

Meeting of
Lanarkshire NHS Board
24th February 2010

Lanarkshire NHS Board
14 Beckford Street
Hamilton ML3 0TA
Telephone 01698 281313
Fax 01698 423134
www.nhslanarkshire.co.uk



CONCENTRATION OF INPATIENT HAEMATOLOGY AT MONKLANDS HOSPITAL

1. PURPOSE

The Cabinet Secretary for Health and Wellbeing approved the proposed concentration of inpatient haematology to Monklands Hospital in February 2008.

The key drivers for this development are:

- Improved access to dedicated haematology beds and a multidisciplinary haematology specialty team
- Opportunities to further develop the provision of high quality, co-ordinated care and improve continuity of care
- Sustainability of the clinical haematology workforce
- Enhanced opportunities to retain and recruit healthcare staff and to develop training and expertise to enable further expansion of the extended roles.
- Protection of local access for outpatient services
- Improved environment for complex daycase procedures and chemotherapy at Monklands

The business case for the concentration of inpatient services into a 20-bed unit at Monklands Hospital was approved by the Modernisation Board in September 2009. At that time, however, the capital funding for NHS Lanarkshire over 2010 was unclear, and only £400k (from a total pre-tender estimate of £1.8m) could be committed. The Monklands Investment Programme Board was established in December 2009, and one of its early decisions has been the commitment of £5m to address clinical and infrastructure development of Monklands Hospital during 2010/11. The haematology project will form part of that capital investment.

This paper provides an update to members of the Board on the steps being taken by the haematology project team to deliver the new inpatient unit.

2. CONTENT/SUMMARY OF KEY ISSUES

The configuration of clinical haematology inpatient and daycase services was considered as part of NHS Lanarkshire's "Picture of Health" strategic engagement process 2005-2007.

The central element of this work included engagement with key stakeholders and stakeholder events took place during August 2005 which engaged staff, service users, carers and partner agencies in the process of planning future service improvement. A workshop format was used to explore the challenges and issues for the specialty and identify what changes were required, and to develop options for providing sustainable, high quality services.¹

The final report from "Picture of Health" engagement concluded that significant improvement in the quality of care being offered to this group of patients can be achieved through the concentration of haematology inpatient services on one site.

Monklands Hospital offers the best-fit for these services, co-located with the move of cancer services to the Monklands site as part of the NHS Lanarkshire cancer strategy.

It was recognised that no immediate change to the disposition of outpatient and day patient services is necessary and that these services will not be affected by this project.

This element of the "Picture of Health" engagement was approved in principle by the NHS Board² as part of the creation of a cancer centre on the Monklands site.

This decision was ratified by the Cabinet Secretary for Health and Wellbeing on 27th February 2008³.

The Director of Acute Services commissioned a project team to examine the feasibility of achieving this concentration of inpatient services in April 2009.

The scope of this project impacts significantly on other clinical services which share level 2 east at Monklands with the current clinical haematology service.

¹ "A Picture of Health – Haematology Services Redesign Workshop", NHS Lanarkshire, 2005.

² Minutes of NHS Lanarkshire Board Meeting 30th January

³ Letter to Chairman NHSL 27th February 2008.

The objectives of the project are:

- 1. Engage with clinical teams to prepare revised accommodation schedules to allow the transfer of haematology inpatient services to Monklands Hospital.*
- 2. Prepare a specification of works for procurement of contractors to carry out the necessary works. This specification to be affordable in terms of the available non-recurring revenue and capital for 09/10 and 10/11.*
- 3. Minimise the impact of this move on the provision of A&E and medical receiving services, and seek redesign opportunities.*
- 4. Minimise the impact of this move on the provision of dermatology services, and seek redesign opportunities for dermatology outpatient services.*
- 5. Prepare a revised staffing model for all affected clinical services within the current revenue envelope*

3. ACTIONS

Members of nursing staff directly affected by the transfer of 8 inpatient beds away from Wishaw General Hospital have been asked to indicate whether they wish to move with the service to Monklands, or remain working at Wishaw. Further information will be provided to those staff on the timescales for the move, before being asked to make a final preference. Redeployment options and current vacancies are presently being reviewed by the Divisional Team, and further interviews will take place when this is known.

Revised junior medical staff rotas and numbers which reflect the changes to services at Monklands and Wishaw are being drawn up for implementation following the autumn rotation.

As series of works in the A&E department were completed before Christmas. This delivered additional treatment cubicles in A&E and will reduce pressure on beds in the medical wards.

The room layout drawings for the new haematology unit and the displaced dermatology ward will be signed off within the next few days. The final price for the works will then be concluded with Interserve (the Preferred Supply Chain Partner for the Monklands Investment Programme).

Works to create the new dermatology outpatient department in areas 1/2 will commence in March. Dermatology outpatient and daycase services will then move permanently from level 2 east into the outpatient department in May 2010.

The current Monklands haematology services in level 2 east will decant into ward 7 in the west tower between May and September 2010 to allow work to proceed on creating the new 20 bed unit.

