

Meeting of  
Lanarkshire NHS Board  
30<sup>th</sup> January 2008



**SUBJECT: PROCESS OF THE REVIEW OF ACCIDENT AND EMERGENCY SERVICES INCLUDING STAFF ENGAGEMENT**

**1. PURPOSE**

The purpose of this paper is to describe the process completed for the Review of Accident and Emergency Services including project assurance. Within this process NHS Lanarkshire had a responsibility for staff engagement and the work undertaken to fulfil this requirement is also described. The process was completed in line with the agreement reached with the Independent Scrutiny Panel and Scottish Government in August 2007.

An interim report on the *Monklands Accident and Emergency Review Process to Date, Option Appraisal and Opportunity Cost Assessment, September 2007* was provided as appendix 14 annex 2 of the September Submission to the Independent Scrutiny Panel. This paper summarised this earlier report and provides further information on the activity undertaken since September 2007.

**2. PROCESS OF THE REVIEW**

**2.1 Timeline and Key Papers**

The following table sets out the timelines and key papers developed as part of the Review of Accident and Emergencies services. The process of the review was governed by an agreement between the Independent Scrutiny Panel, NHS Lanarkshire and NHS Ayrshire and Arran, the Scottish Government and PricewaterhouseCoopers entitled *Process to Review the Accident and Emergency Services in Lanarkshire and Ayrshire*, August 2007.

<b>Key Paper / Action</b>	<b>Date</b>
Letter from Cabinet Secretary to NHS Lanarkshire Chair to reverse the decision on Monklands Accident and Emergency Service and to request revised proposals	6 June 2007
NHS Lanarkshire Board agrees a paper setting out the process for the Review of Accident and Emergency services	29 August 2007
NHS Lanarkshire's first submission to the Independent Scrutiny Panel (agreed at NHS Lanarkshire Board meeting 26 September 2007)	30 September 2007

Option Appraisal Scoring Event	7 November 2007
Independent Scrutiny Panel's interim report	12 November 2007
NHS Lanarkshire's second submission to the Independent Scrutiny Panel	7 December 2007
Independent Scrutiny Panel's final report	14 January 2008
NHS Lanarkshire Board Paper on Review of Accident and Emergency services	30 January 2008

## 2.2 Project Assurance and External Advisors

In undertaking the Review of Accident and Emergency Services, NHS Lanarkshire was aware of the need to undertake a demonstrably robust process. This led to the appointment of a range of professional advisors, some of who were appointed in conjunction with NHS Ayrshire and Arran.

### Overall Project Assurance

Overall Project Assurance was provided by **PricewaterhouseCoopers (PWC)**. The full report *Accident and Emergency Review, Final Assurance Report to the Board, January 2007* is provided in Appendix 2 of this Board Paper.

"This report from PWC confirms on project management arrangements:

- The project structure demonstrated engagement throughout NHS Lanarkshire
- NHS Lanarkshire put in place relatively formalised project management procedures from the outset, with a detailed project plan and formal project documentation of action points from project team meetings
- The initial review of the project management arrangements identified only minor areas for improvement all of which were taken on board
- PWC assessment was that the project management arrangements implemented were good, given the time constraints relating to the project

PWC confirms on the option appraisal process:

- NHS Lanarkshire has largely followed the key principles of the Green Book option appraisal process. In particular:
  - An initial range of high level options was developed by NHS Lanarkshire's clinical leads
  - This initial list was presented to a larger group of clinicians and managers, who were asked to assess each option against proposed evaluation criteria
  - The outputs from this meeting were presented to each clinical and advisory committee for consideration, resulting in the expansion of the number of options from 5 to 7
  - Each option was considered in terms of costs and benefits
  - Consideration was given to the overall risk profile of each of the options as required by the Green Book. The risk management system used by NHS Lanarkshire was the Australian/New Zealand Risk Management Standard (AS/NZ 4360:2004) as adapted for use in NHS Scotland and recommended by NHS QIS
  - Optimism bias was added to the cost of each option with a differential rate used for refurbishment work and new build, given the difference in risk profile

