

**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, 14<sup>th</sup> September 2007  
in the Floor E Conference Room, Victoria Infirmary  
Langside Road, Glasgow, G42 9TT

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**P R E S E N T :**

Mrs Pat Bryson (in the Chair)

Ms Catherine Fleming  
Mrs Margaret Hinds

Dr Ken O'Neill  
Mrs Enid Penny

Mr James Sandeman

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

Mr Richard Copland	..	Director of Health Information and Technology
Ms Jane Grant	..	Director of Surgery and Anaesthetics – Acute Services Division
Mr John C Hamilton	..	Head of Board Administration, NHS Board
Ms Kate Munro	..	Community Engagement Manager, NHS Board

**ACTION BY**

9. **APOLOGIES AND WELCOME**

Apologies for absence were intimated on behalf of Mr Brian Bingham, Dr Donald Blackwood, Ms Sandra Davidson, Mr James Kelly MSP, Mr Peter Mullen and Mr Ken Macintosh MSP.

The Chair welcomed Richard Copland, Director of Health Information and Technology who was attending to give the Group a presentation on the benefits of information technology in health care setting and also Ms Jane Grant, Director of Surgery and Anaesthetics – Acute Services Division, who was representing Mr Robert Calderwood, Chief Operating Officer – Acute Services Division.

10. **MINUTES**

The approved Minutes of the South Monitoring Group meeting held on 8<sup>th</sup> June 2007 [SMG(M)07/01] were noted.

11. **MATTERS ARISING**

a) Update on New Victoria Hospital

In relation to Minute 5(b) – Update on Victoria Hospital – there was submitted a paper from the Chief Operating Officer advising that construction work continued apace and was currently running ahead of schedule with a likely hand-over of the building in the Spring of 2009, with clinical services being commissioned over the Spring/early Summer of 2009.

Work continued on the review of the activity assumptions including a recent review of patient attendances at the Victoria Infirmary Accident and Emergency Department to assess the number of patients who would be able to utilise the new minor injury services. This recent study had suggested that a higher percentage of cases may be suitable for attendance at the Minor Injuries Unit. This would lead to less local disruption as more patients than first thought would be able to attend the Minor Injuries Unit at the Victoria rather than the A&E/Trauma Unit at the Southern General Hospital.

Ms Grant advised that protocols had been developed with clinical staff in the north of the city and south of the city for patients utilising the Day Surgery Unit and the proposed 23 hour beds and while the outcome from both parts of the city were similar, there were some issues worthy of further debate to ensure a common set of protocols across the city.

Ms Hinds asked about the opening hours of the Minor Injuries Unit and Ms Grant advised that she would obtain the current information and provide it to Ms Hinds as soon as possible.

**J Grant**

Mr Sandeman asked if the number of patients who would need to travel between the areas of Southern General and the Victoria Infirmary and vice versa was known as from a brief scan of the information provided to him, he had estimated that the figure would be in the range of 176,000 patient journeys per annum, together with the journeys undertaken by visitors and carers. Ms Grant indicated that there was a need to check the impact of a number of recent assumptions around the new national targets, planned care initiative and benchmarking and therefore a definitive figure was not yet available to answer Mr Sandeman's question.

Mr Sandeman also asked what data was available to determine public transport travel and car parking in order to assess future demand. Mr McGrogan would be asked to consider this outwith the meeting. Ms Munro indicated that following a discussion at the last meeting of the South Monitoring Group, she was now in a position to confirm that the free evening visitors service would be extended to East Renfrewshire, East Dunbartonshire and Cambuslang and Rutherglen from October 2007. In terms of car parking for new hospital developments, discussions continued with the City Council.

**N McGrogan**

**NOTED**

b) **Bed Model**

In relation to Minute 5(c) – Bed Model – Update – Ms Grant advised that work was still ongoing on finalising the bed model taking account of the 18-week access targets and abolition of Availability Status Codes and recently issued activity numbers and patient profiles. The revised model would be shared with clinicians and the bed model was still a necessary part of the Outline Business Case for the new south-side hospital. It was hoped to complete the Outline Business Case by December 2007 and members would receive a copy of the supporting Bed Model once completed for the purposes of the Outline Business Case. Ms Penny asked whether the NHS collected re-admission rates and Ms Grant advised that this is one of the key performance indicators which was regularly analysed and discussed with clinicians.