Timescales

March	Contractor pricing and sign-off Dermatology works in outpatient department
May	Decant of haematology to west tower Commencement of works in level 2 east tower
September	Commissioning of new haematology and dermatology wards Transfer of inpatient services from Wishaw to Monklands
October	Post contract evaluation.

Communications

The project team have initiated a communications plan which will ensure that all key stakeholders are informed of the outcomes from this project. These include staff directly affected, haematology patients, PPFs, SHC, and hospital and primary care clinicians. The communications plan is attached in Appendix 1.

4. CONCLUSION

The NHS Board is asked to note the progression of the project and impact on staff to concentrate inpatient haematology services for Lanarkshire at Monklands Hospital.

5. FURTHER INFORMATION

Further information on any aspect of this project is available through:

Rosemary Lyness
Director of Acute Services
Strathclyde Hospital
Motherwell

01698 245003

HAEMATOLOGY COMMUNICATIONS PLAN

A communication plan requires to be adopted by NHS Lanarkshire to inform all staff and patients about the plan to concentrate NHS Lanarkshire's clinical haematology inpatient service in a 20 bed unit in ward 16 in Monklands Hospital.

This will be part of a Lanarkshire cancer centre of excellence and the concentration will allow for the redesign of other clinical services affected by the move.

All haematology staff, associated departments, patients and the public, elected representatives and other stakeholders will need to be made aware of the change which means the wide use of a variety of communication methods will be required.

To communicate the service to affected NHSL staff, the main communications methods will be through face to face meetings as well as team briefings as and when requested.

The established mediums such as team meetings, the Pulse, weekly staff brief, FirstPort and staff notice boards can also be used with wider staff groups.

Communication with patients should be by letter, as well as leaflets and posters if required.

To promote the service among the general public and the positive benefits it will bring for patients, we would use press releases to local media outlets and the public website.

We may wish to consider a small opening ceremony of the new service.

Ser No.	1. Stakeholder / Group	2. Message – i.e. what stakeholder needs to know	3. Method of Communication/ Medium	4. Frequency of Communication	5. Person responsible for communication	6. Comments
2	Patients	<ul style="list-style-type: none"> Identify potential issues/concerns Benefits & Outcomes for patients Day case and outpatient services to continue at all three acute sites Decant information and arrangements 	Press Release Website Press releases with patient case studies Leaflet Letter	Twice Once Once Once	Comms Comms Comms Comms	Sent out releases in August prior to September opening. Send out letters in April prior to May decant.
3	PPFs	<ul style="list-style-type: none"> As Public 	Briefings	<ul style="list-style-type: none"> Once Updates at PPF meetings. 	Comms Comms	
4	MSPs	<ul style="list-style-type: none"> Information on initiative. Benefits and outcomes for patients. Timescales for implementation 	Briefing	Once	Comms Comms Comms	Meeting 22 Jan 2010
5	GPs/health centre staff/Out of Hours service	<ul style="list-style-type: none"> Benefits and outcomes for patients. Clear understanding of staff role and awareness of clinical protocols. Timescales for implementation Decant arrangements 	Letter outlining any changes in procedures, protocols, referrals. Letter on timescales Letter	Once Once Once Once	Service managers Service managers Comms Comms	
6	Area Partnership Forum	As public and PPFs	Letter	Once	Comms	

Ser No.	1. Stakeholder / Group	2. Message – i.e. what stakeholder needs to know	3. Method of Communication/ Medium	4. Frequency of Communication	5. Person responsible for communication	6. Comments
7	Performance Management at Scottish Government	Copy of communication plan Briefing Updates on Progress		Once Regular	Comms Comms	
8	Public	<ul style="list-style-type: none"> Information on initiative. Benefits and outcomes for patients. Timescales for implementation 	Press release Press release Press release	Once Once Once	Comms Comms Comms	

To be produced:

- Press Releases: Press release highlighting what is happening, its aims, and the timeframes for introduction.
- leaflet for patients/carers and timescales and decant arrangements
- Pulse/staff briefs.
- FAQ list
- Briefings for MSPs/PPFs.
- Identify managers willing to attend staff meetings if requested to do so.

Potential media milestones/coverage:

- Feature on patient benefits featuring patients.
- Decant arrangements.
- Feature on completion of move at the end of the process.
- Opening of new service.
- Highlight benefits to other services

Timing of actions:

Date	Action	Responsible	Comments
December 2009	Inform staff groups	Associate Director of Nursing	ongoing
January 2010	Brief MSPs	Comms	
	Information in staff brief and FirstPort.	Comms	ongoing
February 2010	Letter to associated and relevant staff re decant.	Service managers	
March 2010	Article in March/April Pulse	Comms	
April 2010	Letters to patients re decant arrangements.	Comms	
	Press release on May decant.	Comms	
May 2010	Staff brief item informing of decant change.	Comms	
	Pulse article on progress.	Comms	
June 2010	Press release/feature on new service and what it will achieve. To involve patients and staff.	Comms	
July 2010	Inform staff that decant almost complete and inform them of new arrangements.	Service managers	
August 2010	Letter to patients informing that decant complete	Comms	
	Press release informing wider community decant complete.	Comms	
September 2010	Opening of new service and promotional opportunities.	Comms	