

**A Picture of Health**

**Acute Services Engagement Events**

**Staff Governance Conference on 21<sup>st</sup> April and Stakeholders Conference on 27<sup>th</sup> April 2006**

Both events took place in Airdrie Football Stadium

1. **Purpose of Engagement Events**

These events were planned to provide further engagement of stakeholder in the A Picture of Health consultation. These stakeholders were senior clinical staff, staff side, users, carers and community groups. A list of the participants is provided in Appendix 1. The event provided:

- An opportunity to share and respond to the emerging themes from the public consultation
- To receive information on the detailed work undertaken on capital costs and the logistics of changing the hospitals
- To receive information on the detailed work undertaken how the hospital changes, along with those in Glasgow and Forth Valley, will affect where Lanarkshire people will go for emergency inpatient services in the future
- An opportunity to feed in views about the factors that should be brought to bear on the decision making process and how these should be prioritised.

2. **Introduction**

At Staff Governance Conference on 21<sup>st</sup> April, introductions were made by Hugh Sweeney, Employee Director who outlined the day's events. He noted that the conference would be dedicated to A Picture of Health and stressed the importance of staff input to this process.

At Stakeholders Engagement Event on 27<sup>th</sup> April, introductions were made by Martin Hill, Modernisation Director who outlined the day's events.

Similar presentations were used for both conferences and covered items such as:

- a. A Picture of Health Consultation – emergent themes from staff and public meetings
- b. Group Discussions

- c. Cross Boundary Flow and Capital & Logistics Costs – update on both pieces of work.
- d. The decision making process. Challenges in moving forward
- e. Group Discussions

Copies of the presentations are attached (Appendix 2).

Presentations were delivered by:

Dr. John Browning, Medical Director  
Paul Wilson, Director of Nursing  
Martin Hill, Modernisation Director  
Tim Davison, Chief Executive  
Closing Remarks by Ken Corsar, Chairman, NHS Lanarkshire

### 3. **Workshop Sessions (am & pm)**

#### ***Staff Governance Conference – 21<sup>st</sup> April 2006***

At the Staff Governance Conference on 21<sup>st</sup> April there were 8 concurrent workshops, each facilitated by a member of the Corporate Management Team and co-facilitated by a member of the Change & Innovation and Organisational Development Teams. There were approximately 10 members within each group. Group members consisted of various health professionals and staff side representatives.

At the Stakeholders Engagement Event on 27<sup>th</sup> April there were 6 concurrent workshops, each facilitated by a member of the Corporate Management Team and co-facilitated by a member of the Change and Innovation Team. There were approximately 7 members within each group. Group members consisted of a wide variety of stakeholders who have been involved in the consultation process.

Presentations were given by John Browning and Paul Wilson and then each group broke into their respective workshops and were asked to consider the following:

**Workshop Session (am): Allow group members to respond to what they have heard emerging from staff and public consultation so far.**

Common themes from group discussions at Staff Governance Conference were as follows:

<b>Themes/Comments Raised</b>	<b>Number of Groups Raising</b>
Staff do recognise need for change – need more information. There is also a recognition that no decisions have been made, therefore answers can't given at this stage.	5
Not enough information given for staff to participate fully. Cascading of information is poor	5
Clarification on Care of Elderly Services and Continuing Care Services needed.	5
Staff morale – morale is low. Feel decision has already been made, anxieties around this	4
Too many meetings within Acute Hospitals. Giving perception that community staff not affected just as much	3
Process had been robust. Still need to commit to more staff briefings	3
Unsure about commitment from the Board re: new investments in Primary Care & Acute	3
Perception public meetings contributed little to overall debate. Too Acute focussed in discussions.	3
Lack of information on GP services and CHP developments	3

The afternoon presentation by Martin Hill, detailed the outcome of analytical work undertaken around A Picture of Health options. Each group then broke into their respective workshops and were asked to consider the following:

**Workshop Session (pm):**

***What factors should now be considered by the Board ?***

***How should these be prioritised ?***

***Are there any new factors that have not been discussed today?***

Common factors expressed as follows:

<b>Factors Board should consider</b>	<b>Number of Groups Raised</b>
Quality of Care	6
Deprivation Issues	6
Affordability/sustainability in the long term	6
Accessibility – equality of access, location of services	6
Workforce planning/Skill Mix/Recruitment & Retention Issues	5
Integrated care and Centres of Excellence	4
Staff training	3
Cross Boundary Flow	3
Travel times/public transport	3
Follow a clinical model	3
Value for money – Capital or PFI?	3

Other factors raised covered areas such as, political influence over decision making process, ensuring that public and staff views are fully considered and clinical and patient safety.

