New Children’s Hospital
Clinical Advisory Group
Notes of Meeting held on Wednesday 3rd May 2006 at 4pm
In the Seminar Room – RHSC

Attending

Morgan Jamieson Chair
Iain Wallace
Jim Beattie
Jack Beattie
Fiona Mercer
Andrew McIntyre
Andrew Watt
Jamie Redfern
Eleanor Stenhouse
Rosslyn Crocket
Jane Peutrell

1. Welcome and Introduction

Morgan welcomed those present and described the purpose of the Clinical Advisory Group. The remit of the group is :-

To ensure that the Project Board is provided with sound and comprehensive planning advice that reflects safe, high quality, modern clinical practice as it relates to hospital services for children, young people and their families.

This group is at the heart of the design process for the new children’s hospital. The procurement route for the hospital is not yet clear but there are a number of interfaces with the retained estate and the new adult hospital which drive the need for planning for the south campus to be coherent. It is expected that an Outline Business Case will need to be developed over the calendar year, moving to Full Business Case in 2007, and building work to be completed over the following 2/3 years.

2. Review of Project Structure

The following amendments to the project structure paper were agreed:-

i) Insert remit of Clinical Advisory Group
ii) At 5.3, add evolving (now 5.4)
iii) At 5.2, expand to include education issues (now 5.3)
iv) At 5.2, specify staff facilities (now 5.3)
v) At 5.4, add integrated (now 5.5)

These changes will be made and the paper recirculated.
Action – FM

It was noted that the current capital and revenue envelopes were fixed and could not be increased except through normal service development routes (revenue) or through charitable donation (capital). Any revenue implications of additional capital investment must be considered.

The principles at 5.3 (now 5.4) were agreed.

The following work may be able to inform any redesign:

i) Centre for Change and Innovation
ii) Experience for South Glasgow (and ACADs)
iii) Previous clinical pathways work
iv) Healthcare planners

It was noted that the current assumption is that there will be no changes to patient flows – in particular from Paisley. Clinicians advised that there were potential flows from maternity and A&E, and perhaps also from in-patients.

It was agreed that the membership of the Clinical Advisory Group should be limited to management from the Women and Children’s Directorate (Jamie, Rosslyn and Iain). The project team (Fiona and Morgan) and chairs of the sub-groups. Two additions were agreed:

- Partnership representative (Fiona to liaise with partnership)
- Chair of the area paediatric sub-committee (Neil Geddes) – (Fiona to invite)

Action - FM

3. Membership of Sub-Groups

The draft membership of the sub-committees was discussed and it was agreed that chairs would revise membership and forward to Fiona for circulation by Friday 12th May.

Action – ALL

Fiona will draft a letter of invitation to be used for all sub-groups.

Action - FM

Each sub-group will have a management team representative, a project team representative and some admin support from the Directorate.

It was agreed that the medical day care and investigations should be part of the out-patients group (not theatres as previously proposed). Sub-groups should have a first meeting in June.
The out-patient group will be chaired by Eleanor Stenhouse until the Director of Nursing for women and children’s is appointed. Primary Care representatives will be sought through the GP sub-committee.

4. AOCB

i) Andrew Watt is part of the Radiology and Labs Directorate and is likely to be spending a significant amount of time on new children’s hospital planning. Morgan agreed to write to Jim Crombie, Director to confirm this.

   Action - MJ

ii) There will be a shared file/intranet access set up to allow groups access to papers and minutes.

   Action - FM

iii) We need to be informed by the work Jonathan Best is leading on neurosciences.

iv) We need clarity around provision of adult ophthalmology services. Morgan will check with Brian Cowan.

   Action - MJ

v) There may be a role for the Clinical Forum to look across the outputs from all sub-groups from a patient pathway perspective.

vi) Considerable work needs to be done on capital equipment and the replacement strategy.

vii) Input from IT across adult and children’s services is essential.

viii) We need to provide feedback to staff following staff meetings. Fiona will write a short article for the team brief.

   Action – FM

5. Date of Next Meeting

The next meeting was arranged for 4pm on 31st May in the Seminar Room, Yorkhill.