

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, 8th September 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)

Ms Sandra Davidson	Mr Ken Macintosh MSP
Ms Catherine Fleming	Dr Ken O'Neill
Mrs Margaret Hinds	Mrs Enid Penny
Ms Janis Hughes MSP (to Minute 22)	Dr David Ritchie (from Minute 22)
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 John C Hamilton	..	Head of Board Administration, NHS Board
Mr Mark McAllister	..	Community Engagement Manager
Mr Niall McGrogan	..	Head of Community Engagement

ACTION BY

19. **APOLOGIES AND WELCOME**

Apologies for absence were intimated on behalf of Mr Brian Bingham, Dr Donald Blackwood, Mrs Pat Bryson and Mr Stewart Maxwell MSP.

The Chair welcomed Ms Sandra Davidson to her first meeting as the replacement for Jane McCreadie as the Staff Partnership representative on the Group.

20. **MINUTES**

The approved Minutes of the South Monitoring Group meeting held on 9th June 2006 [SMG(M)06/02] were noted.

21. **MATTERS ARISING**

a) Monitoring Template

In relation to Minute 12(b) – Monitoring Template – Mr Sandeman had submitted the latest set of activity figures. He advised that he had received no adverse comments on the format and presentation of the data and any conclusions drawn had been drawn purely from the figures in the Monitoring Report. He believed this was the only item on the agenda which was consistent with the Group's remit and wished to submit the Monitoring Report to the Minister for Health and Community Care.

The Chair reminded Members that the Group had agreed to discuss and receive presentations beyond the Remit and advised that part of the Remit was “to create an opportunity for stakeholders involvement in service design and other key implementation aspects of the Acute Services Plan”.

Mr Calderwood advised that he agreed with the figures in the Monitoring Report (his staff had provided them). However, he did not agree with the interpretation contained within the report. Mr Calderwood referred to his previously minuted comments on the activity data and took each specialty in turn:-

i) General Medicine:

Elective admissions were down about 15.3% from 2002/03. However, the Haemato-oncology beds had transferred to the Southern General (as agreed by the Group) and day surgery was up 32%.

Total electives were therefore up 12.8% despite the Haemato-oncology move.

Non-electives were down 1.4% at the Victoria although the figure across NHS Greater Glasgow was up 1.3%.

On out-patients the activity levels were 45% down but this had to take account of the moves from general medical clinics to more specialist clinics – this additional information would be provided to Mr Sandeman.

R Calderwood

Overall, the NHS Greater Glasgow figures for out-patients were down 14%

ii) Surgery:

Elective admissions were up 3.7% but the day surgery figures were down 40%. The figures for 2002/03 and 2003/04 reflected the additional activity undertaken under waiting list initiatives.

The out-patient figure was up 13.9%.

iii) Orthopaedics:

Elective admissions were down 12.5%, day cases were static and non-elective cases were up 3%. These figures again reflected the waiting time initiatives and the movement of patients to the Golden Jubilee Hospital and private sector in order to meet the nationally set targets.

Out-patient attendance was up 6%.

Activity levels at one site did not always show the full picture and patients would exercise their choice about where they would receive treatment. The Group had also acknowledged the reduction in bed capacity at the time the upgrading work was undertaken at the Victoria Infirmary to implement the Health & Safety Enforcement Notice. Anecdotal evidence also suggested services were better at the Victoria Infirmary than 2/3 years ago.

Mrs Hinds commented that she had read Mr Sandeman’s document and found it most informative and agreed there had been improvements to the service – more people were being cared for, the hospital was cleaner and there was a good atmosphere within the hospital: that was why it was a shame to lose the hospital.

Mr Calderwood reminded members that the Victoria Infirmary was being replaced and the clinical activity was to be provided from new and modern facilities in the future. 85% of current attendances to the Victoria Infirmary would continue at the new Victoria which would be open in 2½ years time. Emergency care was being transferred to the Royal Infirmary and Southern General Hospital.

Mr Sandeman advised that he was asking the Group to send the report to the Minister in order to fulfil the Group's remit. He advised that if Mr Calderwood wished, he could add any comments to the report prior to it being sent to the Minister.

The Chair commented that the role of the Community Council representatives on the Group was to keep the Group apprised of issues being raised by their communities and to feed back information to those communities on the outcome of discussions and conclusions of the Monitoring Group. He advised that if Mr Sandeman wished to submit his report to the Minister, he could do so as an individual or from the Community Councils who support the report's findings. It was clear to him as Chair that there was no strong support for his request that the Monitoring Group endorse his report and submit it under its name

Mr Macintosh added that the Minister would welcome comments from Mearns Community Council or other such bodies but the interpretations in the report were not supported by the South Monitoring Group.

Members

Mr Sandeman asked members to take a note of his telephone number and if they wanted to support his report they should let him know and he would include numbers (not names) when submitting the report to the Minister.

NOTED

b) **Membership of Group**

In relation to Minute 12(a) – Membership – it was reported that Ms Sandra Davidson had replaced Jane McCreddie as the Staff Partnership representative on the Group.

c) **Update on New Victoria Hospital**

In relation to Minute 12(a) – Update on New Victoria Infirmary – Mr Calderwood advised that the contract had now been signed with the Consortium and the Contractor would be on site from late October 2006. It was a 27-month Contract and the new hospital would be handed over in January 2009 and thereafter a 3-month commissioning period would follow and patients would begin to be treated from Spring 2009 onwards.

