NHS FIFE
Report to the Board on 29 October 2013

REDEVELOPMENT OF THE QUEEN MARGARET HOSPITAL SITE

1. BACKGROUND

In September 2002 NHS Fife articulated its visions for the future provision of acute services in the outline business case for the General Hospitals and Maternity Services Project.

As part of the Right for Fife strategy Queen Margaret Hospital was to undertake a major redesign programme in order to create a state of the art Diagnostic and Treatment Centre (DTC), a Primary Care Resource Centre (PCRC) and take advantage of local and regional opportunities for further developments in service.

A Project Board and a Project Team have been established to take this important piece of work forward, with clear roles and responsibilities identified and agreed.

The Project Board is chaired by Mrs Chris Bowring, Director of Finance and the Project Team chaired by Mrs Margaret Henderson, Divisional General Manager.

Both these groups have public representation and are fully engaged in the process.

The Project Board meets monthly and review progress, challenges any reported slippage against the programme, budget overruns or shortfalls, considers high risks to the project and ensures action plans are in place to mitigate or reduce these risks.

2. SITUATION

Since the relocation of in-patient services in January 2012 the Queen Margaret Hospital has continued to function as a busy day case and out patient (OPD) site with continuing care beds, end of life care beds and mental health services as before.

Activity remains high in OPD with around 12000 patients per month attending a variety of clinics and around 200 patients for day interventions.

There are around 1200 procedures per month undertaken in the Day Surgery unit. However with changes in clinical practice more procedures are performed on a 23 hour stay basis, and this has led to a change in the number of patients listed.

A slight decrease in activity has occurred as we now undertake 3-4 intermediate type procedures instead of 6-8 minor cases.

Project Plan

A project checklist identifying all the required steps in this redesign process is reviewed and updated each month at the Project Team with any changes to timescales discussed and agreed or remedial action planned.
DTC

Progress on the reconfiguration and development of services within QMH is now moving at quite a pace and staff are now able to see structural changes, especially within the endoscopy reprocessing unit, which is now almost complete. There has been a slight delay due to issues surrounding water pressure but this has now been resolved and plans can progress to install the three ISIS machines and commence a programme of commissioning.

The second phase, which is to create a reception/waiting facility, 8 consulting rooms and recovery area is underway and is expected to be operational by January 2014.

Day Surgery/Endoscopy Receiving Area, Urology DTC & Day Intervention Unit (DIU) areas all have plans signed off at “A” status in respect of clinical functionality.

Day Surgery Unit Post Surgery/23 hour stay is currently being worked up with schedules of accommodation now with architects.

Equipment lists, identifying what equipment will be transferred, any gaps in provision for the redesigned areas are being considered by Project Team.

Women & Children's Service

Women and Children’s Service clinical pathways review is underway. Plans to enhance the current service are being explored in terms of being able to undertake additional clinics for high risk women pre and post delivery.

Primary Care Resource Centre

Consultation with the public regarding the Primary Care Resource Centre (PCRC) commenced in August with open events held at Lynebank, Carnegie Library and QMH main entrance. This consultation is now complete and this will be followed by a period of analysis of all the returns. At first viewing the general consensus would appear that the public are happy with the planned relocation of services.

The formation of these services on the QMH site will allow the closure of Carnegie and Abbey View clinics which are no longer fit for purpose.

These events included service specific displays and comment boxes. In addition to these events there were touch screen kiosks at Carnegie Clinic plus a web link for comments.

The PCRC has been discussed at the Area Partnership Forum and a formal paper will go to the CHP Committee in November.

Communication

A communication plan is in place to ensure staff and the general public are aware of all the planned improvements with visits organised once new facilities are completed.

An article on the PCRC will appear in Fife Life. A PCRC Handbook was prepared for the consultation, which will now be expanded to include Endoscopy, Day Surgery etc and will be developed into a QMH Directory.

The second QMH Development newsletter will be distributed at the end of October and a dedicated series of articles for the local media is planned for the beginning of 2014.

Travel Planning
The Travel Planning Group is reviewing traffic flows and road layout and are exploring the possibility of a one way system. The plan is also to improve parking for disabled access, create parent and child spaces, short term spaces, drop off and pick up points as well as improve on size and location of bus shelter.

**General**

The Main Entrance and Centralised Reception area is being refurbished to provide additional waiting area space and incorporate a welcoming coffee shop and toilet facilities. JM Architects have produced outline drawings which will be discussed at the Project Team later this month.

**Regional Opportunities**

We have also been working closely with our SEAT partners in order to establish the Regional Endoscopy Centre which will benefit from this new accommodation.

A meeting with clinicians from Lothian, Forth Valley and Borders was held on the 11th September where clinical issues including the patient pathways were discussed and agreed.

Fife plans to commence this surveillance/diagnostic work for Fife patients as of next month.

Once we have completed our discussions with the other boards and funding is in place with new accommodation complete we will commence additional work for our regional partners.

This will bring additional activity to this site.

3. **RECOMMENDATION**

The Board is asked to:

- **Note** the progress made in the redevelopment of the QMH site and
- **Support** the continued working with our SEAT partners.

**Margaret Henderson**
Divisional General Manager Ambulatory Care
Oct 2013