- NHS Lanarkshire made extensive use of external advisors on an iterative basis throughout and reflected their advice in subsequent processes/outputs. This had a positive impact upon the robustness of the financial analysis
- There was one area where management informed PWC that they did not plan to follow the requirements of the Green Book and this was in relation to the discount rate used in the Net Present Value analysis. This should reduce from 3.5% to 3% after 30 years. However, to be consistent with the Picture of Health financial appraisal, management did not apply this reduced rate. PWC understands that sensitivity analysis was undertaken to confirm that the change in discount did not impact upon the relative ranking of the options
- PWC noted that at the scoring event the new Mental Health Unit was thought not to be able to be provided on the Monklands site under options D, F and G and it was on that basis that the options were scored. However, further feasibility work by NHS Lanarkshire's external advisors identified that the Mental Health Unit could be delivered on the Monklands site under these options. It is feasible that this may have impacted on the scores given to these options although it is unlikely that this would have changed the differentiation between options F and G

PWC confirms on reporting and decision making:

- Throughout the (review) period a significant volume of information and documentation has been produced with the original, very tight timescale achieved
- Errors found in the benefits scoring analysis (undertaken externally) required the amendment of the final submission, albeit it had no impact upon the relative rankings of the options
- PWC provided a commentary to management on areas of concern of weakness in these documents and where practical, management took account of these comments
- PWC attended both the staff and public scoring events and in PWC's view the questions raised by staff and public alike indicated a good understanding of the different options being considered
- Throughout the process the Board and other NHS Lanarkshire officers have been kept advised of developments"

### **Project Assurance on the Search Strategy and Application of Research**

At the onset of the process NHS Lanarkshire and NHS Ayrshire and Arran commissioned **Professor Trevor Sheldon, Pro-Vice Chancellor, University of York** to review the search strategy to identify research and the approach to review and rate research evidence relevant to the service configuration options. He confirmed, in a report submitted as Appendix 4 of NHS Lanarkshire's first submission to the Independent Scrutiny Panel, that the search strategy was well developed and was likely to be as sensitive as is feasible in the time and given the high specificity needed.

### **Project Assurance on Risk Assessment**

Project assurance on the methodology and application of risk assessment was provided to NHS Lanarkshire throughout the review process by **Dr Lesley-Anne Smith, Head of Clinical Governance and Risk Management, NHS Highland**.

Dr Lesley-Anne Smith considered both the initial approach taken by NHS Lanarkshire to the assessment of risk and the risks identified and provided a review report

(appendix 5) in NHS Lanarkshire's September submission to the Independent Scrutiny Panel.

On 8 October she led a session of NHS Corporate Management Team to progress the risk assessment further for inclusion in the Option Appraisal Scoring Information Pack.

She then supported the design and attended the wider stakeholder Risk Event (involving members of NHS Board, Area Partnership Forum and Area Clinical Forum) on 17 December 2007 to provide expert advice and quality assurance.

### **External Professional Support on Capital and Finance**

At the initiation of the Review of Accident and Emergency services NHS Lanarkshire identified that capital and logistics considerations would be essential when developing alternative scenarios for the provision of Accident and Emergency services at Monklands Hospital. As a consequence **Currie and Brown UK Limited** were commissioned to examine the potential to achieve the provision of Accident and Emergency services in Lanarkshire in terms of logistics and to place a high level order of capital costs on the alternative proposals being considered.

In order to undertake this Currie and Brown worked closely with clinicians and managers during July and August 2007 to explore the distribution and range of services on each hospital site under each of the alternative scenarios. This work enabled the provision of a report *Capital and Logistical Considerations in Providing A&E Services at Monklands, Wishaw and Hairmyres Hospitals* as appendix 7 of NHS Lanarkshire's September submission to the Independent Scrutiny Panel.

Currie and Brown were further commissioned to fine tune the costing for the scenarios as part of the Option Appraisal Scoring Pack produced in late October 2007.

Currie and Brown were also commissioned to investigate with North Lanarkshire Council Planning Department a configuration of buildings and phasing of development under each of the scenarios. Following advice from Currie and Brown based on their discussions with the planning department it was identified in mid November 2007 that it would be possible to provide a new Mental Health Unit on the Monklands Hospital site under scenarios D, F and G.

### **External Professional Support on the Financial Analysis**

External professional support on the financial analysis utilised as part to the Review of Accident and Emergency Services was provided by **George Flyde, Tribal Consulting**. George Flyde provided process advice and financial assurance in relation to the development of costs for each of the scenarios. Each scenario was considered in relation to capital cost and revenue cost (made up of the revenue cost of the capital development and clinical staffing costs).

This external support was provided on an iterative basis including the initial development of the scenarios for the first submission to the Independent Scrutiny Panel, the option appraisal and for the final analysis applying a "capital light" approach.

