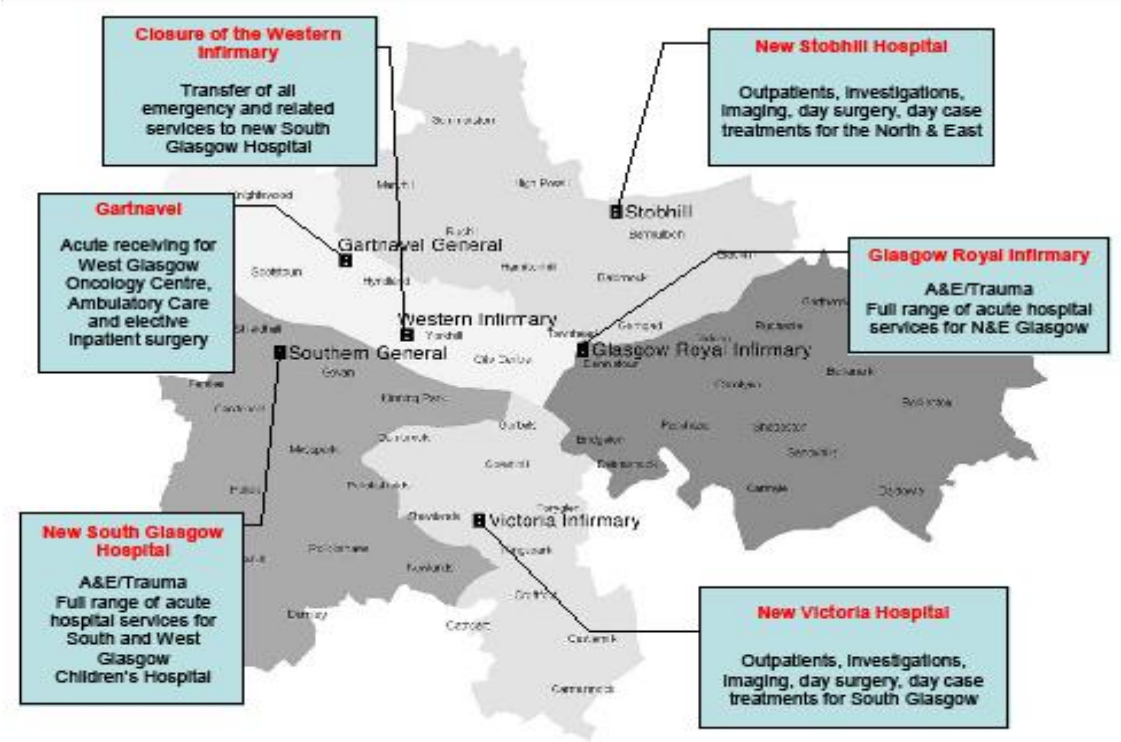
Pre ASR

- 6 major acute sites
- 5 A&E departments
- West of Scotland Cancer Centre (2 sites - old Beatson)
- Children's Hospital with A&E
- 3 maternity units
- Elderly rehabilitation facilities – free standing

On Completion

- 2 major acute sites with trauma centres
- Acute Hospital at GGH
- 2 state of the art ambulatory care hospitals
- 5 minor injuries units
- Single West of Scotland Cancer Centre (new Beatson)
- New Children's Hospital co-located with adults and obstetric services
- 2 Maternity Units
- Elderly rehabilitation facilities integrated to hospital sites

