

NHS GREATER GLASGOW AND CLYDE

Minutes of the Meeting of the Greater Glasgow – Acute
Services – South Glasgow Monitoring Group held
at 9.30 a.m. on Friday, 9th June 2006
in the Floor E Conference Room, Victoria Infirmary
Langside Road, Glasgow, G42 9TT

P R E S E N T :

Mr Peter Mullen (in the Chair)

Mr Brian Bingham	Mr Ken Macintosh MSP
Dr Donald Blackwood	Dr Ken O'Neill
Mrs Pat Bryson	Mrs Enid Penny
Mrs Margaret Hinds	Mr James Sandeman

I N A T T E N D A N C E

Mr Robert Calderwood	..	Chief Operating Officer – Acute Services Division
Mr Adam Campbell	..	School Work Experience
Mr John C Hamilton	..	Head of Board Administration, NHS Board
Mr Niall McGrogan	..	Head of Community Engagement
Ms Kate Munro	..	Community Engagement Manager

ACTION BY

10. **APOLOGIES**

Apologies for absence were intimated on behalf of Ms Catherine Fleming, Ms Janis Hughes MSP, Mr Stewart Maxwell MSP and Ms Jane McCreadie.

2. **MINUTES**

The approved Minutes of the South Monitoring Group meeting held on 24th March 2005 [SMG(M)06/01] were noted.

3. **MATTERS ARISING**

a) Update on Short Stay Bed Proposals

In relation to Minute 6 of the 24th March 2006 meeting, it was noted that the new hospital should be referred to as the new Victoria Hospital.

Mr Sandeman wished it recorded that not all members of the Group welcomed the addition of the 12 overnight beds at the expense of a similar number of elderly rehabilitation beds.

b) Monitoring Template

In relation to Minute 3 of the 26 March 2006 meeting, Mr Sandeman had submitted the latest set of activity figures and advised they were incomplete and asked that the officers make available the figures to 31 March 2006 to allow consideration of the complete 2005/06 activity figures.

ACTION BY

Mr Sandeman took members through the available figures and was concerned at the reduction in orthopaedic beds at the Victoria Infirmary and the rise in activity at the Southern General. The figures could suggest a migration of services from the Victoria to the Southern. He also commented that there was no data currently available for diagnostic support services.

Mr Calderwood agreed to provide the completed 2005/06 figures shortly. He went on to state that since the base year (2002/03) there were now more doctors and services at the Victoria and the national patient guarantees were being exceeded. It needed to be understood that patients have the choice of hospital in which they wish to receive their treatment and will exercise that choice and attend other hospitals.

Mr Bingham advised that the medical staff do not have any concerns about any run-down of services at the Victoria Infirmary and believed the new hospital will offer a better service to patients.

Mrs Hinds wished services to be retained at the Victoria Infirmary and she was now being advised that it was even busier now and yet it was still to be closed. She understood Mr Bingham's point about no concerns from the medical staff about services being run-down and that their concerns related to quality of care, transport and car parking.

Mr Calderwood reiterated that the current activity figures were up on every specialty against the base year of 2002/03 and that was the best statistic for comparison purposes; not comparing against the busiest year or an average figure over the 4 years.

On the bed modelling exercise, Mr Calderwood advised that the revisions made to the bed model to take account of the new waiting times target and the new Children's Hospital were being further discussed with clinical groups and would be finalised by the end of August 2006. The bed model formed a key part of the Final Business Case for the new Southside Hospital. Mr Calderwood confirmed that it would include High Dependency Beds for medicine.

DECIDED:

That Mr Calderwood provide Mr Sandeman with the 2005/06 activity figures for named services for discussion at the next meeting.

R Calderwood

c) Membership of South Monitoring Group – Partnership Vacancy

It was reported that the Employee Director would provide a new representative for the next meeting.

**Employee
Director**

d) Update on New Victoria Hospital

Mr Calderwood updated members of the progress made since the last meeting on the new Victoria Hospital. The enabling works were due to be completed by the end of June 2006. The value for money and affordability had been confirmed and the Final Business Case was being submitted to the Scottish Executive Health Department (SEHD) with the legal and financial elements to be sent separately. It was hoped to receive SEHD approval by the end of June 2006 which would allow financial close to be pursued with the contractor by the end of August and a start on site during September 2006. The Planning Application was being considered by the Planning Committee on 27 June or 4 July and all outstanding issues seemed to have been addressed.

Mr Bingham advised that he and his colleagues had now signed off their plans and designs for their clinical areas in the new hospital and now looked forward to moving there in 2009.

There continued to be concern at the reduction in elderly rehabilitation beds as part of the arrangement for the new overnight beds at the new hospital. Mr Calderwood acknowledged the point but advised the arrangement had been agreed with the clinicians and the delayed discharge targets had been met.

There would be the opportunity to expand services once the contract had been let but this would be at a significant charge and contract variation. The total capital investment cost of both new hospitals would be in the region of £174m.

NOTED

e) **Role of Audit Scotland**

In relation to Minute 4 of the 24 March 2006 meeting, there was submitted a paper setting out the role undertaken by Audit Scotland to support the ongoing monitoring review process on an annual basis in connection with the implementation of the approved Acute Services Strategy. PricewaterhouseCoopers (PwC), currently the NHS Board's external auditors, had been engaged to carry out this review work on behalf of Audit Scotland.

Mr Sandeman sought clarity on who reported to the Scottish Parliament on this matter. Mr Calderwood advised that PwC's reports were submitted to Audit Scotland who, in turn, could submit reports to Parliament if felt necessary. The Auditor General reported direct to the Audit Committee of the Parliament.