Each group was then asked to prioritise factors noted and decide on one main issue that Board members should take into account as part of the decision making process. 6 out of 8 groups noted **Quality of Care** as the main factor.

#### 4. **Workshop Sessions (am & pm)**

##### ***Acute Services Stakeholder Event - 27<sup>th</sup> April 2006***

Presentations were given by John Browning and Paul Wilson and then each group broke into their respective workshops and were asked to consider the following:

***Workshop Session (am): Allow group members to respond to what they have heard emerging from staff and public consultation so far.***

Common themes from group discussions were as follows:

<b>Themes/Comments Raised</b>	<b>Number of Groups Raised</b>
Transport issues for patients and relatives	3
Media influence on A Picture of Health consultation process – negative images and stories. This is where majority of public get their information.	3
Some households in Lanarkshire did not receive summary document	2
Not enough information around planned care site	2
Concern about lack of young people’s input into the process	2
Need to use past positive changes (Centralisation of Children’s Services) and emphasise good practice more	3
Good mix of panel members at public meetings. Came under lot of pressure from media and politicians.	2
Picture of Health process was viewed as positive consultation.	2

Other points raised within each group covered issues such as, concern around moving hospital services into the community – is community ready for this? Financial issues required clarification. In respect of minor injuries service, public need to be educated on where to go for minor injury  
Concerns around NHS 24 were expressed and Issues around carers issues and healthcare needs of carers and the inclusion of disabled people in the process.

The afternoon presentation by Tim Davison, detailed the outcome of analytical work undertaken around A Picture of Health options. Each group then broke into their respective workshops and were asked to consider the following:

**Workshop Session (pm):**

***What factors should now be considered by the Board?***

***How should these be prioritised ?***

***Are there any new factors that have not been discussed today?***

Common factors expressed as follows:

<b>Factors Board should consider</b>	<b>Number of Groups</b>
Quality of Care	5
Financial implications/costs/best value	5
Workforce planning/recruitment	5
Deprivation – health improvement impact	4
Flexibility of services	3
Cross Boundary Flow	3
Transport issues for relatives/carers/visitors	3
Staff and public opinion being taking into consideration	2
Ensure transparency and openness of decision making process	2

Other factors raised covered areas such as, influence of PFI in decision making process and assurance that the Board considers views from Voluntary and Disability Organisations.

Each group was then asked to prioritise factors noted and decide on one main issue that Board members should take into account as part of the decision making process. 5 out of 6 groups noted **Quality of Care** as the main factor.

#### 5. **Conclusion**

Each of the groups' priority factors were then discussed within the plenary sessions. It was acknowledged there was a consensus of opinion that quality of care is the main factor that the Board should take into consideration when making its decision on the preferred option.

Closing remarks were then made by Ken Corsar who expressed his thanks to all attendees and everyone involved in the A Picture of Health process.

#### 6. **Evaluation**

Evaluation sheets were distributed at the Stakeholders Acute Event Conference on 27<sup>th</sup> April. In total 19 forms were returned. In relation to venue and hospitality nearly all respondents felt both were 'good' or 'very good'. One respondent felt that both were 'poor'. In relation to the presentations three quarters felt that readability, understanding, timing and content was 'good' and the remaining quarter stated 'very good'. With regards to the 2 group discussions, nearly all respondents felt the format of the groups and the opportunity to raise questions and participate in group discussions was 'very good' or 'good'. One respondent felt that the format of the group discussions was 'poor'.

