
W O M E N & C H I L D R E N ' S D I R E C T O R A T E

MINUTE

NCH Inpatient Care Clinical Advisory Sub Group Held on Friday 19 January 2007 at 10.30am in the RHSC 6A Seminar Room

Present: Dr TJ Beattie (Chair), Dr D Colville, Mrs M McAuley, Dr J Burns, Mrs W Miller, Dr R Hague, Mr C Davis, Mrs L Smith, Dr A Devenny (from item 3.2), Dr D Murphy (from item 3.2), Mr J Wallace (from item 3.3), Miss S Erskine (Minutes)

By Invitation: Mr MPG Jamieson, Mrs M McLeod, Mr J Mullen

Apologies: Dr G Stewart, Mr N Geddes, Ms H Thomson, Mrs K Maley, Mr R Farrelly, Mrs M Horne

2 Minutes of Previous Meeting – Friday 8 December 2006

It was noted that Mrs McAuley had submitted her apologies for the last meeting. With this amendment the minute was accepted as an accurate record of the meeting.

3 Matters Arising

3.1 NCH Website – Miss Erskine reported on behalf of Ms Thomson that the minutes of the Inpatient Care Clinical Advisory Sub Group were up to date and posted on the website and once the minute of the December meeting was ratified this would be placed on the website.

As both Mrs McAuley and Dr Hague had to leave the meeting early, it was agreed to discuss item 3.4 next.

3.4

Patient/Parent Hotel Facility: Point Prevalence Study

Mrs McAuley gave the background to the study which was carried out on Medical wards 6B and 7A and went through the previously circulated paper. After discussion it was agreed that Mrs McAuley will meet with the other lead nurses to discuss carrying out the study in other wards over a six week period. Mrs Miller informed the group that Mrs Maley had already been discussing this issue with colleagues in Orthopaedics and Ophthalmology. Discussion also took place on the future provision of accommodation for adult relatives and it was thought that the Ronald McDonald house facility would very likely re-locate with the NCH.

Dr Hague and Mrs McAuley left the meeting at this point.

3.2

NCH Site Plans – Mrs McLeod gave a presentation on the proposed plans for the NCH and stressed that the drawings were a very provisional architectural impression and that no final decision had been made on the external and internal design of the NCH building.

Dr Devenny joined the meeting at this point.

Issues discussed in relation to the presentation included:-

Access and egress to and from the site, teaching facilities within the NCH, pharmacy provision, facilities management and the importance of expansion space on site.

Dr Murphy joined the meeting at this point.

3.3

Bed Modelling – Discussion centred around the bed numbers of 245 discussed at the last meeting. Mr Davis asked for a breakdown of these numbers. Dr Beattie responded to the effect that the numbers had not been broken down on a sectoral/specialty basis as yet. Mr Jamieson fed back on a

meeting of the NCH Clinical Advisory group given over to bed modelling which took place on 20 December 2006. It is envisaged that the number of 245 may need to be revised further to take into account issues such as the future configuration of national specialty services and population demographic predictions. There was some discussion regarding the age limit for the NCH and Mr Jamieson confirmed that the Kerr report recommended that the upper age group for admission to a paediatric service will be 16 years, with some flexibility up to the age of 18 years.

3.5/

3.6 At this point Mr Wallace joined the meeting and Mrs Smith and Dr Colville left.

Due to the pressures of time, it was agreed to link the last two points together.

Mr Mullen talked to a tabled paper of bed days by admission type for ages 0 to 16 yrs. Mr Jamieson highlighted that the information needed was only for ages 0 to 15 years but it was agreed to use these figures for the sake of discussion. Issues discussed included:-

Comparison with CHKS figures specifically whether certain patient groups e.g. asthma were recorded as Specialty i.e. Respiratory or recorded within Medical Paediatrics and the importance of secondary codes for patients with co-morbidity when using diagnostic/procedural codes for detailed bed modelling.

It was agreed that further and more detailed consultation with clinical colleagues on the impact of future service redesign was necessary particularly regarding the pressing issue of the impact of Modernising Medical Careers.

Mr Jamieson informed the group that Mr Farrelly and Mrs Crocket are pulling together a series of service redesign meetings in the near future.

Dr Burns and Dr Devenny left the meeting.

4 AOCB

Dr Murphy asked when the OBC would now be submitted. Mrs McLeod felt the submission was likely to be either March or May of this year and Mr Jamieson allayed fears that the delayed submission would push the project completion date back.

5 Date and Time of Next Meeting

Dr Beattie thanked members of the group for their contribution to the work of the development of the OBC and reported that the clinical advisory process for the FBC is still in evolution and he hoped that the enthusiasm and commitment shown by members would be harnessed for the next phase of the NCH planning.