

Greater Glasgow NHS Board

Board Meeting

Board Paper No. 02\67

Chief Executive, GGNHS

**BEATSON ONCOLOGY CENTRE
AN UPDATE OF ACTION PLAN**

Recommendation: The Board is asked to:

- i) receive this update of progress in implementing the Action Plan;**
- ii) authorise production of a further quarterly update to be brought to the Board in January, 2003.**

1. Background

1.1 At the meeting held on 20th June, 2002, the Board agreed that, with the action points which were included in the original plan developed in December, 2001 now complete, subsequent monitoring reports to the NHS Board should address the principal recommendations made by the Expert Advisory Group. These recommendations were, therefore, embraced in a further Action Plan on whose progress this paper reports.

2. The Update on the Action Plan

2.1 The detailed update of progress against the individual action points is attached as Annex 1. At the NHS Board meeting, the Chief Executive and Dr. Adam Bryson, the Director of the Beatson Oncology Centre, will amplify the entries within the Plan. This covering paper summarises progress on those key issues within the Action Plan which the NHS Board has recognised as crucial in its previous discussions.

2.2 Appointment of the Medical Director

The closing date for applications for the post of Medical Director has now passed. Arrangements for the shortlisting of applicants are now in progress and an interview date will be set for November, 2002 in agreement with the members of the Appointments Committee.

EMBARGOED UNTIL DATE OF MEETING.

2.3 The Overall Staffing Position Within the Centre

The overall staffing position within the Beatson Oncology Centre continues to improve. The total number of staff projected to be in post at 4th November, 2002 is 439.78 WTE, some 73.14 WTE higher than the position which attained in January of this year. Significant pressure continues on Consultant Clinical Oncologist staffing, with no applications received in response to the further recruitment exercise undertaken during this summer. During the past week, a Consultant Clinical Oncologist has tendered her resignation in order to make a career move to a post in the Edinburgh Cancer Centre. On a positive note, one of the additional Consultant Medical Oncologist posts funded earlier this year has been filled within the last week. Efforts continue to identify potential applicants for Consultant Oncologist vacancies through local and international recruitment agencies.

2.4 The West of Scotland plan for Specialist Oncology Services

This work has progressed materially during the last four months. The process supported by FRMC completed its first stage on time, by end June, 2002. On the basis of that work, proposals for the future pattern of Specialist Oncology Services across the West of Scotland have now been shared with each NHS Board. These proposals were presented at the meeting of the Regional Cancer Advisory Group held on 19th September, 2002. Following discussion at that meeting, it was agreed that a round of detailed discussions should be taken forward with the Standing Cancer Committees and Lead Clinicians in each NHS Board area so that a future pattern of Specialist Oncological care can be finalised. A target date of 1st April, 2003 for beginning implementation of the new arrangements proposed has been set.

2.5 Development of the Phase II Business Plan

The detailed planning of the Phase II Business Case has progressed to the point where the project will shortly be ready for advertisement in the appropriate European Journal. As the Phase II development was one of the first three critical projects in implementing the Board's Acute Services Strategy, a final review of the project's scale and affordability alongside the development of the two Ambulatory Care Hospitals is in progress, such that the Board can be assured that all three projects remain affordable and deliverable within the timescale set out in the Board's adopted Acute Services Plan.

3. Further Reports to the NHS Board

3.1 It is proposed that a further update on the Action Plan is brought to the NHS Board in January, 2003.

T.A. Divers, Chief Executive
A. Bryson, Medical Director
11th October, 2002

BEATSON ONCOLOGY CENTRE - REVISED ACTION PLAN - 11/10/02

	EAG RECOMMENDATIONS	ACTION REQUIRED	ACTION BY (DATE)	RESPONSIBLE LEAD	Progress as at 11th October, 2002
1.	Management Structure				
1.1	The Beatson Oncology Centre should become a separate Division of North Glasgow Trust and the arrangements for Haemato-Oncology made clear.	BOC to remain under control of NHSGG until at least September 2002. Until then Haemato-Oncology will be managed by the Cardio-respiratory Division. NHSGG Board meeting in September is next milestone in decision making here.	September, 2002	T. Divers	The present management arrangements should continue until the key criteria agreed by the Board in March, 2002 have been met. Discussions about the timing of the integration of Haemato-Oncology with The Beatson Oncology Centre are underway.
1.2	The structure should be revised and be headed by a Medical Director. The interim Director should remain until the post-holder is appointed. All senior managers within the BOC should have effective knowledge of oncology practices and programmes.	Recruitment process will be underway by end of June 2002. Divisional support & Divisional Management structure to be agreed with incoming Medical Director.	Following appointment of Medical Director	T. Divers/ A. Bryson	Shortlisting for the post of Medical Director is underway: interviews will be held in the course of November, 2002.
2.	Strategic Planning/Phase II				
2.1	Phase II of the relocation of the BOC to the GGH site be completed as soon as possible. Planning should include a review of capacity for future expansion. Current overcrowding should be addressed.	Medical Planners to review capacity of Phase II described in the OBC. Ward 4C to open to alleviate current pressure in wards and OPD.	August 2002	Isobel Neil	Ward 4 C now open 5 days a week providing a chemotherapy service.

