

New Children's Hospital

Project Steering Group

Notes of Meeting of 31st August 2006

At 10.30am in the Conference Room – Project Offices, Hillington

Attending:

Fiona Mercer (Chair)
Morgan Jamieson
Eleanor Stenhouse
Mike Connor
Shona Cardle
Isabelle Cullen
Kate McKay

Mark Feinmann
Dorothy Cafferty
Jonathan Coutts
John Currie
Jane Peutrell
Iain Wallace
Jamie Redfern

Kate Munro
Sue Forsyth
Dagmar Kerr
Alan Seabourne
Elsbeth Campbell

Apologies:

Jim Beattie
Tom Holmes
Isobel McCallum
Rose Byrne
Linda de Caestecker
Rosslyn Crocket

1. Notes of Previous Meeting

The notes of the meeting held on the 20th July were agreed as a correct record.

2. Matters Arising

2.1 Membership

Fiona Mercer welcomed Dagmar Kerr as the representative from the Action for Sick Children.

Sue Forsyth was attending representing the Staff Partnership. It has proved difficult to obtain partnership representation at the clinical sub-groups but it was noted that the key group for partnership attendance is the Project Steering Group.

2.2 Yorkhill Foundation

A meeting was held with the Foundation and it was agreed that the current constitution allowed the Foundation to raise funding for the new children's hospital. Concern was raised about the potential revenue cost of any voluntary sector/charity input to the new hospital the project team will continue to work closely with Yorkhill Foundation who are aware that there is no additional revenue support available. It was noted that a potential contribution through the Foundation would be to support Art in the new children's hospital. It was also noted that no charitable income can be assumed in the Outline Business Case unless it is guaranteed.

2.3 Child and Adolescent Mental Health Services

Mark Feinmann updated the group on recent discussions around child and adolescent mental health beds. There have been 30 admissions to the 9 child mental health beds in the last 18 months. Some very early work had identified 10 of those admissions as being neurological/developmental referrals and the other 20 being mental health. Over the next 2 months this work will be developed to identify the appropriate care pathways for both types of admissions. Key clinical relationships will be identified between child and adolescent mental health services and other medical services. This work should be completed by November to inform the Outline Business Case. A further piece of work will be taken on to begin to understand the liaison role of psychiatry. Morgan Jamieson highlighted the importance of engaging with clinical staff in carrying out this work.

Action - MF

2.4 Neonatology

Jonathan Coutts updated the group on the two key tasks which the neonatology sub-group is leading on :

- i) Planning neonatal services in the new hospital, and
- ii) Planning for the interim period when deliveries take place in a separate location from paediatric services.

The key principal is to have fully integrated neonatal medical and surgical services. To allow planning to progress some assumptions need to be made around capacity in the new neonatal medical unit. There are a number of issues around the West of Scotland which suggests that there may be a drift in activity towards Glasgow. However this must be seen in the context of the desire to provide services as locally as possible.

Action - JC

3. OBC Progress

Fiona Mercer presented the update paper. There was some discussion about the requirement for parent accommodation and Morgan Jamieson confirmed that discussions were on-going with Ronald McDonald and CLIC Sergeant to look at re-providing at or near the Southern site. In addition the wards in the new children's hospital will offer better parent accommodation. The potential for developing a patient hotel is also being explored.

3.1 Bed Model

One of the key pieces of work which needs to be completed for the Outline Business Case is the bed model. Early work by CHKS suggests that the bed numbers could reduce if the children's hospital in Glasgow achieves peer lengths of stay and day case targets are met. This is based on a dropping child population and there remains some debate about the accuracy of population figures. This work will be finalised over the next few weeks.

Action – FM/MJ

3.2 Schedules of Accommodation

Jane Peutrell asked for reassurances that the clinical groups are informing the final schedules of accommodation and Fiona Mercer confirmed that agreed most recent draft schedules of accommodation would be circulated to clinical sub-groups for input.

Action – FM

3.3 Project Timetable

Dagmar Kerr asked for clarity on timescales. It was confirmed that the urgent timescale for submission of Outline Business Case is to allow it to be considered prior to the Scottish elections. It is also important to stay within the same timescales as the adult hospital because of the inter-dependencies of the two buildings. Finally there is a need to move quickly with the children's hospital to minimise the length of time that maternity and paediatric services will be separated.