Acute Services Review (ASR) 2015

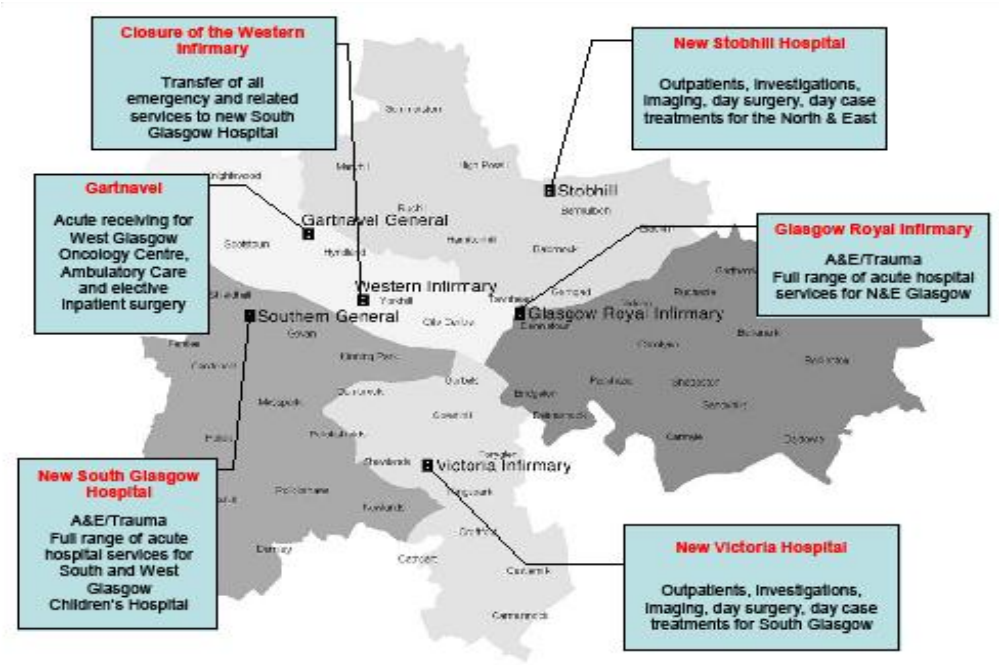


- Reconfigure GRI (2010)
- Stobhill Closure (2010)
- Reconfigure GGH
- Build NSGH (2015)
- WIG Closure

The Accelerated ASR

Stobhill Inpatient and A&E Transfer 2010

Accelerated ASR 2010



Accelerated closure of Stobhill

Reconfigure GRI

- Expansion of GRI A&E
- Increased critical care capacity
- Transfer of receiving and inpatient services
  - Urology
  - Vascular
- Ward refurbishment