### **2.3 Development of Scenarios and First Submission to the Independent Scrutiny Panel**

Following the Cabinet Secretary's announcement on 6 June 2007, NHS Lanarkshire developed a range of scenarios for the future delivery of Accident and Emergency services, taking account of the subsequent impact these would have on other aspects of service provision. The development of the scenarios involved the following activities:

- A meeting on 18 June 2007 with NHS Lanarkshire's clinical leads to describe a range of high-level options
- A half-day meeting of a Wider Clinical Reference Group on 26 June 2007 with 37 clinicians and operational managers who assessed each option and identified actions for the collation of evidence
- An action plan was developed and then implemented in the period July to August 2007 for the collation of evidence against each of the criteria set by the Cabinet Secretary. This included:
  - An engagement process involving around 30 meetings with clinicians and other staff. These meetings were lead by members of the Corporate Management Team and involved a standard presentation and a template for discussion and comments. The template was also circulated widely for discussion and for the submission of comments.
  - Development of workforce models for each of the scenarios which would enable the delivery of a safe, sustainable service as well as considering the level of sub specialisation possible
  - Identification of any new roles
  - Consideration of the provision of diagnostic services under each scenario
  - Collation of activity information for the scenarios
  - Collation of research evidence in conjunction with NHS Ayrshire and Arran
  - Collation of information about models of accident and emergency services utilised in other health boards
  - Mapping out a range of patients pathways and how these differed under the scenarios
  - Undertaking focus groups of newly recruited consultants and SPRs to consider recruitment and retention issues
  - Capital and logistics modelling for each of the scenarios developed by professional advisors Currie and Brown
  - Review of the impact on cross boundary flow of each of the scenarios
  - Financial analysis of each of the scenarios focusing on workforce modelling and capital implications
  - Commissioning a response from the Scottish Ambulance Service on the scenarios
  - Commissioning a review of the research search strategy from Professor T. Sheldon in conjunction with NHS Ayrshire and Arran
- Information from the staff engagement process in July and August 2007 was collated into a report
- A half-day meeting of the Wider Clinical Reference Group was held on 13 August 2007, this event provided feedback on the work undertaken to date and identified the benefits and risks of each of the scenarios

- Submission of the first submission to the Independent Scrutiny Panel on 28 September 2007

## **2.4 Option Appraisal of the Scenarios**

NHS Lanarkshire agreed with the Independent Scrutiny Panel to use option appraisal as one of the tools to consider the relative merits of the scenarios. This is in line with Treasury Green Book requirements for major capital and revenue decision-making.

The process of an option appraisal involves:

- Agreement of criteria to appraise options against
- Identification of group of stakeholders to be involved in the option appraisal
- Weighting the criteria for importance in relation to the decision making, undertaken by the stakeholders
- Development of an information pack for each of the options to allow their comparison against the criteria
- The scoring of the options by the stakeholders to provide a number of benefit points for each of the options
- Analysing the benefits points in relation to the cost of the options and identifying a preferred order of options

Under the Review of Accident and Emergency Services these steps were taken forward as follows (further detail is provided in NHS Lanarkshire's Second Submission to the Independent Scrutiny Panel):

### **Defining Criteria**

The criteria for the option appraisal were set out in broad terms within the Cabinet Secretary's statement to Parliament on 6 June 2007 and again within the remit of the Independent Scrutiny Panel. Through an iterative process between NHS Lanarkshire and the Independent Scrutiny Panel, more detailed criteria definitions were developed. These definitions were formally specified for the first time in Appendix 14 (Annex 14.2) of the NHS Lanarkshire September Submission to the Independent Scrutiny Panel.

### **Stakeholder Involvement in Option Appraisal**

A rationale was submitted to the Independent Scrutiny Panel for the nominations for the optional appraisal weighting and scoring events. The number of nominations was kept to around a hundred participants in total. There was a balance of professional and public nominations. The numbers of stakeholders were also weighted to have more clinical representatives from Monklands Hospital and more public and community nominations from the Monklands area. There were also professional nominations from the Local Authorities, other Health Boards and the Scottish Ambulance Service.

### **Weighting of Criteria**

The criteria were reviewed and explored by stakeholders at two events held in the Hilton Strathclyde Hotel, Bellshill on the afternoon and evening of 10 October 2007. The first event provided an opportunity for engagement with 30 (a further 18 weighted by e-mail) professionals. The second event involved 38 members of the public (a further four attended a separate arranged session) and representatives from local communities.

