

Greater Glasgow NHS Board**Board Meeting**

Tuesday, 18 February, 2003

Board Paper No. 03/10

Chief Executive

Interim Director, Beatson Oncology Centre

Beatson Oncology Centre – 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 update to the Board in June 2003.

1. Background

- 1.1 This paper provides the Board with an update on the key action points set out in the report made by the Expert Advisory Group, whose initial report was considered by the NHS Board one year ago.

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 Interim Director of the Beatson Oncology Centre, will expand on individual 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

As Members are aware, this key appointment has been made; Professor Alan Rodger will take up post as Medical Director on 2 June, 2003. Professor Rodger is already involved in the major development issues affecting the Centre. He visited Glasgow for a week in late January: during that time, he met with staff within the Centre; attended a meeting of the Clinical Board; attended a meeting with the Consultants; and attended a meeting of the West of Scotland Planning Group, to enable him to meet with Chief Executives and Directors of Public Health from all parts of the West of Scotland. Professor Rodger will return for a further visit in March and will take up post full time at the beginning of June, 2003.

2.3 The overall staffing position within the Centre

The significant pressure on Consultant Clinical Oncologist staffing continues, with no further substantive appointments made since last summer, in spite of on-going recruitment efforts. A Consultant post, with a major interest in the management of lung cancer, is currently out to advert. In addition, the incoming Medical Director is already turning his attention to the recruitment strategy. Since the previous report to the NHS Board, substantial headway has been made through the appointment of seven clinical physicists. Further detailed work is being undertaken within the Centre in efforts to recruit and retain greater numbers of therapy radiographers. At end January, 2003, there were 72 WTE more staff in post than at end March, 2002.

2.4 The West of Scotland Plan for Specialist Oncology Services

There has been further progress in the development of a detailed West of Scotland Plan for Specialist Oncology Services during the last four months. Dr Bryson and Consultant Clinical Oncologists have now carried through a series of meetings in each of the five West of Scotland NHS Board areas. Those discussions have led to broad agreement in four of the five areas about the future pattern and disposition of specialist oncology services within each West of Scotland area. That work will now progress to allow the first stages in implementing this West of Scotland Plan to be taken forward early in the new financial year.

2.5 Development of the Phase 2 Business Plan

The agreements concluded with each of the West of Scotland NHS Board Cancer Planning Teams and with the West of Scotland Planning Group, at the meeting held on 27 January, 2003, contribute directly to the finalisation of the Phase 2 Business Plan. Given the significance of harnessing West of Scotland Boards' commitment to the new Specialist Oncology Plan, and with the opportunity of involving Professor Rodger directly in discussions with those NHS Boards, the Chief Executive and Dr Bryson concluded that it was preferable to secure the formal commitment of West of Scotland Boards to the enhanced provision which will be required within their localities in the years ahead prior to submission of the Phase 2 Business Case to the Capital Investment Group. The submission will now be made to the Capital Investment Group within the Health Department in the coming week: it is expected that the project will be able to proceed to procurement during March, 2003.

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 June 2003, by which time Professor Alan Rodger will be in post as Medical Director.

BEATSON ONCOLOGY CENTRE - REVISED ACTION PLAN

		EAG RECOMMENDATIONS	ACTION REQUIRED	ACTION BY (DATE)	RESPONSIBLE LEAD	ACTIONS AS AT 31/01/03
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 Cardiorespiratory Division. NHSGG Board meeting in September is next milestone in decision making here.	September, 2002	T. Divers	<i>The 5 key conditions set by the NHSGG Board have not yet all been met</i>
	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	Medical Director appointed. Completed
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	<i>OJEC advert put back until February 2003 to allow West of Scotland meeting with Alan Rodger to take place 27/01/03</i>
	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	Completed

	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	Job plan evaluation completed Ongoing review
	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	Ongoing. CT Sim development is the next phase of this
	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	Locum posts achieved for Medical and Clinical Oncology over the next few months. Next recruitment strategy to be agreed with new Medical Director. Lung clinical Oncology Post advertised 11/01/03
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	Ongoing
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	Completed. Various initiatives in place to improve and redesign service in advance of Phase II Completed

	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. Multidisciplinary 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	Ongoing Teams working on this. Exploring use of BOC website for electronic storage of protocols
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	Completed
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	Active Recruitment continues - retention strategies for therapy radiographers currently being worked on
	6.2	An Education Strategy should be developed and resourced.	Trust Training & Education opportunities to be maximised by BOC.	Ongoing	Heads of Departments	Completed
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	Completed
			IT Strategy to be developed for Phase II.	October 2002	Isobel Neil	Short-medium term strategic issues have now been prioritised continuing to work on long term strategy.