During ASR implementation

18 week RTT Standard by December 2011

18 Week Referral to Treatment Standard

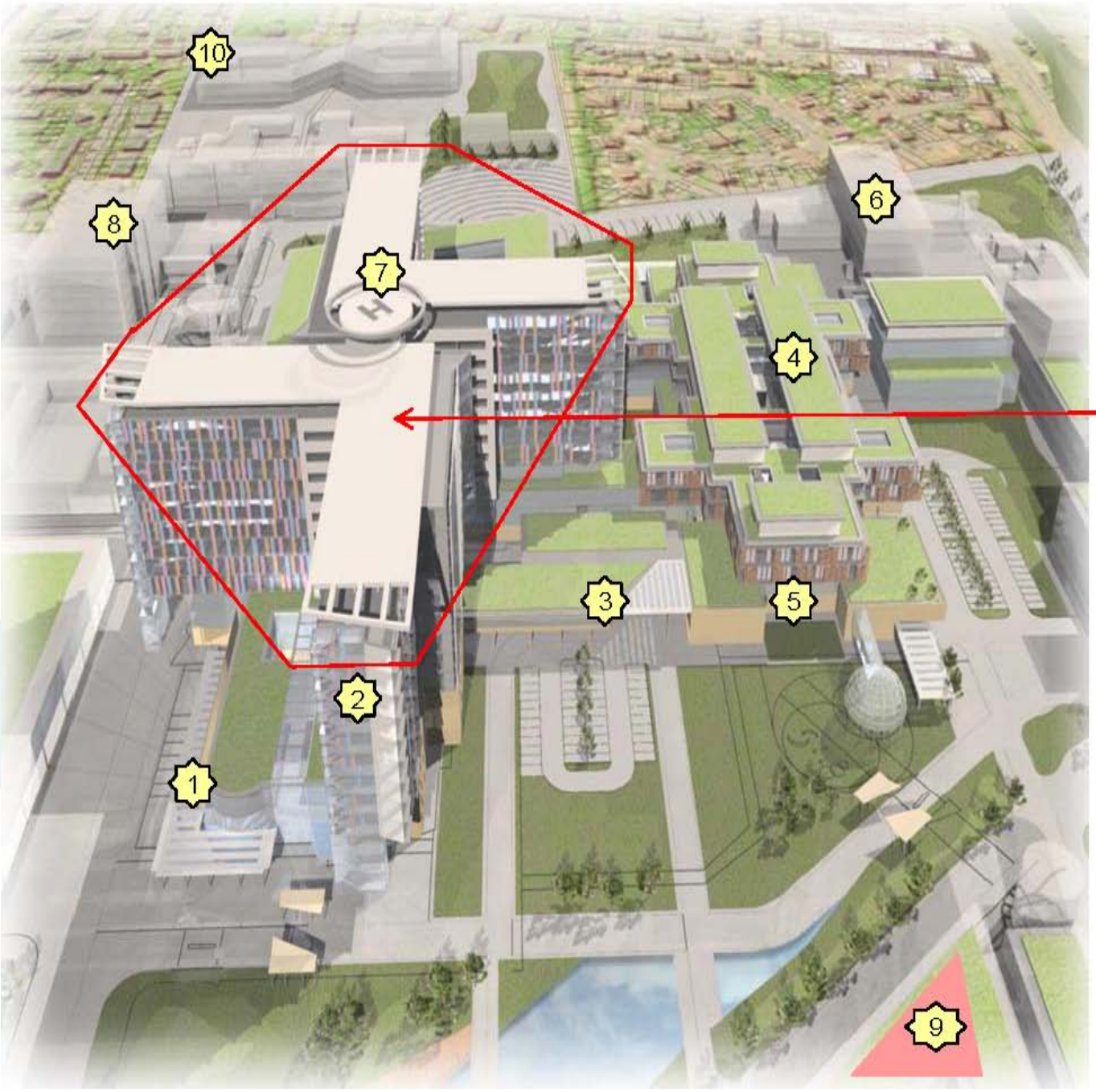
- Will be achieved by December 2011
  - Guarantee for a patient journey from referral to treatment of no more than 18 weeks
  - Drives service efficiency review and process modernisation