Appendix 1

**NHS LANARKSHIRE'S STAFF GOVERNANCE CONFERENCE**  
**FRIDAY 21<sup>ST</sup> APRIL 2006**

**Participants**

Andy Allison	AMICUS Representative
Kate Bell	Change & Innovation Project Manager
Stephen Bowhay	Pharmacy Manager, Hairmyres Hospital
David Boyd	GMB Representative
Calvin Brown	Communications Manager
Dr John Browning	Medical Director
Richard Burgon	Gen Mgr, Wishaw, Shotts & Nemaids Locality
Dr. Jane Burns	Consultant Anaesthetist, Hairmyres Hospital
Ravind Busgeeth	Clinical Development Manager
Donald Cameron	AMICUS Representative
Diane Campbell	
Hector Campbell	Associate Medical Director, WGH
Eric Carlyle	
Yvonne Chalmers	Development Manager
Philip Coghill	Professional Officer, RCN
Kirsty Cole	Development & Training Manager
Ken Corsar	Chairman, NHSL
Margo Cramner	UNION Representative
Tim Davison	Chief Executive, NHSL
Olive Devlin	UNISON Representative
Elaine Doherty	OSM, East Kilbride Locality
Cathy Dunn	Change & Innovation Manager
Susan Dunne	Deputy Director, Organisational Development
Tom Findlay	UNISON Representative
Robert Foubister	UNISON Representative
Michael Fuller	FTO, AMICUS
John Gallagher	FTO, UNISON
Jim Glennie	Service Development Manager, Public Health
Susan Goldsmith	Director of Finance
Maher Hadidi	Wishaw General Hospital
Gavin Halcrow	
Bill Hare	AMICUS Representative
Iain Hair	Asst Director of Planning
Dr Anne Hendry	Consultant Geriatrician, Monklands Hospital
Martin Hill	Modernisation Director
Judith Hope	General Manager, WGH
Louis Howson	Head of Maintenance
Joan James	Divisional Director of Nursing , Monklands Hospital
Noreen Kent	Assoc Director of Nursing & Midwifery, WGH
Stephen Kerr	General Manager, CHP North
Peter King	Service Development Manager, Clydesdale LHCC

Rosemary Lyness	General Manager, Monklands
Lilian Macer	UNISON Representative
Teresa Marshall	Vice Chair Area Clinical Forum <b>AM ONLY</b>
Morag MacDermid	Organisational Development Manager
Dr Rory Mackenzie	Consultant Anaesthetist ( <i>until Ipm only</i> )
Barry McAlister	Head of Corporate Systems
Margaret McApline	Operational Services Manager, Clydesdale Locality
Deirdre McCormick	Clinical Development Manager, Children's Services
Peter McCrossan	Head of Podiatry
T McGrory	Union Rep
Julia McIllhatton	UNISON Representative
Sandra McInnes	Service Development Manager (Bellshill Locality)
Irene McKie	Deputy Modernisation Director
Karen McVittie	Public Health Service Development Manager
Jan Miller	Charge Nurse, RCN
Pamela Milliken	Programme Director
Margaret Meek	Service Manager
Anne Mulligan	Project Co-ordinator
Dr A Naismith	Assoc Medical Director, Monklands
Esther O'Hara	Senior Speech & Language Therapist
Sheila Paul	Professional Head Physiotherapy
Robert Peat	General Manager, Rutherglen/Cambuslang
Jenny Porteous	Divisional HR Director
Katrina Purcell	UNION Representative
Alex Rankin	UNISON Representative
Geraldine Reilly	Head of Partnership Support Unit
Tommy Reilly	AMICUS Representative
Ian Ross	Chief Exwcutive, Acute Division
Geoff Sage	Locality General Manager, CHP South
Mary Samson	UNISON Representative
Mari Cerinus	
Annette Shorts	Occupational Health Nurse Advisor
Lorraine Smith	Service Development Manager (E.K Locality)
Vijay Sonthalia	Chair Lanarkshire AMC/LMC
David Steele	Head of Communications
Peter Stephen	
Hugh Sweeney	Employee Director
Kate Thomas	Head of Workforce Development
Maggs Thomson	Service Development Manager, Airdrie Locality
Kerri Todd	Service Development Manager (Public Health)
Gordon Walker	HR Director
Pauline Warnock	Service Manager, Wishaw General Hospital
Eleanor Wilson	General Manager/Lead Clinician
Paul Wilson	Director of Nursing, Midwifery & AHPs
Jim Wright	General Manager
Hakim Ben Younes	Clinical Director – Surgery, Wishaw General Hospital

