
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

**Theatre Design Group for New Hospital
Tuesday 22nd August 2006
At 4.30pm in the QMH Conference Room**

Minute

1 Present: Dr J Peutrell (Chair), Mr M Devlin, Miss J Gallagher, Sr. N McIntosh, Mr R Duncan, Mrs J Smart, Sr K Thomson, Mrs K Maley, Ms F Crabbe, Dr G Bell, Sr E Johnstone, Mr M Jamieson, Miss D Fung, Sr. E Cuning, Dr T Richens, Dr. T Lavy, Sr. A Irvine, Mr. M Danton, Mrs D Kerr, Dr. P Cupples, Mr H Kubba, Sr. S Tumath, Sr. E Johnstone, Dr P McGrogan, Mr. D Daniels (minutes)
Apologies: Dr S Maroo, Ms F Mercer, Ms B Wilson, Mr J St George, Ms J Brown, Ms Marjorie Gillies, Mrs W Miller, Mr A Fyfe, Mrs C Hopkins, Sr. H Blyth

2 Minute of the Previous Meeting – 1st August 2006
The note of the previous meeting was agreed as an accurate record.

3 Matters Arising

1) DK referred to her paper detailing issues highlighted in a recent visit to theatres. No major issues were identified and suggestions made could be easily implemented.

2) MD fed back on Cardiac Surgery Specialty Report. MD would forward hard copy to JG Issues raised included: -

- Provision for Northern Ireland Service
- Adolescent Service
- Storage facilities
- Prep/Pump room
- Video facilities
- Co-location of theatres an cath. lab

JP spoke to her paper in which she set to collate all comments fed back on proposed facilities for the New Hospital. Comments fell into one of three categories: physical facilities, service model and equipment. Only those aspects that would significantly influence the physical build. Aspects of process and service model would be identified and explored during the proposed mapping aspects. Concerns about current equipment deficiencies should be raised through the usual channels within the Clinical Board.

Members were invited to go through other department's submissions and pass any further comments to JP by 30th August.

4 Inter Departmental Adjacencies

JP spoke to her paper in which she set out proposed inter departmental adjacencies. The following points were highlighted during discussion: -

- Office accommodation for consultants may not be provided at ward level. Space would likely be provided in a communal area for clinical reporting etc.
- There was potential to integrate recovery with HDU. Representatives from the Sub-groups for Critical Care and Theatres would meet to discuss this further.
- The need for a physical link to the neurological institute was highlighted.

If any critical relationships had been missed, comments should be made to JP as soon as possible.

5 Intra Departmental Adjacencies

JP spoke to her paper, which suggested intra departmental adjacencies. In discussion, the following points were highlighted: -

- All intra departmental adjacencies were essential.
- Dental suite requirements to be discussed with Alison Marshall.
- Same day admission unit to be picked up by KM and ST

6 Process Mapping.

JP advised that it was important that what we do was understood and that we looked at how we could do better.

JS has been offered the opportunity to remain within the RHSC part-time with the likelihood that she will be involved with planning for theatres within the new hospital, and specifically with process mapping.

7 Identifying Institutions with Good Facilities or Processes

JS presented a template to help structure telephone interviews with relevant individuals from other institutions within the UK and elsewhere. The plan would be to make contact and then schedule time for the interview at a later date. KM was preparing something similar for day surgery, same day admissions etc...

The following agreed to carry out calls to colleagues: -

PC- Wishaw.	TR- Bristol
JS- Norwich	ST- USA
M Devlin- Swansea	EJ-Belfast
AF- Alderhey	RD- Freeman Hospital, Newcastle
KT- RHSC(E)	FC- Manchester
GB- Sydney	HK - Aberdeen
M Danton -Guys	NMcl -Colleagues
Al-Moorfields	

Information to be brought back to next meeting.

8 Capacity Data

JG tabled a paper, which set out the information, which would be used to assess capacity requirements. All data would be validated with individual consultants. If there was anything missing, comments to JG by the end of August.

8 Campanille Away Day

The programme for the half-day session on 29th August had been circulated. It was expected that 60/70 people were expected to attend.

9 AOCB

The requirements for 13-16 year olds would be assessed but this would not be required for the Outline business Case.

10 Date of Next Meeting

24th October 2006 at 4.30. Meeting subsequently brought forward to 20th September 2006 at 4.30.