

NEW CHILDREN'S HOSPITAL PROJECT
IN-PATIENT CARE CLINICAL ADVISORY SUBGROUP
HELD ON MONDAY 11TH SEPTEMBER 2006 AT
1.30 PM IN THE RENAL UNIT SEMINAR ROOM, RHSC

Present

Jim Beattie (Chair)	Sameer Zuberi	U Monachan
Stuart O'Toole	Kevin Hanretty	Rosie Hague
Mary McAuley	James Wallace	Kay Maley
Neil Geddes	Winnie Miller	John Mullen
Dermot Murphy	Ciara McColgan	Joan Burns
Helen Thomson		

1. Apologies

Apologies were received from Michael Morton.

2. Minute of the meeting of the Clinical Advisory Group held on 16th August 2006

The Clinical Advisory group (CAG) minute of Wednesday 16th August was circulated to the group.

3. Minute of the meeting of the NCH Inpatient subgroup of 29th June 2006

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

4. Minute of the NCH Project Steering Group held on 31 August 2006.

The minute of this group was circulated to members. TJB asked members to note the following information from this minute.

- Reference to the revenue implications of any voluntary sector/charity input to the NCH.
- Discussion around Child & Adolescent Mental Health Services.
- The process of planning neonatal services in the refurbished SGH maternity hospital and for the interim period when deliveries take place in a separate location from paediatric services is ongoing. KH advised that to date there had been no decisions made around numbers of delivery beds or inpatient maternity beds or information on adjacencies.
- TJB advised that a procurement workshop was planned and stressed the implications this may have on shared facilities between the main SGH build and the NCH and how procurement decisions may result in additional delay in the NCH build.

5. Matters Arising

5.1 Clinical subgroup event 29 August 2006

TJB asked members for feedback/impressions of the above event. TJB advised that he had written to Morgan Jamieson to outline concern over a number of issues arising from the meeting and a copy of this letter and MJ's response was noted by members. Comments from the group were as follows-

- More clarity around office accommodation required
- Little mention of University accommodation – it was noted that a meeting has been arranged between Professors Connor, Weaver and Barlow to discuss.
- Issues relating to Liaison Psychiatry and Psychology location
- Location of entrance to children's hospital and also public transport facilities in line with this.

TJB asked members for their thoughts on cubicolisation and specifically views on the proposed minimum figure of 50%. There was some discussion around this and it was noted that there was general agreement that a minimum of 50% is acceptable although some services could go up to 100%. DM asked that it be noted that Schiehallion currently has 100% cubicolisation.

Dining facilities were discussed and it was agreed that there is evidence of a need for family/child friendly dining facilities within the NCH.

5.2 CHKS bed modelling

TJB reported that the second report was not yet available but had been advised that this would be available imminently.

TJB had already highlighted in his letter to MJ that the demographic assumptions in the preliminary report should be challenged and at the very least, should be based on West of Scotland and not solely on GGHB data.

An additional point was made on the complete absence of reference to socio-demographic factors despite the acknowledged scale of deprivation within GGHB.

It was suggested that it would be beneficial for all of the clinical advisory subgroups to come together locally to ensure that all issues are being addressed. **Action TJB.**

5.3 Child and adolescent mental health facilities

A paper was tabled on behalf of Michael Morton, Consultant Child Psychiatrist with comments he wished to raise on mental health services and the area available for a potential adolescent unit on the SGH site. Members were made aware of correspondence from Fiona Mercer, NCH Project Manager to the effect that an inpatient child psychiatry unit was planned either in or adjacent to the NCH.

5.4 Interface issues

Interface issues noted – Neonates, Pharmacy and Laboratories.

6. Work to date:

Secondary and Tertiary sector activity – TJB advised that further discussion on this area had been deferred until the issue of bed modelling could be addressed however a piece of work would be required to establish the size of each of the proposed integrated medical/surgical units.

Concern was expressed on the use of the term 'generic' when applied to bed numbers and there will be a need to address co-location of specialties within the tertiary sector and to explore in more depth the possibility of integration within the secondary sector.

- EEG and Lung lab has to be considered when looking at tertiary sector
Action SZ.

7. Dates of Future Meetings

6TH OCTOBER 2006	10.30 AM	RENAL SEMINAR ROOM 6A
10TH NOVEMBER 2006	10.30 AM	RENAL SEMINAR ROOM 6A
8TH DECEMBER 2006	10.30 AM	RENAL SEMINAR ROOM 6A