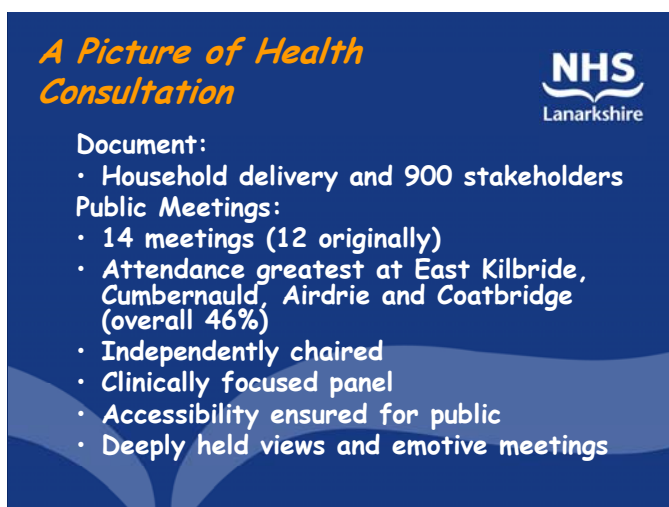
Appendix 1

**NHS LANARKSHIRE'S ACUTE ENGAGEMENT STAKEHOLDERS  
CONFERENCE**  
**THURSDAY 27TH APRIL 2006**

**Participants**


<b>First Name</b>	<b>Last Name</b>	<b>Organisation</b>
Bob	Andrews	
Robert	Barr	
Anne	Berney	EK LHCC Advisory
Helen	Biggins	Better Governance for
Annette	Brown	N L Users & Carers Forum
Madge	Clark	M/O Older Carers Group
Sandra	Comrie	Voice of Experience Forum
Ken	Corsar	NHS Lanarkshire
Max	Cruickshank	
Tim	Davison	NHS Lanarkshire
Margaret	Dickie	Better Government for
Cathy	Dunn	NHS Lanarkshire
Frank	Fallan	Lanarkshire Links
Tony	Fitzpatrick	NHS Lanarkshire
Lorraine	Forrest	NHS Lanarkshire
Agnes Smyth	Fox	
Susan	Goldsmith	
Geraldine	Gray	South Lanarkshire Disability
Muriel	Griffin	Forth Initiative Group
Martin	Hill	NHS Lanarkshire
David	Hunter	
Robert	Johnston	Senior Citizen's Club
Lyn	Jordan	South Lanarkshire Disability
Jim	Jordan	South Lanarkshire Disability
Jeanette	Kelly	M/O Older Carers Group
Patricia	Kent	NHS Lanarkshire
Karen	Martin	North Lanarkshire Users &
Alex	McArthur	
Freda	McChesney	Airdrie
Norman	McDermott	Better Government for
Linda	McLean	ARAC
Pamela	Milliken	NHS Lanarkshire
Marcella	Mitchell	
John	Mitchell	Advisory Group
Ann S	Muir	Speak Easy
Anne	Mulligan	NHS Lanarkshire
Martin	Oliver	North Lanarkshire North
Brian	Pearson	Lanarkshire Links
Jackeline	Pick	Scottish Health Council
Margaret Ann	Prentice	North Lanarkshire North
Ian	Ross	NHS Lanarkshire
Hugh	Sweeney	NHS Lanarkshire

Rosa	Travers	Lanarkshire Links
Stuart	Turnbull	HAVOC
Harry	Valentine	
William J	Walker	
Elizabeth	Wardrope	North Lanarkshire Carers
David	Wilson	LTC Group
Paul	Wilson	NHS Lanarkshire