Each event was independently facilitated by Colin MacKay to ensure consistency, fairness and clarity of understanding. In total 54 members of staff and 42 members of the public participated in the criteria weighting process.

### **Scoring Information Pack**

A scoring information pack was developed to support the stakeholders to score the scenarios. This included booklets setting out each of the scenarios and evidence in relation to the criteria and supplementary papers on travel and transport and on risk. The packs were delivered by courier to participants on 30 October 2007, with an open invitation to contact the project team to discuss or seek clarity on any aspect of their content. In addition to this, the public participants were offered an opportunity to meet the project team on 31 October 2007 to discuss the Scoring Information Packs and the scoring event in more detail.

### **Option Scoring Events**

Two scoring events were held, one for staff and one for the public stakeholders on the afternoon and evening of 7 November 2007, at Hamilton Racecourse, Hamilton.

The scoring events were again facilitated by Colin MacKay to ensure consistency, fairness and clarity of understanding. In total, 55 members of staff and 43 members of the public participated in the scoring process.

## **2.5 Opportunity Costs (other financial priorities)**

NHS Lanarkshire has consistently identified a need to invest in primary and community services and as part of the Review of Accident and Emergency services NHS Lanarkshire considered the primary and community services developments which might have to be foregone in order to pursue the delivery of the proposed options for Accident and Emergency services.

NHS Lanarkshire provided a list of these other planning priorities and their costs in alphabetical order (not a priority order) to the Independent Scrutiny Panel to be used in their public engagement. At this time it was identified that NHS Lanarkshire is committed to prioritise these planning priorities and, as part of this, consideration will be given to whether all projects require to be funded in full or can be undertaken in a staged approach to spread the impact of the revenue costs over a longer period.

To help NHS Lanarkshire with its consideration a stakeholder engagement event was held on 3<sup>rd</sup> October 2007 to support identifying a priority order of implementation for primary and community services developments. A copy of a summary report from this event was also provided to the Independent Scrutiny Panel to be used in their public engagement.

The final consideration of these development priorities can only take place in the context of NHS Lanarkshire's financial position in light of outcome of NHS Scotland Resource Allocation Committee (NRAC) and this should become clearer in February 2008.

## 2.6 Assessment of Risk

### Process of Risk Assessment

NHS Lanarkshire focused much of its attention during the Review of Accident and Emergency Services on the identification and assessment of risk of the alternative Scenarios for Accident and Emergency services.

NHS Lanarkshire's strategy *A Picture of Health* was developed in response to a range of drivers for change and the implications of these for modernising patient care and service sustainability. These drivers were reconsidered as part of the risk assessment for the Review of Accident and Emergency Services.

An initial assessment of risk was undertaken as part of the process of developing the paper *Review of Accident and Emergency Services (September, 2007)* for submission to the Independent Scrutiny Panel. In this paper the Corporate Management Team of NHS Lanarkshire considered the risks relating to the scenarios and assessed their consequence/impact, as well as their likelihood.

This assessment was undertaken using the risk assessment tool, Australian/New Zealand Risk Management Standard (AS/NZ 4360:2004) as adapted for use in NHS Scotland and recommended by NHS Quality Improvement Scotland. The risks were initially identified, then considered against the risk consequence/ impact matrix. A view was then taken about the types of consequences and their impact, recognising that a risk may have a range of consequences. An assessment was then undertaken about the likelihood of that risk occurring.

The risks were grouped into:

- Clinical and Health Outcome Risks
- Logistics Risks
- Workforce Risks
- Policy Requirement Risks

This risk assessment was reviewed by Dr Lesley-Anne Smith, Head of Clinical Governance and Risk Management, NHS Highland, who considered both the approach taken and the risks identified. Her review report was included as an appendix paper in the September submission. She noted two further areas of work:

- To consider potential omissions in relation to the risks identified
- To consider potential mitigation or controls to lessen the risks identified

The Corporate Management Team agreed to progress the risk assessment further for inclusion in the Option Appraisal Scoring Information Pack. Hence, on 8 October 2007, Dr Lesley-Anne Smith led a session with the Corporate Management Team of NHS Lanarkshire to progress both of the above actions.

This event also provided the Corporate Management Team with further time to consider the original submission and, as a consequence, duplicate risks were removed leaving a total 27 risks. These risks were considered against five alternative scenarios for accident and emergency services (B, C, D, F and G).