ASR Final Stage

Opening of NSGH and closure of Western Infirmary

2015

New South Glasgow Hospital


10
8
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Adult Hospital

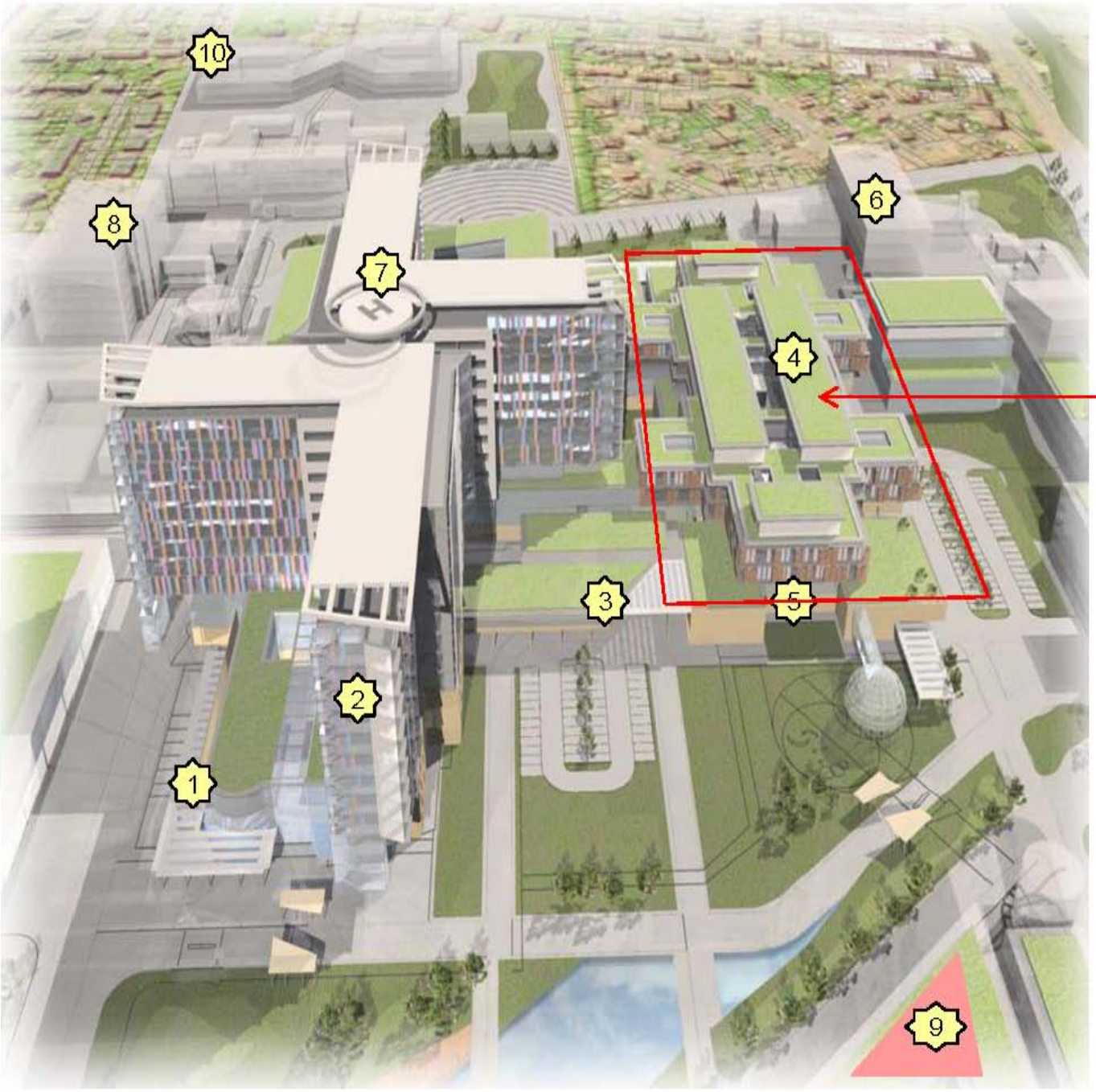
New Adult Acute Hospital

- 1109 single patient bedrooms with en-suite facilities
- Helipad with designated route to A&E
- 20 state of the art theatres
- State of the art diagnostic facilities with

