

# **THE VALE MONITORING GROUP**

**MONDAY 24 JANUARY 2011**

**Meeting Room 3, Council Offices, Garshake Road, Dumbarton**

## **DRAFT MINUTE**

### **Present:**

Bill Brackenridge, in the Chair  
Jane Grant, NHSGGC  
Anne Hawkins, NHSGGC Mental Health Partnership  
Al Reay, Argyll & Bute Council  
Alison Wilding, West Dunbartonshire CHCP  
Keith Redpath, West Dunbartonshire CHCP  
George Black, West Dunbartonshire Council  
Mairi Harvey, Argyll & Bute PPF  
Margaret Cameron, Argyll & Bute PPF  
Jackie Pollock, United Campaign Group  
David McBride, West Dunbartonshire Council  
Jackie Baillie, The Scottish Parliament  
Anne Ferguson, West Dunbartonshire PPF  
Lily Kennedy, West Dunbartonshire PPF  
David Bruce, Helensburgh & Lomond Patients Group  
Harry McCormack, West Dunbartonshire Mental Health Forum  
Vivien Dance, Argyll & Bute Council  
Derek Leslie, Argyll & Bute CHP  
Mike Hall, Argyll & Bute CHP

### **Apologies:**

Stephen Whiston, Argyll & Bute CHCP  
Anne Helstrip, Argyll & Bute CHP  
David Harrison, Acumen  
Ally McLaws, NHSGGC

### **In Attendance:**

Gordon Robertson, NHSGG&C  
Lorna Fitzpatrick, Minute  
Logan Taylor, Independent Media Advisor  
Garry Fraser, Scottish Ambulance Service  
Grant Archibald, NHSGGC

## **1. Chairman's Welcome**

The Chairman welcomed the group to the first meeting to be held in West Dunbartonshire Council offices and confirmed that this would be the venue for future meetings of the group to be held in Dumbarton. He expressed his thanks to West Dunbartonshire Council for allowing the Group to use its facilities. The Chairman confirmed that the Victoria Halls continues as the venue for the Helensburgh meetings.

## **2. Apologies**

Noted above.

## **3. Minute of November 2010 Meeting**

The Minute will be amended to reflect the fact that the review period for the CMU will come to an end in summer 2012.

The Minute will be amended to reflect the fact that Keith Redpath updated the group on boarding out levels.

## **4. Matters Arising**

### ***Nursing and Midwifery Staff Numbers***

In response to a request from Jackie Baillie, Grant Archibald was able to provide the following nursing and midwifery figures:

Nursing:

April 2007:	367.25
2008:	344.32
2009:	335.64
2010:	322.58 (November)

Midwifery:

April 2007:	20.15
2008	20.15
2009	19.68
2010	15.75 (November)

These figures are wte of staff in post.

Jackie Baillie stated that these figures seem to confirm that there has been a reduction in numbers.

### ***Royal Alexandria Hospital Ambulance Waiting Area***

Following a request from Jackie Pollock, Grant Archibald agreed to review the provision of a waiting area at the RAH. He emphasised that there was no guarantee that he could accede to the request for a separate waiting room. Garry Fraser advised that it was very useful to have a meeting place and he was unsure of any advantage to having a separate room.

### ***The Capital Plan***

In response to a question from Vivien Dance, Jane Grant advised that the full paper was not yet available and she will provide an update at the next meeting on 28 March 2011.

Vivien Dance advised that as far as the exchange of letters between the Cabinet Secretary and the Chair of Greater Glasgow and Clyde Health Board, she thought the group had done everything it could.

Jackie Baillie indicated that she was curious about para 3 in the Cabinet Secretary's letter which states that the demand for inpatient beds is only part of the consideration. While Anne Hawkins advised that she was unable to respond on behalf of the Cabinet Secretary, she confirmed that the range of community services is also taken into account. David Bruce assumed that there would be financial considerations.

Alison Wilding reported that there are clinical considerations as well as financial ones. This group has been provided with detailed information about bed usage over the months and there were many clinical reasons for the reduction observed of bed use in Christie ward. With the CRISIS teams in the community, patients who previously would have been cared for as an inpatient can now be cared for in their own homes, and if admission is required they can be discharged to CRISIS earlier than was previously possible. This is considered gold standard clinical practice, and is what patients want. Indeed, if no reduction in bed days was observed with the introduction of CRISIS teams the tax payer would rightly be asking why not?