## Appendix 2

***A Picture of Health Consultation***



17 Smaller local meetings  
Meetings with LAs, Councillors, MSPs and MPs  
12 Staff consultation meetings  
Written responses:

- 1200 letters (as at 30 March)
- 2 petitions more expected
- Submission Lanarkshire Health United
- 114 e-mail and 43 web site contacts


***Emerging Themes - Public***



**Overlap between themes raised by public and staff**

- Status Quo (plus)
- A&E (argument for Hairmyres and Monklands)
- Patient Safety
- Deprivation
- Travel
- Ambulance Services
- Primary and Community Services
- Cross Boundary Flow
- Hospital Closure
- Palliative Care
- Mental Health
- Cancer Centre


***Emerging Themes - Staff***



- Need for change
- Proposed model of care
- Level 2 services
- Deprivation
- Local issues
- Continuing uncertainty
- Details for individual services
- Recruitment, training and workforce planning
- Staff Morale

## Appendix 2

### Presentations 2 & 3 – Capital Costs & Logistics Cross Boundary Flow

A Picture of Health 

- Capital and Logistics for options for hospital services  
*(Currie & Brown)*
- Cross Boundary and Internal Flows

**Capital and Logistics Report**

- Assumptions:
  - 1331 Acute beds
  - Excludes 269 Mental Health and Continuing Care beds
  - Clinical & Non-Clinical key issues
  - No Service Developments
  - Single Room Provision
  - Car Parking
  - Staff Residences
  - Optimism Bias

**Capital and Logistics Report**

Costs of Options

	<u>Option 2</u> (Hairmyres level 2)	<u>Option 3</u> (Monklands level 2)
Works	£ 92.6m	£ 73.4m
Equipment	£ 11.6m	£ 6.9m
Fees	£ 11.1m	£ 8.8m
VAT	£ 18.2m	£ 14.1m
Contingencies	£ 13.4m	£ 10.3m
Opt. Bias	£ 26.8m	£ 20.2m
<b>TOTAL</b>	<b>£173.7m</b>	<b>£133.7m</b>

## Appendix 2

### Capital and Logistics Report

#### Logistical and Risk Issues:

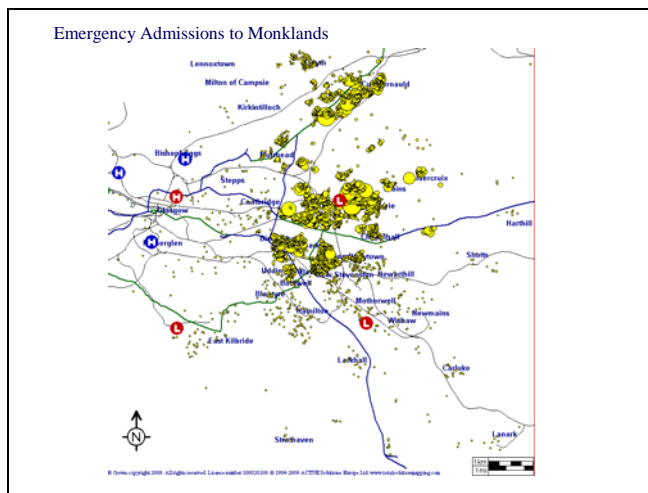
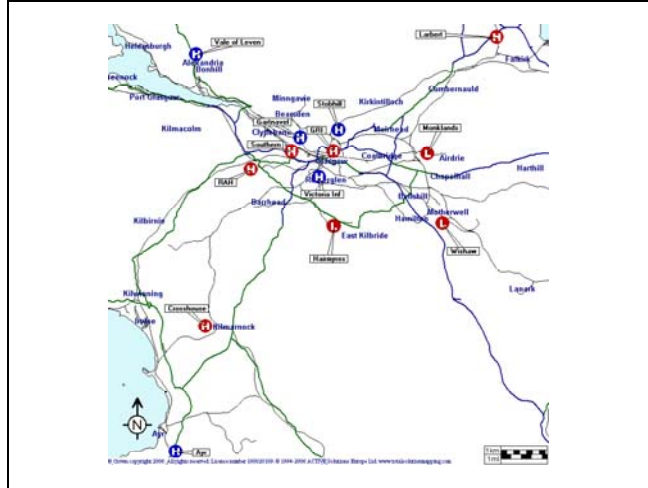
- Monklands as level 3 or level 2
  - Demolition and reprovision
  - New build/refurbishment
  - Medical Tower
  - Financing of option
  - Timescale
  - Project Planning