3.4 Procurement Workshop

Alan Seabourne updated the group on the procurement workshop held to look at the risks and benefits of different procurement routes. This workshop was to seek professional advice on the risks and opportunities of integrated or separate builds for the two hospitals on the south Glasgow site. It was attended by legal, financial, technical advisors and the project teams for the two hospitals. The output from the event was the proposal that there should be one integrated build on the south Glasgow campus linking with retained estate. A final decision on how this will be structured financially has yet to be made and a further workshop with the Scottish Executive will be held to discuss how Treasury capital can be played into a PFI. The integration of the two builds will not jeopardise the separate identity of the children's hospital. There are clear advantages of coming together in terms of finances and clinical services but the identity of the children's hospital will be protected.

4. Lothian

4.1 Progress Report

Both the Lothian representatives had submitted apologies for the meeting but a comprehensive progress report was provided by Isobel McCallum. It was noted that Lothian have built in staff briefings to their project plan and the group agreed that this is something which should be developed for the Glasgow hospital. One proposal was to have weekly informal drop-in meetings perhaps building on similar meetings for the senior management team of the Women and Children's Directorate. It was agreed that this would be explored further by the Communications Sub-Group.

Action EC

4.2 Joint Meeting

The joint meeting with Lothian will now go ahead in January and the draft programme was noted and agreed by the meeting. This will be taken forward with Rose Byrne.

Action - RB

5. Engagement

- 5.1 Kate Munro and the Board's Public Engagement Team have worked hard in Yorkhill to produce a draft Engagement Report and to capture some of the young people's ideas in a poster. The poster is now with graphic artists and will be widely distributed. The draft report has been produced in response to a request by the Health Minister. It is also to be a report for children and young people and their families. Any comments on the draft report should be passed to Kate Munro urgently and will be launched at Yorkhill using the public space in the dining room.

Action – KM

Kate noted that work with parents and families had been very positive any cynicism is being replaced by an enthusiasm to inform and influence the new children's hospital. This view was supported by Dagmar Kerr. Minutes are now available for the first Community Engagement Advisory Panel. It has been agreed that Youth Voices will develop into the Young People's Advisory Panel with some input from CLIC Sergeant. The Family Panel has been more difficult to create but it is hoped to build on the focus groups which have met to inform the Outline Business Case. The Young People's Advisory Panel and the Family Panel can then feed into the clinical sub-groups.

5.2 OBC Engagement Process

There has been some engagement work done around the Outline Business Case at Yorkhill and three additional focus groups have been organised in the community. Some national groups are being canvassed to distribute survey forms. This will cover the wider population which uses Yorkhill and will give some specific information on particular specialities. A formal report from this work done to inform the Outline Business Case will be brought back to this group.

Action - KM

6. Communications

There are clear links between the engagement group and the communications group and the media are interested in our engagement framework and the action plan. The website for the new children's hospital will go live in mid September (18th September) and the link to this will be forwarded to this group. There are some final works going on around the registration system for those visiting the web-site to allow them to receive regular communications about the new children's hospital. It was suggested that the Board seminar in November and the joint meeting with Edinburgh were items which could be included in the communications action plan.

Action - EC

7. Clinical Advisory Group

Morgan tabled a note of the key issues raised at the event on the 29th August. The event was attended by 90 people and a note of the key issues raised is attached for those not at the meeting. Sue expressed surprise that staff facilities were not raised as a key issue.

Other pieces of work being taken forward by the Clinical Advisory Group are :

1. Adolescents – activity has been built into the new children’s hospital for the Outline Business Case but the model for delivering care to adolescents requires further work and this will be done over the next few months.
2. Congenital Heart Surgery – discussions are on-going with adult and paediatric clinicians to discuss where adult congenital heart surgery should best be carried out.
3. GEMS – discussions with GEMS have taken place to explore the possibility of developing a GEMS centre at the Southern campus, perhaps reviewing the use of the premises in Cardonald. This will not impact on the GEMS centre planned at the new Victoria.
4. Mortuary/Viewing Facilities – there has been some discussion about the possibility of shared mortuary/viewing facilities with the adult hospital but the need for appropriately sensitive services for families may mean that a separate mortuary is required in the children’s hospital.

8. Scottish Health Council Response to Consultation

This was noted by the group. A letter has now been sent to the Health Minister following consultation asking him to approve the closure of services at Yorkhill and transfer to the Southern General site.

9. AOCB

It was noted that this was Fiona Mercer’s last Project Steering Group and Morgan Jamieson thanked her for her contribution to the project to date.

10. Date and Time of Future Meetings

The suggested dates on the agenda should be ignored. The next meeting has been arranged for the **5th October – 10.30am in the Project Offices – Hillington**. It was agreed that there should be a further meeting on the **16th November – 10.30am in the Project Offices – Hillington**.