The final Corporate Management Team assessment of risk was set out in the *Risk, Supplementary Paper 4* of the Option Appraisal Scoring Information Pack (November

2007). The level of risk set out in this paper was before the mitigating actions described in the paper were applied.

In order to gain wider stakeholder views on the risk assessment, a Risk Event was held on 17 December 2007 involving members of NHS Board, Area Partnership Forum and Area Clinical Forum (and Area Professional Advisory Committees). The purpose of this event was to enable members of these groups to comment on the risk assessment undertaken by the Corporate Management Team and to further inform the assessment of risk to support NHS Lanarkshire Board decision-making in January 2008.

### **Main Findings on Risks**

The main findings from the assessment of risk were concerns about:

- Clinical and Health Outcome risks relating to difficulties in supporting sub specialisation and its benefits for patient outcomes and the inability to separate out the provision of planned from emergency care and achieve new waiting times guarantees
- Logistics risks relating to difficulties in maintaining patient services during complex and long site works at Monklands and constraints on service redesign and meeting operational targets. Also the risk of the capital business case for Monklands being rejected due to failing to meet current planning standards
- Workforce risks relating to the inability to recruit and retain medical staff and insufficient doctors to fill new roles. The risk of additional consultants leading to demands for supporting staff as well as the risk of NHS Education for Scotland (NES) training status being compromised. Mitigation for these risks is felt to be limited as training is controlled nationally and there is a lead-time for new roles
- Policy risks relating to concerns about the inability to invest in “upstream” services, although whole system redesign might provide some mitigation
- Risks related to overall affordability

## **2.7 Independent Scrutiny Panel Reports**

During the Review of Accident and Emergency services the Independent Scrutiny Panel produced two reports.

### **Independent Scrutiny Panel Initial Report**

The Independent Scrutiny Panel published an Initial Report on 12 November 2007. This report was produced in advance of the public engagement events hosted by the Panel in late November 2007. The key findings of this report focused on the need for change; the range of scenarios developed by NHS Lanarkshire and the Evidence Pack developed for use at the Scoring Events.

### **Independent Scrutiny Panel Final Report**

The Independent Scrutiny Panel published a Final Report on 14 January 2007. This report stated in its introduction and later supported in the main report that:

- “Each NHS Board in Scotland undoubtedly faces a number of challenges. These challenges include: developing services that meet the changing health needs of its population; promoting health and wellbeing, prevention, and self management; meeting expectations in terms of clinical standards and national policy; fulfilling its obligations as a major employer; ensuring that all of its activities are well-managed, underpinned by robust planning and are implemented within financial constraints.

- The general health of the population will not be fundamentally improved through the acute hospital sector alone. Primary care, community services, and health promotion have better prospects of tackling fundamental problems such as obesity, drug and alcohol addiction, mild-moderate mental health problems, and so on. However, the acute hospital, especially the A&E department, is currently the 'safety net' when these services are not available or fail in some way. This suggests that emergency care services should not be changed significantly while community services are being built up.
- In commenting on the Board's proposals, the Panel is not arguing that the current service is perfect, or that it should never change. It is suggesting that there are considerable strengths to the current system, notably in the quality of care provided. Given the criteria set out in its remit, the Panel's view is that the Board has not made a convincing case for significant changes to emergency services. Rather, there is the potential to build on the strengths of the current service through developments such as clinical decision units and the extension of minor injuries provision into the community, notably to outlying population centres."

### **3 STAFF ENGAGEMENT**

#### **3.1 Overview**

NHS Lanarkshire undertook extensive staff engagement throughout the Review of Accident and Emergency Services. This included during:

- 1) The development of scenarios
- 2) The analysis of the benefits and costs of scenarios
- 3) The consideration of risks
- 4) The option appraisal
- 5) The engagement with the Area Clinical Forum
- 6) The engagement with the Area Partnership Forum
- 7) Staff engagement sessions in November and December 2007
- 8) Regular staff briefings via the intranet and internet, staff magazine and staff information sessions

The engagement under 1) to 4) is described above.

#### **3.2 Area Clinical Forum and Area Partnership Forum**

The Review of Accident and Emergency services has been considered by the Area Clinical Forum at each of its meetings in July, August and September 2007, with input from relevant Executive Directors. The Area Clinical Forum also convened an "Open Space" event on 17<sup>th</sup> January, to enable wider clinical engagement to assist the formulation of Area Clinical Forum view on the Review of A&E Services. Invitees to this event included all members of all of the Advisory Committees and the A Picture of Health Clinical Leads. There was also significant Executive Director input to this event.