	2.2	A strategic plan for the BOC should be drawn up as soon as possible. This should include the number of peripheral clinics being reduced by discontinuing 'general' clinics and by rationalising the specialised clinics. A policy of subspecialisation should continue to be developed in the BOC.	FRMC Consultation underway. Report due by June 2002. West of Scotland Implementation Plan to be complete by 30 th September 2002.	September 2002	A Bryson/ T Divers/ H Burns	A West of Scotland Implementation Plan was discussed by the Regional Cancer Advisory Group on 19 th September, 2002. The models proposed will now be worked through in detail with the Cancer Steering Group and Lead Clinicians in each NHS Board area across the West of Scotland. The target date for implementation of the new arrangements is 1 st April, 2003.
	2.3	The Medical Director and Academic Chairs should agree on a level of clinical workload which does not prevent the pursuit of academic careers.	Evaluation of Job Plans.	August 2002	Adam Bryson	Evaluation completed.
	2.4	One or more clinical oncologists should take the lead in exploiting the capabilities of the equipment available along with appropriate colleagues.	7 Site management tumour teams to develop plans for improved use of technology.	Ongoing	Team Leaders	
	2.5	If recruitment to a level of at least 20 Consultant Clinical Oncologists is not achieved by September 2002, the numbers of new patients accepted be reduced, and arrangements made by NGT/GGHB for the excess patients to be treated elsewhere	Await outcome of response to advert placed 24/05/02.	July 2002	Adam Bryson	The Consultant Oncologists have agreed to maintain the current numbers of new patients referred to the Centre, although the Consultant establishment has not been able to be restored to the position prior to the resignations of November\December, 2001. The Director has been in touch with the other Scottish Cancer Centres to establish whether any Consultant staffing support can be provided in the short to medium term.

3.		Funding of Service/Staffing Levels				
	3.1	Funding should be provided to address the deficits in staffing, facilities and other resources.	Funding to address current deficits actioned. Future year-on-year investment in the build up to Phase II to be reviewed in the context of HDL 2002 (10).	Ongoing	Isobel Neil	
4.		Service Provision				
	4.1	Nursing practices should be reviewed to ensure that nursing expertise within the BOC is being effectively and more fully utilised to achieve maximum benefit for patient care.	Review of Out-patient practice underway. Report on progress by August 2002. Practice Development Nurse to be appointed.	August 2002 August 2002	Val Miller Val Miller	Redesign facilitator continues to work with out-patient team. Nurse appointed.
	4.2	Multidisciplinary tumour site teams should be developed as the functional clinical operational unit at the BOC. Protocols should continue to be developed and readily available to all relevant staff in hard copy and electronic format. Follow-up practice should be included.	Seven interim team leaders identified. Multi-disciplinary colleagues to be participating in teams by September 2002. Protocols to be available by October 2002.	By September 2002 By October 2002	Adam Bryson Team Leaders	
5.		Performance Management				
	5.1	Senior Managers of the BOC should determine the data sets needed for management and planning as soon as possible.	Work with NGT colleagues to determine what is currently available and what further data sets/reports are needed.	By August 2002	Isobel Neil	Data sets\reports agreed

6.		Training & Education				
	6.1	Recruitment and retention and continuing personal development programmes for staff in all categories be enhanced.	Utilise expertise of Trust Recruitment Service. Benchmark with other departments regarding recruitment and retention strategies.	Ongoing	Heads of Departments	
	6.2	An Education Strategy should be developed and resourced.	Trust Training & education opportunities to be maximised by BOC.	Ongoing	Heads of Departments	
7.		Communications Plan Development				
	7.1	A comprehensive Communications Plan should be developed, with a major focus on strengthening internal communications.	Communications Plan to be developed by External Consultant include her exit strategy and definition of on-going resource required by BOC/NGT/NHSGG.	July 2002	Pennie Taylor/ Adam Bryson	Completed
8.		IT Strategy Development				
	8.1	A comprehensive I.T. Strategy should be created.	Utilise dedicated IT resource for 3-6 months to identify current problems and action improvement.	Started	Isobel Neil	
			IT Strategy to be developed for Phase II.	October 2002	Isobel Neil	