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# 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

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**Theatre Design Group for New Hospital  
Tuesday 1<sup>st</sup> August 2006  
At 4.30pm in the QMH Conference Room**

## **Minute**

**1 Present:** Dr J Peutrell (Chair), Mr M Devlin, Miss J Gallagher, Ms Marjorie Gilliles, Sr N McIntosh, Mr A Fyfe, Mr R Duncan, Mrs W Miller, Mrs J Smart, Sr K Thomson, Mrs K Maley, Sr H Blyth, Ms F Crabbe, Dr G Bell, Sr E Johnstone, Mr M Jamieson, Miss D Fung, Mrs C Hopkins (minute)

**Apologies:** Sr E Cunning, Dr T Richens, Dr S Maroo, Ms F Mercer, Ms B Wilson, Mr J St George, Ms J Brown

**2 Minute of the Previous Meeting – 27<sup>th</sup> June 2006**

The note of the previous meeting was agreed as an accurate record.

**3 Matters Arising**

JP reported that she had discussed the proposal to carry out a processing mapping exercise with FM and that both were keen to progress this.

Specialty Reports had been provided, collated and distributed to the group and individual group members went through the report for their specialty highlighting the following:

- Components of current service
- Facilities/components that should be included but currently are not
- Processes and facilities that work well
- Processes that could and should be improved
- Required adjacencies and interfaces
- Supportive documentation

JG then provided an overview of the common elements that had come out of the individual reports. She also listed the various sites/centres that had been suggested for visits. JP stated that the draft report would be emailed to group members in order that they could share the information with their colleagues. Any further comments, suggestions or amendments should be forwarded directly to JG.

It was also agreed that the report would be circulated to the following departments for comment:

- IT (through Brian Gracie)
- Pharmacy (through James Wallace)
- Infection Control (through Pamela Joannidis)
- Bio Engineering (through Tom Holmes)
- Estates (through Frank McGuire)
- General Services (through Sheena Leighton)
- GA Dentistry (through David Still)
- Health & Safety (through Fraser Holmes)
- Cardiac Physiologists (through Eamon Murtagh)
- Perfusionists (through Ida Torrance)
- Maxillo-facial Technicians (through Mark Devlin)

- Audiologists (through Jim Harrigan)
- Play Specialists (through Jill Vines)
- Radiographers (through Dr Andrew Watt)
- Labs (through Peter Galloway)
- Chairs of the other Hospital Design Sub Groups (inc the Neonatal Sub Group of the Maternity Strategy Implementation Steering Group)

#### 4 **Overview of the New Children's Hospital**

MJ expressed his thanks to everyone involved in the planning process for the new hospital and gave an overview of the current position. He explained that the deadline for the outline business case was September in order for it to go forward to the Scottish Executive in January. He stressed the importance of continuing to develop services and seek revenue on an ongoing basis as the revenue budget for the new hospital will be as it stands at that time.

He reassured members of the group that the physical plan of the new hospital and not yet been drawn up although several architects had been asked to provide designs etc. He stated that some services are currently going through a national process and acknowledged that this makes the job of planning a bit more difficult.

MJ confirmed his support for the inclusion of adolescents in the new hospital but stated that he was aware of the challenges this would bring, especially around clinical care.

He referred to the proposal for group members to visit other sites and suggested that these visits be coordinated with staff from Edinburgh Sick Children's Hospital who are also beginning to plan for a new hospital.

Concerns were raised by some clinicians regarding the treatment of adolescents and it was agreed that this will require to be carefully planned.

#### 5 **Deputy Chair**

JP nominated RD as Deputy Chair and this was agreed by the group.

#### 6 **Meeting with Peter Dunleavy, Directions Consultancy**

JP explained reported that PD had visited the hospital to have a walk round theatres and the day surgery unit. He stated that we currently had a very efficient service however noted that we had inadequate storage, staff facilities, education facilities, parent/reception areas etc. He anticipated that as a ball park figure a 20% increase in space would be required. PD will attend the next sub group meeting.

#### 7 **Dental GA Service**

There was some discussion about the Dental GA Service and it was explained that if this were to combine with our own dental service we would see a very different throughput of patients. This could lead to two different standards within the one unit. There was also the question of where max fax would fit into this.

**Action: MJ will seek clarity on this I think that this was being taken up by Iain Wallace in discussion with the new Associate Medical Director for the Oral Health Directorate.**

MD left the meeting at this point.

#### 8 **Visits to other Sites**

JS reported the recent work done on theatre redesign had included contacting other sites to find out about models of service and facilities. She recommended drawing up a list of questions that could be answered by phone before deciding whether a particular establishment was worth visiting. She also stated that sometimes valuable information could be obtained without having to make the visit. She agreed to look at the information previously gathered and to provide a report to the group. JP asked the group to think more radically about sites to visit and asked that adult sites are not excluded. Further suggestions and ideas to be forwarded to JG asap.

**Action: JS to provide report on template used in Theatre Redesign. Group Members to provide further ideas/suggestions.**

AF left the meeting at this point.

**9 Statistics**

JG reported that there is an array of data available from both the HISS system and theatre database, which will be used to build a picture of trends in services and current activity profiles. Following on from this, the impact of any changes in practice, the current and future population and the impact of the additional adolescent workload need to be considered. The activity data and future service profiles will then be used to calculate the capacity required to delivery optimal patient care. This will be written up into a detailed report for all specialties and compiled to form the outline business case.

**10 Away Day Planned for 29<sup>th</sup> August**

JP reported that an Away Day was planned for 29<sup>th</sup> August to include members of all of the sub groups involved in the design of the new hospital. Further details will be forwarded in due course.

**11 Next Steps**

JP again asked that group members share the draft report with their colleagues. She also suggested that members of the theatres' sub-group, particularly staff based in theatre, link with representatives of the groups suggested under item 3. These representatives should be asked to review and comment on the collated report and, when appropriate, visit the theatre complex to review current, and advise on future, facilities.

**Action: JS to provide nominations as theatre links**

**12 AOCB**

WM stated that if we are required to provide the number of theatres, number of beds for day surgery etc. for the outline business case that it was important to have information on projected activity fairly soon. She suggested that a small group to include herself, JG and John Mullen (Information) take this forward.

**Action: WM, JG & JM to provide information on projected activity**

**13 Date & Time of Next Meeting**

Tuesday 22<sup>nd</sup> August @ 4.30pm in the QMH Conference Room.