Mr Sandeman asked what the total number of retained beds would be housed in the Southern General Hospital site – Ms Grant agreed to confirm this figure with Mr Calderwood and provide it direct to Mr Sandeman.

**J Grant**

Ms Hinds enquired about the timing of the moves of acute services once the new Victoria Hospital opened and whether the Group would be kept up to date with the movement of acute services from the Victoria Infirmary to the Southern General. It was confirmed that if the Group continued this information would indeed be provided.

NOTED

c) Future of the South Monitoring Group

It was reported that Mr Hamilton had written on behalf of the Group to the Cabinet Secretary for Health and Well-being intimating the Group's recommendation that it continue beyond 2007 and retained until the completion of the full Acute Services Strategy. Mr Hamilton also advised that the North Monitoring Group would now be writing to the Cabinet Secretary for Health and Well-being intimating their recommendation that both Groups also be retained in order to allow local monitoring and discussion of local issues.

Mr Hamilton reported that the Chairs of both Monitoring Groups were hopeful that they would meet the Cabinet Secretary some time in October/November in order to discuss the future of the Groups and once the outcome was known, a letter would be sent to members informing them. The South Monitoring Group indicated that if the Group was to be wound up they would prefer the last meeting to be a joint meeting with the North Monitoring Group in December 2007.

**J C Hamilton**

NOTED

12. **BENEFITS OF INFORMATION TECHNOLOGY IN HEALTH CARE SETTINGS**

The Chair welcomed Richard Copland, Director of Health Information and Technology, who was attending to give members a presentation on the benefits of information technology in health care settings. A copy of the overheads used in the presentation are attached to the Minutes.

During and following the presentation a number of questions from members were answered as follows:-

- Electronic information on patients was secure with protocols developed around patient confidentiality and appropriate and restricted access to information health. Back-up procedures were also in place.
- Data sharing between public authorities was a major issue for organisations and the requirements of the Data Protection Act 1998 and the Caldicott Guardian for the protection of personal health information were important safeguards.
- The ongoing training of staff was a critical part of implementing and re-designing systems and this would continue to figure in staff's personal development plans and attendance at training sessions.
- Initiatives were under way on pilot sites to establish links between GP practices and hospitals, NHS 24 and GP practices and the continued roll-out of GPASS.
- Scanning was being considered for older paper-based medical records and retention/destruction periods for records would be continually monitored and reviewed.
- The IT systems were reliable, modern and resilient although beyond regular back-ups if a major failure was to occur paper-based records would be utilised.

## **ACTION BY**

- One of the many major challenges facing the development of electronic records was linking up with partner organisations and ensuring the appropriate sharing of relevant information.

The Chair thanked Richard Copland on behalf of the Group for such a helpful and comprehensive presentation and were delighted to be advised of the extent of the impact information technology could bring to the future of health care.

### **13. NORTH MONITORING GROUP MINUTES: 1<sup>st</sup> JUNE 2007**

The Minutes of the North Monitoring Group meeting held on 1<sup>st</sup> June 2007 were noted.

### **14. ANY OTHER COMPETENT BUSINESS**

- i) Ms Hinds recommended that members obtain a copy of the Health Care for London: A Framework for Action – this can be obtained from the website [www.healthcareforlondon.nhs.uk/framework\\_for\\_action](http://www.healthcareforlondon.nhs.uk/framework_for_action).

### **15. DATE OF NEXT MEETING**

The next meeting of the South Monitoring Group was planned to be held at 9.30 a.m. on Friday, 14<sup>th</sup> December 2007 in the Floor E Conference Room, Victoria Infirmary, Langside Road, Glasgow, G42 9TT.

If, however, the Chairs' meeting with the Cabinet Secretary for Health and Well-being reached a conclusion to wind up the Group(s) and a change of date for a meeting was required, then Mr Hamilton would write to members.

**J C Hamilton**

The meeting ended at 10.40 a.m.