

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, 14 March, 2008
Floor E Conference Room, Victoria Infirmary
Langside Road, Glasgow, G42 9TT

PRESENT:

Mr Peter Mullen (in the Chair)

Mrs Pat Bryson	Mr James Kelly MSP
Cllr. James Dornan	Dr John Larkin
Ms Catherine Fleming	Dr Ken O'Neill
Mrs Margaret Hinds	Mrs Enid Penny

Mr James Sandeman

IN ATTENDANCE:

Ms Karen Connelly	...	Commissioning Manager, New Victoria Hospital [for Minute 1]
Mr Jim Crombie	...	Director of Diagnostics – Acute Services Division
Ms Jane Grant	...	Director of Surgery & Anaesthetics – Acute Services Division
Mr John C Hamilton	...	Head of Board Administration, NHS Board
Mr Ally McLaws	...	Director of Corporate Communications [for Minute 1]
Ms Kate Munro	...	Community Engagement Officer, NHS Board

ACTION BY

1. VISUAL PRESENTATION OF THE NEW VICTORIA INFIRMARY

Mr Ally McLaws, Director of Corporate Communications and Ms Karen Connelly, Commissioning Manager, New Victoria Hospital provided members with a visual presentation by DVD of the progress as at early February 2008 of the construction of the new Victoria Hospital.

The e-tour was on the NHS Board's website and would be regularly updated during the construction period and a voice-over would be added shortly.

In response to questions from members, Ms Connelly answered as follows:-

- The design had been agreed and only minor legislative/building regulation changes were being made during construction; space was available for an expansion of services if necessary.
- The current plan was to have the Minor Injuries Unit open from 9.00 a.m. – 9.00 p.m. subject to the review of patients' needs and demands for this type of service. The agreed opening times along with publicity on what patients should attend Minor Injuries Units for would be launched in the run-up to the opening of the Unit. It was well recognised that clear information needed to be provided to the public on accessing Minor Injury Units and Accident and Emergency Departments.

- The New Victoria Hospital would house 12 short-stay beds and 48 rehabilitation/elderly beds.
- The new hospital was particularly large and Mrs Hinds was concerned that the DVD should provide information on what was and what was not included in the new Victoria Hospital. It was acknowledged that it would be important to ensure that the public know what was available within the new hospital and where other acute in-patient services were located.

The Chair thanked Mr McLaws and Ms Connelly for their helpful and visual presentation and for answering members' questions.

2. **APOLOGIES AND WELCOME**

Apologies for absence were intimated on behalf of Dr Donald Blackwood, Ms Sandra Davidson and Mr Ken Macintosh MSP.

The Chair introduced Councillor James Dornan to his first meeting of the Group and hoped he found the work of the Group both interesting and informative. The Chair advised that the Cabinet Secretary for Health and Well-being had nominated Councillor James Dornan to replace Mr Stewart Maxwell MSP on the Group.

3. **MINUTES**

The approved Minutes of the South Monitoring Group meeting held on 14 December 2008 [SMG(M) 07/03] were noted.

4. **MATTERS ARISING**

a) Bed Model Update

In relation to Minute 18(a) - Bed Model – Update – there was a paper submitted from the Chief Operating Officer – Acute Services Division providing, at the Group's request, the updated position on the in-patient bed model for hospitals in Glasgow in relation to the approved Acute Services Strategy. The bed model was based on 2005/06 activity and it would be continually reviewed in terms of improved performance against inner-city peer benchmarking and future years activity data. The bed model underpinned the Outline Business Case for the new South-side Hospital.

Ms Jane Grant, Director of Surgery and Anaesthetics, Acute Services Division took members through the paper from the paper submitted to the NHS Board in July 2005 and tracked the changes in the bed numbers to the 2007 bed model. She reminded members that the bed model would be refreshed in 2008/09, with a new bed model produced every other year.

Mr Sandeman acknowledged the amount of work which had gone into producing this bed model for core acute services: however, he pointed out that a pan-Glasgow model was irrelevant to the work of the Group. He had expected to see a scheme related to the remit in relation to services at the Victoria Infirmary and questioned how a pan-Glasgow model on its own could possibly underpin the OBC for the new South-Side Hospital. Mrs Hinds reiterated this and advised that she could not understand the bed model document and that it was at too high a level.

Ms Grant advised that Mr Calderwood, at the last meeting, had agreed that the Directors responsible for Diagnostics, Emergency Care & Medical Services and Surgery & Anaesthetics would give a presentation at the next three meetings of the Group covering how services had previously been provided, how they were being delivered and how they will evolve in the transition to the new hospital. This would include tracking the bed numbers and services as sought for South Glasgow.

Dr Larkin reminded members that service changes would occur prior to the new south-side hospital opening – Mr Calderwood had stated at the last meeting that there would be challenges operationally in the coming years which would affect the Victoria Infirmary and would lead to a further reconfiguration of services across the city. Dr Larkin was concerned about the drive to always strive towards the best set of benchmarking figures when looking at comparative performance. Ms Grant stated that it had proved important to understand the arrangements and services that supported a good performance to see whether these circumstances could be replicated or not within NHS Greater Glasgow and Clyde. It was not always the case of taking the best performance and accepting it without understanding what lay behind the achievement of that performance.