The Review of Accident and Emergency services has also featured regularly (typically monthly), in discussion at meetings of several of the Board's Professional Advisory

Committees, most notably: the Area Medical Committee and its GP Sub-Committee; the Area Nursing and Midwifery Committee; the Area Healthcare Sciences Committee; the Area Pharmaceutical Committee and the Area Allied Health Professions Committee.

Similarly, the Review of Accident and Emergency services has been discussed at all of the meetings of the Area Partnership Forum since June 2007. This involved appropriate Executive Directors.

Both of these bodies submitted formal comments to the NHS Lanarkshire Board meeting, on 26 September 2007, on the first submission to the Independent Scrutiny Panel and will provide a formal report to the NHS Lanarkshire Board meeting on 30 January 2008.

### **3.3 Staff Engagement Sessions**

During November and December 2007 ten staff engagement sessions were held to enable staff to respond to the outcome of the option appraisal, consider opportunity costs and feed in views to the Board meeting in January 2008. These engagement sessions were held across five different sites in Lanarkshire.

The staff engagement sessions were:

- Two at Wishaw and Monklands Hospitals on the 26 November 2007
- Two at Wishaw and Monklands Hospitals on the 27 November 2007
- One at Cumbernauld Health Centre, Cumbernauld on the 28 November 2007
- Two at Law House, Carlisle on the 29 November 2007
- One at Central Health Centre, Cumbernauld on the 3 December 2007
- Two at Hairmyres Hospital on the 4 December 2007

The format of these sessions was a presentation given by an Executive Director, an opportunity for staff to ask questions and then focus groups were run to ascertain what was important to staff within the scenarios presented, why they are important and what their concerns are and why.

A total of 119 staff from various disciplines and geographical areas attended the sessions. On asking the staff, who did attend, what could have been done to improve the turnout, the response was that staff did not want further consultation and were frustrated about the delay in implementing change caused by the Review of Accident and Emergency services. It was felt further engagement should only take place once a decision has been made and there was a level of detail around what the impact would be on them personally.

A range of issues were raised by staff these included:

#### **Cumbernauld and Kilsyth**

- Any delay in a new Health Centre in Kilsyth may mean the only suitable site to build on will no longer be available
- Clarification required for the number of beds to be negotiated with the new Larbert hospital for use by NHS Lanarkshire
- Will the ambulance service take patients to Monklands Hospital if the travelling time Larbert is shorter?

- Staff training in major and minor injury nurse treatments has already started for the Community Casualty Unit, what will happen with this?

### **Continuing Care and Rehabilitation of Patients**

- Once the initial procedures are carried out for patients, whether it is cardiac intervention or hip fracture surgery, will patients be transferred back to their local hospital?
- There is still an opportunity for patients to be rehabilitated at home and there has to be equity of Early Supported Discharge and Rapid Response across Lanarkshire

### **Emergency Referral Service**

- The emergency referral centre was seen as an essential component in any changes made to services and this should be developed further. More information is required on what this will mean and how it will work. If it is developed properly it will ensure patients go to the right hospital
- There needs to be strong links with NHS24 and the Scottish Ambulance Service to allow an NHS Lanarkshire wide approach to ensuring patients attend the right hospital
- The capacity of each site is crucial and protocols need to be developed and adhered to, to ensure equity of services for all patients regardless of where they live
- The public of Lanarkshire need to be educated about use of Accident and Emergency departments, people attend for minor ailments and injuries which could be treated by GP services and the Review of Accident and Emergency services was seen as backtracking and may lead to the public continuing to use the Accident and Emergency departments inappropriately.

### **Finance and Logistics**

- Staff were concerned about the financial commitments required to achieve the scenarios and the cost and logistics of upgrading Monklands to make it fit for purpose
- Would the work to Monklands include looking at PFI?
- What is the current funding to deliver services, we need to look critically at how NHS Lanarkshire is spending this
- Concerns were raised around the logistics of developing Monklands Hospital while maintaining current service provision and reaching HEAT targets

### **Information Management and Technology**

- The IM&T infrastructure needs to improve if patient care is provided across more than one site
- Admission and discharge letters need to be improved both in quality and timing
- There is still a need for developments in telemedicine regardless of the option chosen

### **Intensive Care and High Dependency Services**

- How would the intensive care and high dependency nurse practitioner service be developed, it is a fairly new development and will need time to raise staff and public confidence
- If three intensive care units are maintained in NHS Lanarkshire, consultants will still choose not to work here, the services will be too fragmented, there will be too few patients to maintain skills