This does mean however, that if a patient does need hospital admission they are at the much more severe end of the illness spectrum and, clinically, Alison stated that if it were her or her patient she would rather be cared for in a large centre such as GRH, than a small peripheral unit. It was almost a tertiary level of service for this type of patient now. She realised there were transport issues. She advised that local mental health services

have improved massively and regretted the lack of public presence to hear the good news for patients with severe mental health problems in the area.

## **5. Feedback from Membership**

Each member present reported on how they have routinely shared information with colleagues. The only exceptional points to note are:

- West Dunbartonshire Community Health Partnership is now a joint Community Health and Care Partnership and all future reports will be reported to both overarching organisations.
- Some scepticism was expressed over the provision of the new Alexandria Health and Care Centre.

## **6. Acute Services Update**

Jane Grant introduced the Acute Services Update paper. She reported that the new Acute Provision Model was now in place. The transition had been successful with no major issues. She reported that the minor injuries unit continued to operate well. The paper showed reduced numbers for Haematology and Neurology and while there is no clear explanation of why the haematology numbers are down, there were some staffing issues with neurology which have now been resolved.

Obstetrics continue to be promoted. Gordon Robertson reported that the GG&C Communications Team was continuing to try to get the message out; they would be shortly reporting a good news story on a mother who recently gave birth to her third child in the unit.

In response to a request from Jackie Baillie, Jane Grant agreed to provide a report for the next meeting with details of cancelled clinics. It is worth noting that, particularly in NHS Highland, the bad weather in December gave significant problems with meeting targets.

Vivien Dance noted that within the appendix there is some very good news and sometimes we are not very good at acknowledging this.

## **7. Mental Health Services**

Anne Hawkins presented the paper which concentrated on activity through to December 2010. The patient survey analysis is not yet complete but this should be available by next meeting. Anne outlined the highlights of the report and asked for questions.

Jackie Baillie highlighted the death of a young woman in the area and that the circumstances surrounding her leaving Gartnavel Royal Hospital were unclear.

Anne Hawkins had anticipated that question and advised that she is unable to comment other than to say that, as in all cases where somebody has died suddenly, there will be a critical incident review. She then went on to describe the action that is taken to monitor time out of wards and how this is recorded in care plans. She assured the Group that there is a very detailed policy covering this issue.

## **8. Communications**

Gordon Robertson reported on the press work being undertaken around the new Alexandria Health & Care Centre. He also agreed to review the distribution of the information leaflets which appear not to have been delivered to at least one member of the monitoring group. He agreed to provide information to the next meeting on any assurances he will have had from the Post Office on deliveries to Jackie Pollock's area.

## **9. Alexandria Health and Care Centre**

Keith Redpath confirmed that the capital allocation had not yet been confirmed but that work continued apace towards producing the full business case. Statutory notice has been given to WDC re a planning application and CHCP staff are working with a number of groups, including public, around design and development.

## **10. Ambulance Service**

Garry Fraser described some very difficult operating circumstances during the bad weather and thanked members for their acknowledgement of that.

Planned patient transport suffered from a lot of cancellations.

An updated paper in the previous format will be produced for the next meeting of this group. In response to a question from Jackie

Baillie, Garry Fraser thought it would not be possible for a paper to distinguish between delays caused by severe weather and those due to increased activity at the MAU. He advised that the rosters for both the Vale and Helensburgh have been bolstered and that information would be included in his paper.

Other points to note are that work has started on the Helensburgh Ambulance Station and this should be completed in April. Two staff will go to Helensburgh meaning there will be two A&E vehicles at Helensburgh and the RRU unit will be moved.

Response times in the Vale of Leven normally sit at around 80% arriving within 8 minutes. This fell to 68% during December and currently sits around 76%.

In response to a question from Jackie Pollock around detailed and particular difficulties with patient transport services, the Chairman asked her to discuss with the Scottish Ambulance Service outside this meeting.

Jackie Pollock raised a further point on bed availability at the Vale and RAH to which Grant Archibald responded that while he was unable to comment on individual patients, in terms of transferring patients between hospitals, every attempt is made to try to minimise that as much as possible. On occasions, the demands cause problems. Staff work hard to make the best use of all the beds in our hospitals.

Jane Grant emphasised the pressures experienced during the cold weather and stated that it is the intention to have patients treated locally where possible. The bed model at the Vale continues to be monitored.

In a response to a question from Anne Fergusson about inpatient numbers, Jane Grant advised that the information has been provided to every previous meeting of the group. The vast majority of elective surgeries are treated as day patients – currently between 70 and 80% are done as day cases.

## **11. AOCB**

There was no other competent business.

## **12. DONM**

28 March 2011, 9.30am, Victoria Halls, Helensburgh