NOTED

b) **Remit of South Monitoring Group**

In relation to Minute 19 – Future of South Monitoring Group – Mr Sandeman asked for clarification as to whether the Cabinet Secretary in agreeing to extend the period of the Group had made any changes to the remit. The Chair confirmed that no changes had been made to the Group's remit.

Mr Sandeman tabled an incomplete Monitoring Report on the activity at the Victoria Infirmary from 2002/03 to 2005/06. He was keen that the Group adopted this model of reporting to ensure that the Group carried out the requirements of its remit. He emphasised that the tabled report was not up to date and might need to be corrected (and he would prefer out-patient figures to include all attendances and not just new cases) but he felt the layout should be agreed by the Group.

The Group was supportive of receiving this type of information and the Chair would discuss with the Chief Operating Officer how this information could be provided in future to the Group. The Chair rejected Mr Sandeman's protest that the Group met under the aegis of the Cabinet Secretary and should not therefore defer to NHS Greater Glasgow and Clyde for advice.

**Chair/
R Calderwood**

NOTED

5.. PRESENTATION ON RADIOLOGY AND LABORATORIES

The Chair introduced Mr Jim Crombie, Director of Diagnostics, Acute Services Division who was attending to give a presentation to members on Diagnostic Imaging and Laboratory Services (with particular emphasis on the Victoria Infirmary).

The presentational overheads are attached as part of the minutes of the meeting.

Mrs Hinds welcomed the £1.2m investment and hoped that adequate staffing would be available to ensure the most economical and effective use. Mr Crombie would share activity data on diagnostics, where available, with Mr Sandeman and would look into a concern raised by Dr Larkin about ongoing delays in receiving haematology and pathology results. Mr Crombie acknowledged that increased response time would be unacceptable and after some reflection Dr Larkin did acknowledge that electronic results would be available more rapidly than in hard copy.

The Chair thanked Mr Crombie for his very helpful and clear presentation.

6. NORTH MONITORING GROUP MINUTES: 30 NOVEMBER 2007

The Minutes of the North Monitoring Group meeting held on 30 November 2007 were noted and members made the following comments:-

- i) Minute 22 – Bed Model – Update – Mr Sandeman wished to note that Mr Calderwood had agreed to provide a position paper on named services covering 2002/03 to the current year. This was what he was seeking for the South Monitoring Group.

Ms Grant advised that the presentations by the Directors of Diagnostic Services, Emergency Care & Medical Services and Surgery & Anaesthetics presentations were designed to provide detailed data and contextual information on the position of named services from 2002/03 to the current year for both Groups.

- ii) Minute 26(a) – Monitoring Report – Mr Sandeman wished to note that the North Monitoring Group received a NHS Greater Glasgow and Clyde Monitoring Report and he felt that the South Monitoring Group were starved of meaningful data to monitor.
- iii) Minute 24 – Feedback on the Topping Out of the New Stobhill Hospital – Mrs Hinds wished to know if plans were under way to consider Consultants’ job plans with the New Victoria Hospital opening in the summer of 2009. Ms Grant advised that this was being considered as part of the operational policies for the new hospital and Clinical Planning Groups had been set up to work through the development of new policies and most effective way for medical staff to work between the new hospital and the reconfigured in-patient services.
- iv) Minute 25(iv) – Standing Items – Mrs Hinds asked if there had been a lack of access to the ‘flu vaccination at the Victoria Infirmary – it had not been raised or reported as an issue at the Victoria Infirmary.

7. ANY OTHER COMPETENT BUSINESS

- a) Monitoring Group Report

Mr Sandeman was keen to know the timescale of the production of the Monitoring Report as discussed earlier in the meeting as it should be with members in good time before the June meeting. Ms Grant agreed to discuss with Mr Calderwood and liaise with Mr Hamilton, who would then notify members in writing thereafter.

**J Grant
J C Hamilton**

Dr O’Neill saw the Monitoring Report as demonstrating whether services had been retained at the Victoria Infirmary through direct evidence.

ACTION BY

b) **Joint Monitoring Group Meeting**

It was reported that the North Monitoring Group had a full agenda for the next 2 to 3 meetings and therefore both Groups would return to the issue of the next Joint Monitoring Group meeting at the end of the year/early next year.

8. DATE OF NEXT MEETING

The next meeting of the South Monitoring Group would be held at 9.30am on Friday 13 June 2008, in the Floor E Conference Room, Victoria Infirmary, Langside Road, Glasgow, G42 9TT.

As members were keen to have a visit to the New Victoria Hospital it was agreed that Mr Hamilton would write to members with the precise details of the location and details of the next meeting once discussions had taken place with the contractors. The meeting would, however, include a presentation from Mr Grant Archibald, Director of Emergency Care and Medical Services.

J C Hamilton

The meeting ended at 11.05 a.m.