### Capital and Logistics Report

#### Logistical and Risk Issues continued...

- Hairmyres as level 2 or level 3
  - Supporting Infrastructure
  - Third floor usage
- Traffic Impact Analysis
- Car Parking Provision
- PFI Contractors
- Re-balancing of Patient Activity
- Potential Cost Reductions
- Operational Delivery
- Future Clinical Modelling

## Appendix 2





## Appendix 2

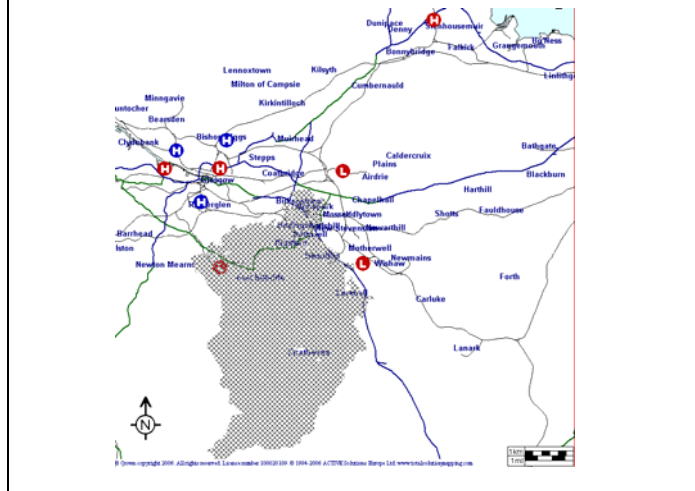
### A Picture of Health



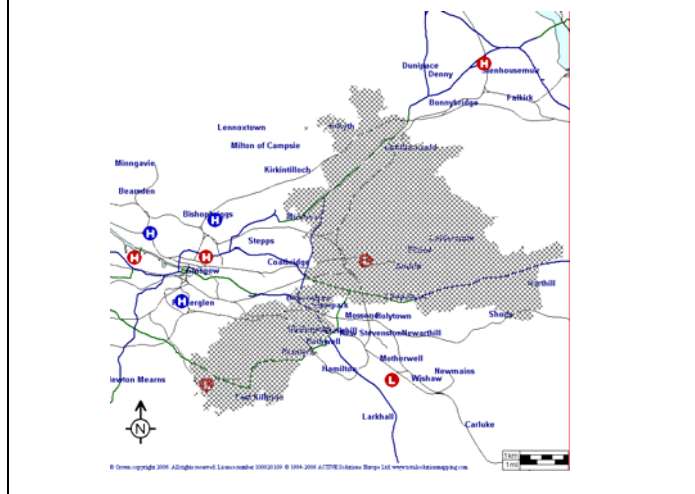
#### Agreeing optimum alternative L3 provision

- ? balancing provision
- ? Wishaw/Monklands - approx 53% / 47%
- ? Wishaw/Hairmyres - approx 60% / 40%
- ? supporting infrastructure
- ? complex elective surgery
- ? single site specialties

Hairmyres indicative new catchment area – Scenario 1



Monklands indicative new catchment area – Scenario 2



## Appendix 2

### A Picture of Health



#### Travel and Transport issues

- ? Transport Impact Assessment
- ? local sub-group (NHSL, SPT, LAs, BGOP, “Create”, SAS)
- ? additional ambulance provision in Lanarkshire
- ? full analysis of driving distances and times, by sub-postcode level
- ? 93% to 96% of NHSL population within 30 minutes of a full emergency hospital
- ? full analysis of all bus services
- ? Better Gov. for Older People “mystery traveller project”
- ? new Regional Transport Partnership
- ? regional transport strategy to Minister 31/3/07
- ? inter-hospital shuttle bus