

**NEW CHILDREN'S HOSPITAL PROJECT**  
**IN-PATIENT CARE CLINICAL ADVISORY SUBGROUP**  
**HELD ON FRIDAY 28<sup>TH</sup> JULY 2006 AT**  
**10AM IN THE RENAL UNIT SEMINAR ROOM, RHSC**

**Present**

Jim Beattie (Chair)	Winnie Miller
Anne Devenny	Rosie Hague
Anne Maclean (for Lesley Smith)	Graham Stewart
Ciara McColgan	Dermot Murphy
Michael Morton	Lesley Wilson
Marilyn Horne	John Mullen
Kay Maley	Constantinos Hajivassiliou (for Prof. Carachi)
Neil Geddes	Mark Danton
Joan Burns	Helen Thomson

**In attendance**

Peter Dunleavy

**Apologies**

Mary McAuley	Dermot Murphy
Sameer Zuberi	James Wallace
Ursula Monachan	Fiona Mercer
Professor Carachi	Lesley Smith

**1. Welcome, introductory and comment**

Jim Beattie welcomed and introduced Peter Dunleavy, from Directions Consultancy who will be working with the inpatient group to collate the data required to inform the OBC.

**2. Minute of the meeting of the NCH Project Steering Group 2<sup>nd</sup> June 2006**

The minute of the above meeting had been circulated to members.

**3. Minute of the meeting of the NCH Clinical Advisory Group 26<sup>th</sup> June 2006**

The minute of the above meeting had been circulated to members.

**4. Minute of the meeting of the NCH Inpatient subgroup of 29<sup>th</sup> June 2006**

The minute of the above meeting was accepted as a correct record.

**5. Matters Arising**

**5.1 Outline Business Case Guide**

This item was tabled and noted by members.

## 5.2 Interface issues:

**Future SGH neonatal facility** – TJB tabled an outline plan of the extended neonatal medical/surgical unit in the refurbished SGH maternity hospital, although he advised that this plan had already been withdrawn. He had expressed concern at the meeting of the NCH Clinical Advisory group of July 25<sup>th</sup> about the suggestion that this unit may be sited on the ground floor as this would dictate the configuration of the critical care floor in the NCH. The neonatal clinical advisory group has been constituted although to date no meetings have taken place.

**Neurosciences** – A paper outlining plans to support this service on the SGH site in the interim period prior to the commissioning of the NCH is being produced. This proposal is likely to require a substantial investment in staff and will be considered by NHSGGC in due course.

**Laboratory Services** – There is a plan to construct a central laboratory facility on the SGH site and this will have a dedicated paediatric section.

**Pharmacy** – Although there are plans for a centralised Pharmacy service for the SGH site, there is general agreement on the need for a dedicated paediatric dispensary unit within the NCH. This will be discussed in more detail at the next Clinical Advisory group with James Wallace in attendance.

## 5.3 WS Atkins Report

TJB reported that he had not yet had sight of this report. This will be circulated to Chair's of the sub-groups when available.

## 5.4 Clinical Subgroup Event 29<sup>th</sup> August 2006

TJB requested that members note the above date for the Clinical Planning Event to be held on 29<sup>th</sup> August 2006 at the Campanile Hotel in Glasgow.

## 5.5 CHKS benchmarking

TJB advised that CHKS have now been engaged to undertake some high level benchmarking with particular regard to bed occupancy, length of stay etc. The report will be shared with subgroups and comments will be incorporated before the final report is submitted by the end of August 2006.

## 6. OBC Template

A template was tabled with the papers for the meeting; this was picked up under item 7 with a very full discussion led by Jim Beattie and Peter Dunleavy.

## 7. Work to date:

Jim Beattie asked members to look at and identify high levels of activity in sectors and sub sectors. It was agreed that there was a need to clarify the methodology on developing combined surgical and medical units. Marilyn Horne and John Mullen attended and tabled a paper detailing all SMR1 discharges and bed day assessment for inpatients in 2004/05 broken down by specialty and sector.

Some specifics from the discussion were –

## **Tertiary sector**

- Need for greater clarity on the surgical components of the proposed combined elements within the tertiary medical/surgical units e.g GI.
- Beds numbers augmented proportionately to take into account rise in age range.
- Oncology (apart from the immediate post-operative period), where these patients would be looked after – issues relating to post surgical management in Schiehallion with implications particularly for nursing skill mix.
- ENT request for an extended hour day surgery facility.
- Paisley activity not to be included at this point but to be identified as a separate sector of activity.
- Need to identify number of patients in the 13-15 age range admitted to other NHSGG locations and perhaps for some specialties, from further afield.
- ENT - due to increase in age range head and neck trauma likley – agreed that this would sit within the secondary sector.
- Measure occupancies across 5 working days as a more accurate assessment of peak occupancy rather than over seven days.
- Parent care facility to support earlier discharge, parent facilities for surgical areas for a range of procedures at tertiary level where parents care for their children, Hotel services for parents?
- Look at weighted averages for length of stay

## **Secondary Sector**

- Need to identify elective and non elective activity
- Look at 0-12 and 13-16, general surgery activity after excluding tertiary element
- Look at patient groups who could use expanded day surgery and short stay facilities (? 36 hour assessment unit).
- Combined medial/surgical acute receiving unit – good opportunity for skill mix?
- SMR4 activity for CAMHS inpatient facility to be collated.
- Need to think carefully about adjacencies of acute receiving area to front door services, also adjacencies with adult services.
- Question over Ophthalmology services, on whether these would move from GGH to SGH?
- Burns services, advised that this is being addressed nationally.

Peter Dunleavy advised that to complete the OBC there would be a need for clear information about the number of beds that would be required for services and requested the available data on bed numbers and activity. He also advised that there should be some thought given to extended theatre business hours.

A brief discussion took place on the ideal percentage of single cubicles versus open plan accommodation in the NCH and it was felt that an overall figure of 50% single bed cubicles would be a reasonable starting figure although the requirement will vary across different services.

## **8. Dates of future meetings:**

18<sup>th</sup> August at 10am – Renal Seminar Room, 6A

11<sup>th</sup> September at 10am – Renal Seminar Room, 6A