  MRI - 2

  CT - 4

  Nuclear Medicine
- Day Medical Unit
- Local Outpatient and Therapy facilities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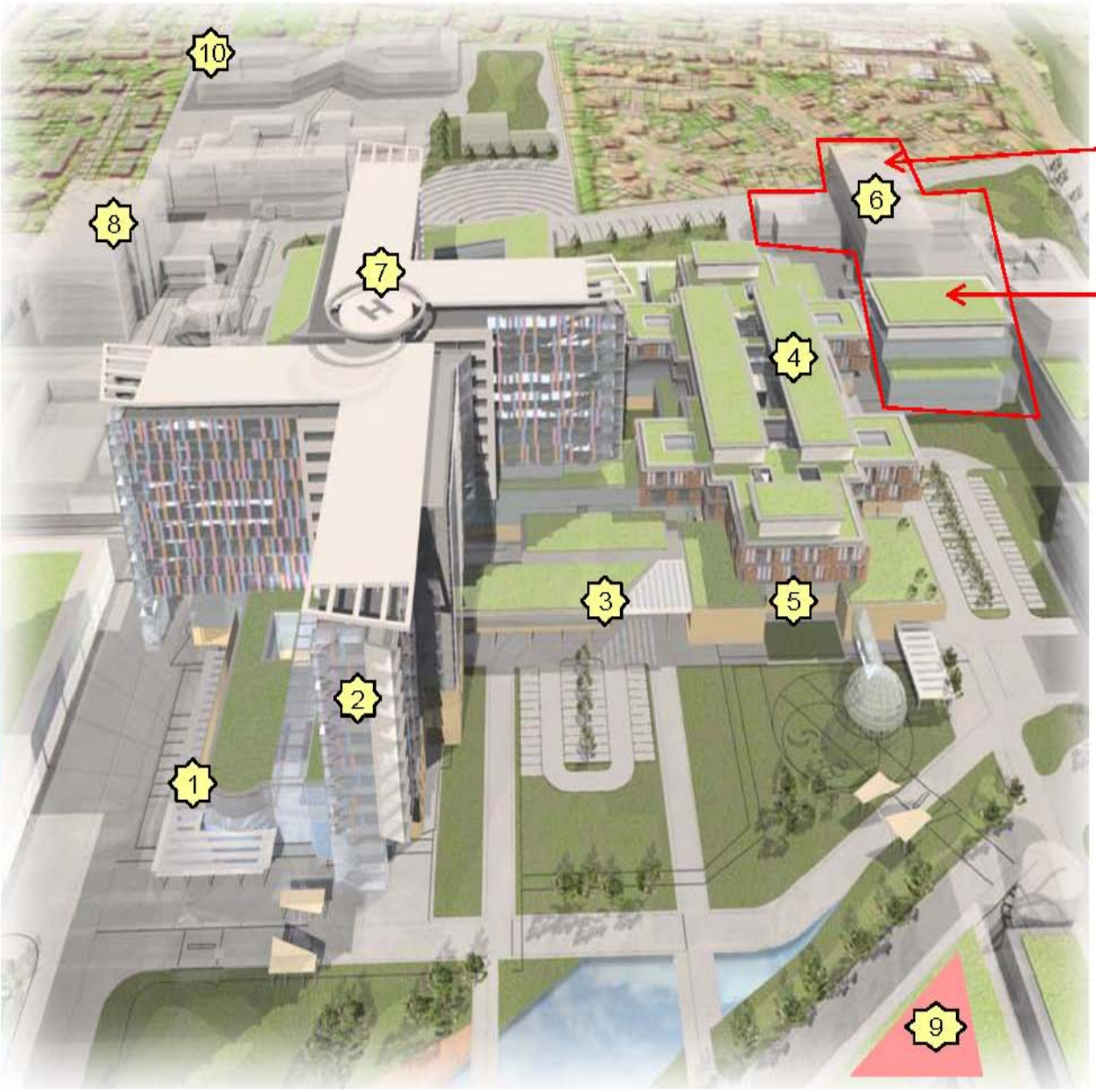
9
Children’s Hospital

Children's Hospital

- 240 beds
- 7 state of the art theatres
- Critical Care adjacent to Neonatal Unit
- Diagnostics –
  - Nuclear Medicine
  - 2 MRI
  - 1 CT
- Share Helipad with adult hospital
- Link with Neurosciences



Current Maternity

New Build
Integrated Neonatal Unit
llnking Maternity and
Children's Hospitals

SGH Maternity 2010

Refurbished Maternity Building

- 78 Obstetric Beds
- 36 Gynaecology Beds
- 2 Gynaecology Theatres
- Emergency Gynaecology
- Early Pregnancy Assessment
- Day Care
- Ultrasound
- Out Patients Department

New Maternity Building

- 12 delivery rooms en-suite, one with a birthing pool
- 2 new state of the art obstetric theatres
- 60 cots for neonatal intensive care and special care
- A Foetal Medicine Department
- Counselling facilities
- Mother and baby facilities
- Link into the children's hospital providing excellent clinical adjacencies including theatres and PICU

Timetable

Select Preferred Bidder	Oct 2009
Design Development	Nov 0209 onwards
Construction Starts	End 2010
Completion – Adult Hospital	Early 2015

Demonstrating our commitment

Continuing to provide Glasgow's people with easily accessible, first rate acute health care in safe and modern hospitals whilst building facilities fit for the city's future.

Jane Grant

Chief Operating Officer