The new road was now open and signs and artist's impressions would be erected at the site shortly. The Final Business Case would be available in about a month and a copy would be made available to members.

**R Calderwood/
J C Hamilton**

Mr Calderwood explained the change control process – a change request could be made and a price determined, a competitive tender exercise would be held to ensure value for money and if the price was acceptable then the work would commence. The contract period could be extended on the sum paid via a capital cost.

Canmore were the lead company in the Consortium and they would sub-contract the various elements of the various specialist work as necessary.

The temporary car park would be open shortly once the car parking charges had been determined and the payment machines installed.

Mr Calderwood advised that the SEHD approved the Financial Business Case and the patient activity levels would not be affected by the services currently available in Clyde.

Mrs Penny was concerned about whether additional rehabilitation beds, if required, could be added to the site. The building design allowed for expansion and if new beds were required then it was possible to commission an extension to the current building design.

NOTED

d) Annual Report – 2005/06

The revised Annual Report for 2005/06 was submitted for information. It had been submitted to the Minister and placed on the NHS Board's website.

NOTED

e) Public Relations

It was reported that Mr Ally McLaws, Director of Corporate Communications, would attend the December 2006 meeting of the Group and give a short presentation of the NHS Board's Communications efforts and Strategy.

A McLaws

NOTED

22. **COMMUNITY ENGAGEMENT BRIEFING**

The Chair welcomed Mr Niall McGrogan, Head of Community Engagement, who had been asked to give members a presentation on the Community Engagement efforts made by the team over the last 12/18 months. Mr McGrogan's overheads are attached to the Minutes for information.

Members raised a number of points as a result of Mr McGrogan's presentation:-

i) Mr Macintosh was pleased that the messages which came out of the presentation accorded with his experiences when talking with his constituents about the plans for hospital services.

ii) There was a concern at the term 'Minor Injuries Unit' and the need to educate the population on when to access which service from A&E/Trauma, Minor Injury, call NHS24 or make contact with the GP services.

There was work ongoing to look at the term – Minor Injuries Unit – and the production of clear information to the public on when to access this service.

It was planned that the Minor Injuries Unit at the new Victoria would be open for 12 hours per day. However, further work was ongoing on current activity levels to determine the best hours for the service to be available to patients.

iii) The key role of NHS24 was discussed and it was agreed to invite a representative to attend a future meeting to give a presentation of the complementary role played by NHS24 in the care of patients.

J C Hamilton

iv) Day Surgery rates at the Victoria Infirmary were discussed. Mr Calderwood agreed to furnish Mr Sandeman with the current NHS Greater Glasgow and Clyde Day Surgery figures and future targets.

R Calderwood

The Chair thanked Mr McGrogan for his informative and hugely interesting presentation and for the discussion that flowed from it. He was pleased that the evidence suggested the population was much more informed about the Acute Services plans and overwhelmingly in favour of the developments about to take place.

NOTED

23. **NORTH MONITORING GROUP MINUTE – 2nd JUNE 2006**

The North Monitoring Group Minutes of the meeting held on Friday, 2nd June 2006 were noted.

24. **ANY OTHER COMPETENT BUSINESS**

a) Trolley Waits

Dr Ritchie commented on the likely increase in trolley waits as winter approached. There had been a reduction in the number of trolley waits recently, with none reported for several months. However, the impact of winter pressures was likely to lead to an increase. Waiting times for Accident and Emergency were measured over a national target of 95% of patients seen within 4 hours of attendance. The performance at the Victoria Infirmary was good when compared to the national performance.

Mr Calderwood would provide the Group with the performance against the 95% of all attendances being seen within 4 hours of attendance.

Work was also under way to improve the ‘Did Not Attend’ rates to ensure a greater efficiency in the use of NHS services.

NOTED

b) Community Health (and Care) Partnerships (CH(C)Ps)

In response to a member’s question about seeking more information on CH(C)Ps, Mr McGrogan referred to the event run by the South East CH(C)P on 12th September 2006 and encouraged those members who wished to receive more insights to CH(C)Ps to attend.

Members

NOTED

c) Bed Model

Mr Sandeman enquired about the progress being made in finalising the bed model.

Mr Calderwood advised that work was still ongoing to finalise the assumptions and members would receive a copy of the bed model which underpins the new South Glasgow Hospital.

R Calderwood

d) Facilities

Mrs Penny raised concerns about the dirt accumulating outside the Out-patients Department, especially following the ban on smoking.

Mr Calderwood noted this comment and advised that by March 2007 the NHS Board's policy would not permit any smoking in its grounds/land.

NOTED

e) Nutrition in Hospitals

Mrs Penny was concerned about the National Report on Malnutrition within Hospitals and patients not being appropriately fed.

It was reported that a Food Nutrition Group was looking at the findings of the Report and improvements that may be needed within NHS Greater Glasgow and Clyde.

NOTED

25. **DATE OF NEXT MEETING**

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

The meeting ended at 11.20 a.m.