- It is not possible to run three intensive care on call rotas on the current staffing levels, it has to be concentrated on two sites
- Physicians are not comfortable with admitting emergencies without the necessary intensive care cover in the hospital

### **Original Picture of Health Proposals**

- Some staff could not understand why the status quo was not an option 18 months ago but is now. They felt that all the proposals around the Picture of Health should be back on the table, looking at Accident and Emergency only was seen as detrimental to the future services across Lanarkshire, especially primary care
- A major concern for the public was around local cardiac care, now it would appear that this will be at Hairmyres Hospital
- There were a few people who felt that the general public were misled and the problems with medical staffing were engineered by NHS Lanarkshire and is now coming out through the Independent Scrutiny Panel
- Comments were made that the A Picture of Health process had not been well thought through and was very ambitious, whilst other comments were that the A Picture of Health proposals were well thought out and it was a backward step carrying out the Accident and Emergency Review

### **Service Planning and Development**

- Staff were concerned at the delay in being able to plan services with the impact on staff morale, recruitment and retention and it was noted Consultant candidates for posts are already pulling out now due to uncertainty about the future
- Patient safety is highly important to staff, within all scenarios it is essential that a whole systems approach to developing care pathways is taken. Inclusive of travelling for patients, staff and visitors; ambulance service protocols; discharge procedures; availability of medical records; use of telemedicine; developing specialist skills within different disciplines; improved communication systems; IM&T structure and standardised care provision
- There is a need for major investment in primary care. Care has to be shifted from acute to primary care to prevent admission to hospital. The more money that needs to be invested in acute the less there will be for primary care, health improvement and promotion
- Standardised care is required across the three hospitals
- There should be further development of the role of nurses, allied health professionals and GPs with a specialist interest
- Staff were concerned about their jobs and security around employment

### **Specific feedback on the A&E review process**

- Staff were uncertain about the role of the Independent Scrutiny Panel and felt the public meetings were very focused on acute and did not consider the primary care aspects. The differences between the information NHS Lanarkshire has submitted and the Independent Scrutiny Panel's interim report was noted.
- Maintaining three Accident and Emergency services will put NHS Lanarkshire out of synchronisation with the rest of the NHS in Scotland, the general trend is towards more investment in primary care and less in acute
- Where is the evidence that three Accident and Emergency departments are required? The evidence would suggest that the investment should be in

treatment being provided quicker through paramedics and primary care interventions not acute hospitals

- People who live in Cumbernauld and Lanark will be aggrieved if they do not get the Community Casualty Units they were promised
- HEAT targets still need to be reached and day to day operational work continues regardless of the process, this is having an impact on staff capacity and moral
- How does this balance with the Kerr report and the aim to shift the balance of care from acute to primary care?

### **Scenarios presented**

- Staff were concerned that there may not be 24 hour consultant cover at Monklands if the lower scenarios are the option chosen
- The short stay ward will not make a difference to the number of admissions that a site can take, beds will be utilised regardless of the model of care used
- Maintaining three sites may actually cause NHS Lanarkshire standards to start falling
- What happens if we cannot recruit the consultants required? There may be more doctors being trained, but other NHS Boards will be increasing the number of consultants as well
- Waiting times will increase with the scenarios presented

### **Transport**

- All of the options still require the transport within Lanarkshire to be improved, if patients are in hospitals out with their local area, relatives need to be able to visit
- If staff are moved to different base due to increased specialisation, transport needs to be taken into consideration
- Parking is an issue at all three sites

## **3.4 Staff Information Briefings**

In addition to the above, significant efforts have been made to inform staff throughout the planning process. The mechanisms used have included:

### **June 2007**

- Dissemination of Staff Briefing informing staff of the Cabinet Secretary's announcement – 6 June 2007
- Posting of Cabinet Secretary's announcement and letter to NHS Lanarkshire on NHSL Intranet and Internet – 6 June 2007
- Open staff meetings at Hairmyres, Monklands and Wishaw General Hospitals on 18 and 19 June 2007 to inform staff on the A&E services review, the initial planning process and timeline.
- Dissemination of Staff Briefing providing an update on the A&E services review, the initial planning process and timeline – 19 June 2007
- Posting of staff briefing on NHSL Intranet – 19 June 2007
- Posting of Board papers providing an update on the A&E services review on NHS Lanarkshire Internet – 27 June 2007 Board Papers