Mr Calderwood also advised that Audit Scotland would become the NHS Board's external auditors from 1 July 2006 and, following a competitive tendering exercise, PwC had been appointed the NHS Board's internal auditors from the same date.

13) **PUBLIC RELATIONS**

Mr McGrogan submitted a paper setting out an analysis of the effectiveness of external communications in relation to the new Victoria Hospital and highlighted some of the difficulties encountered in relation to communications. Members would be given an opportunity to read the paper and attachment and discuss it at the next meeting. The Director of Corporate Communications would be invited to give a short presentation on the external and internal communications effort undertaken by the NHS Board. There was recognition that it was difficult to get messages over to all the population and this was further highlighted by the percentage of the population who have difficulty in reading or who cannot read.

J C Hamilton

Mr Macintosh praised the role of the Community Engagement Team for the efforts they have made to communicate with various different parts of the community. This had been exceptionally helpful and the information provided had been clear, easy to access and of benefit to individuals.

DECIDED

That the Director of Corporate Communications be invited to attend the next meeting to carry out a short presentation of the NHS Board's communications efforts and strategy.

A McLaws

14. **NATIONAL TRANSPORT STRATEGY**

There was submitted a copy of the National Transport Strategy which was out to consultation until 13th July 2006. The consultation paper set out the key questions about Scotland's transport future to be addressed in the development of a National Transport Strategy and comments were welcomed and sought from all stakeholders.

Mr McGrogan referred to the Fare4All work and the need it had highlighted to address the needs of communities. He encouraged each Group member and their parent bodies to reply to the consultation – the proposals as presented did not meet the needs of communities and no mention was made of patient transport and access to health care facilities. It was recognised that the Minister of Health viewed transport as a key issue and priority for the NHS and its patients.

Mr McGrogan advised that the NHS Board would be responding to the consultation and the Chair confirmed that he would liaise with Mr McGrogan over the Group's response.

N McGrogan

Mr McGrogan offered to assist Community Councils and Community Groups with their response if this was helpful.

**Community
Council Reps.**

Mr McGrogan highlighted three key themes:-

- a) The Concessionary Travel Scheme, while welcome, should have the same resource dedicated to allow for easier access to public transport for the disabled.
- b) A regulated framework was required to ensure communities had fair and reasonable access to public transport.
- c) Social inclusion and the environment shared be key themes of a national strategy.

Mr Bingham raised his concerns about the Car Parking Policy and the introduction of charges and the impact that levels have on the quality of patient care. Mr Calderwood explained the details of the Car Parking Policy and the criteria sent out for NHS staff moving between different sites. Mr Macintosh advised that the Health Committee of the Scottish Parliament was currently discussing charges for NHS sites and any evidence should be submitted to them as soon as possible.

There was concern if the City Council were to introduce metering in the immediate area surrounding the Victoria

Mr Sandeman advised that the Chair of the NHS Board had responded to the South East Health Forum on the status of the Transport Groups within the NHS Board. Mr McGrogan advised that three groups would be more focussed and cover Transport, Car Parking and Fare4All.

NOTED

15. **NORTH MONITORING GROUP MINUTE – 3RD MARCH 2006**

The North Monitoring Group Minutes of the meeting held on Friday, 23rd March 2006 were noted.

16. **DRAFT ANNUAL REPORT**

There was submitted the South Monitoring Group's draft Annual Report – 2005/06 for comment.

Members were asked to provide comments to John Hamilton by the end of the month.

Members

NOTED

17. **ANY OTHER COMPETENT BUSINESS**

a) Acute Admissions

Mr Bingham read out a letter he had received from Mr D A W Ritchie, Consultant in A&E, Victoria Infirmary. The concerns related to patients lacking privacy and dignity by having to await prolonged periods in A&E on trolleys. Mr Ritchie was concerned that the quality of the acute services for the patient had deteriorated and wished the issue discussed and addressed.

Mr Calderwood acknowledged that trolley waits had been a long running problem for the A&E Department at the Victoria Infirmary. The A&E Department was an old-fashioned design and did not lend itself to an easy solution. To ease congestion, a medical admissions unit was planned and, after a short period of time, moved from its temporary location to Ward 12B and the bed numbers increased from 10 to 18. Discharge Lounges were also used. The A&E Department did back-up with patients at busy periods and a national target had been set of 4 hours to access a bed from the decision to admit a patient. This was being addressed across NHS Greater Glasgow and Clyde and all steps were being taken to try and eliminate excessive trolley waits in hospital.

DECIDED:

That the Assistant Medical Director and Director attend the next meeting of the Group to discuss the steps being taken to address the concerns raised in Mr Ritchie's letter.

R Calderwood

b) Health Acquired Infection

Mrs Penny raised the issue of health acquired infections and NHS staff wearing their uniforms when not on duty. Staff were encouraged not to wear their uniform when off-duty but there were practical issues which made this difficult to enforce – Non-Smoking Policy and the reduced access to changing accommodation. The Infection Control Team offer advice to clinical staff in the full range of measures to reduce infection and the need to wash their hands with alcohol wipes on returning to wards.

NOTED

18. **DATE OF NEXT MEETING**

The next meeting would be held at 9.30 a.m. on Friday, 8 September 2006 in the Floor E Conference Room, Victoria Infirmary, Langside Road, Glasgow, G42 9TT.

The meeting ended at 11.15 a.m.