

NEW CHILDREN'S HOSPITAL PROJECT

IN-PATIENT CARE CLINICAL ADVISORY SUBGROUP HELD ON FRIDAY 8th DECEMBER 2006 10.30AM IN THE RENAL UNIT SEMINAR ROOM, RHSC

PRESENT

Jim Beattie (Chair)
Douglas Colville
Neil Geddes
Rosie Hague
Joan Burns

Anne Devenny
Rosie Hague
Michael Morton
Sameer Zuberi

Kay Maley
James Wallace
Dermot Murphy
Helen Thomson

1. Apologies

Graham Stewart
Winnie Miller

Ciara McColgan
Lesley Smith

Ursula Monachan

2. Minute of the In-patient Subgroup 10th November 2006

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

3. Minute of NCH Clinical Advisory Group 15th November 2006

Website – JB advised that the website was now active. **HT to check website to ensure all minutes relating to this group are on and updated.**

Pharmacy- JW advised that the location of the paediatric pharmacy facilities continued to be a matter of ongoing debate. He further advised that particular discussion is required on the future location of pharmacy support for Haemato-Oncology as well as general dispensary facilities within the NCH.

Neonatal/Paediatric Intensive Care Transport Services – Discussion is continuing on the potential for sharing of accommodation and storage for these two services.

Patient/parent Hotel Facilities – Point prevalence study taking place (see 5.4 below).

NCH Bed modelling – Main issue around bed modelling is affordability and the provisionally agreed bed numbers were reported as 245 (incl. 12 neonatal surgical and 9 DCFP beds) with around 40 beds likely to be allocated to day care/day surgery/emergency assessment/short stay. The number of acute assessment/short stay beds is still being debated but is likely to be between 15 and 20.

There was general agreement that flexibility over these estimates post OBC was extremely important in the light of concerns previously expressed over the eventual impact of population demographic trends, changes in cross boundary flows and decisions on national services i.e. Neurosurgery and Haemato-oncology. The sub-

group were reassured to know however, that the principle of expansion space being built in to the NCH footprint had been accepted. JB advised the subgroup that the December 06 deadline for submission of the OBC was now unlikely to be met and submission would probably be delayed until March 2007.

4. Minute of NCH Project Steering Group 16th November 06

Yorkhill Children's Foundation – discussion ongoing on how charitable funding will be used, meeting taking place 8th December to progress.

Lothian Update – public consultation ongoing and a formal meeting of the planning teams likely to be scheduled for April 06

Procurement Meeting – joint PFPI scheme for adult and children's hospital builds is the preferred option.

Site Plan – agreed by all that that it would be useful at this stage to view provisional site plans. **HT to progress and bring plans to next meeting**

Community Engagement – this report was tabled and members agreed that this was an excellent and very useful document.

5. Matters Arising

5.1 Procurement

PFPI model likely to be recommended.

5.2 Bed Modelling

Discussed under section 3.

5.3 Draft schedule of In-patient Accommodation

In-patient schedule was tabled and noted by members.

5.4 Impact of Patient/Parent Hotel facility.

The draft questionnaire developed by AD and RH in order to identify the potential number of occupied bed days that could be reduced if patient/parent 'hotel facilities' were available was tabled and the following actions agreed -

- An audit using existing questionnaire will be carried out in ward areas 1 day per week over a period of 5 weeks (Monday 1st week, Tues 2nd week etc)
- Lead Nurses would take this forward
- Kay Maley to discuss with surgical colleagues.

5.5 Scoping of size of secondary and tertiary sectors in the NCH.

JB advised that the group would very likely be asked to advise on the configuration and distribution of in-patient beds across the secondary and tertiary sectors and asked for views on the potential methodology for achieving this objective. Some points discussed were –

- Identification of diagnostic and procedural codes and mapping these to the number of occupied bed days with clinical advice on division between secondary and tertiary.
- NG advised that simply using primary codes may not reflect important co-morbidities e.g. tonsillectomy in a child with congenital heart disease. In addition he suggested that patients with a domicile outwith NHSGGC could be regarded as being within the tertiary sector despite undergoing a “secondary” procedure.
- Invite John Mullen to next meeting to look at how existing data could be used to inform future discussion. **Action HT**

5.6 Next Phase of Clinical Consultation

JB advised that Morgan Jamieson had intimated his sincere thanks to all involved in the clinical advisory process so far and that most of the work needed to inform the OBC had been completed. It is however appreciated that there has been little opportunity for in-depth service redesign thinking during the initial work and Morgan feels that attention should now turn to this phase of planning as this is essential for the development of the final business case.

It is hoped that a workshop or series of workshops will be hosted by the W&CD with organisational development support in order to undertake preparatory work that will inform a range of service redesign work streams in the first quarter of 2007.

Beyond this there will be a need for Morgan and Mairi MacLeod to begin to engage much more directly with individual service and departmental teams to undertake more detailed work on accommodation schedules and clinical briefings. This phase of the consultation would begin after the service redesign work is well underway and is therefore not likely to begin until after Easter 2007.

6. AOCB

No other business was raised.

7. Date & Time of next Meeting

Friday 19th January 2007, in Renal Seminar Room, Ward 6A, RHSC.