### **July 2007**

- Dissemination of Pulse staff newsletter providing a front page update on the A&E review of services setting out details of the process for developing proposals (July/August edition) – 6 July 2007
- Pulse posted on NHS Lanarkshire Intranet and Internet – 6 July 2007

- Dissemination of Staff Briefing providing details of the Independent Scrutiny Panel chair appointment – 25 July 2007
- Posting of staff briefing on NHS Lanarkshire intranet – 25 July 2007
- Posting of Board papers providing an update on the A&E services review on NHS Lanarkshire Internet – 25 July 2007 Board Papers

#### August 2007

- Posting of Board papers providing an update on the A&E services review on NHS Lanarkshire Internet – 29 August 2007 Board Papers

#### September 2007

- Open Staff meetings at Hairmyres, Monklands and Wishaw General Hospital on 3 September 2007 to update staff on the agreed planning process, timeline and progress on the review of A&E services.
- Dissemination of Staff Briefing providing an update on the agreed planning process, timeline and progress on the review of A&E services – 7 September 2007
- Posting of staff briefing on NHS Lanarkshire intranet – 7 September 2007
- Dissemination of Pulse staff newsletter providing a front page update on the timescales for submitting the proposals and the process for the decision-making (September/October edition) – 7 September 2007
- Pulse posted on NHS Lanarkshire Intranet and Internet – 7 September 2007
- Dissemination of Staff Briefing providing details of the appointment of the Independent Scrutiny Panel Members – 21 September 2007
- Posting of staff briefing on intranet – 25 September 2007
- Posting of Board papers providing an update on the A&E services review on NHS Lanarkshire Internet – 26 September 2007
- Dissemination of staff briefing providing update on A&E services review, including first submission to ISP – 28 September 2007
- Posting of staff briefing on intranet – 28 September 2007
- NHS Lanarkshire's first submission to the ISP posted on Internet – 28 September 2007

#### October 2007

- Dissemination of staff briefing providing update on A&E services review including ISP feedback – 26 October 2007
- Posting of staff briefing on intranet – 29 October 2007
- Posting of Board papers providing an update on the A&E services review on NHS Lanarkshire Internet – 31 October 2007

#### November 2007

- Dissemination of Pulse staff newsletter providing a front page update on the A&E review of services setting out the progress with the review, staff meetings, how to send your views to the ISP and planning for community developments (November/December edition) – 7 November 2007
- Pulse posted on NHS Lanarkshire Intranet and Internet – 7 November 2007
- Dissemination of staff briefing providing update on A&E services review and details of staff engagement events – 13 November 2007
- Posting of staff briefing on intranet – 13 November 2007
- Dissemination of staff briefing providing details of staff engagement events and update on the A&E services review – 16 November 2007
- Posting of staff briefing on intranet – 19 November 2007

- Dissemination of staff briefing providing update on A&E services review and reminder of staff engagement meetings – 23 November 2007
- Posting of staff briefing on intranet – 26 November 2007
- Dissemination of staff briefing providing details of staff engagement events – 27 November 2007
- Posting of Board papers providing an update on the A&E services review on NHS Lanarkshire Internet – 28 November 2007

#### December 2007

- Dissemination of staff briefing providing final notification of staff engagement events – 3 December 2007
- Posting of staff briefing on intranet – 3 December 2007
- NHS Lanarkshire's second submission to ISP posted on Internet – 12 December 2007 (revised 3 January 2008)
- Dissemination of staff briefing providing details of NHS Lanarkshire's second submission to the ISP – 14 December 2007
- Posting of staff briefing on the intranet – 18 December 2007
- Posting of Board papers providing an update on the A&E services review on NHS Lanarkshire Internet – 19 December 2007

#### January 2008

- Dissemination of staff briefing with update on the timeframe to progress the A&E services review & notification of revision of ISP submission – 4 January 2008
- Public statement providing NHS Lanarkshire's response to final ISP report posted on Internet -14 January 2008.
- Dissemination of staff briefing providing staff with NHS Lanarkshire's response to final ISP report – 14 January 2008
- Posting of staff briefing on intranet – 14 January 2008
- Transcript of the Option Appraisal Process posted on Internet – 15 January 2008
- Dissemination of Pulse staff newsletter providing a front page update on the final stages of the A&E review and the final submission to the Scrutiny Panel. (January/February edition) – 17 January 2008
- Pulse posted on NHS Lanarkshire Intranet and Internet – 17 January 2008