

**ONCOLOGY & HAEMATOLOGY SERVICE DELIVERY UNIT (SDU)/
CARDIOTHORACIC SERVICE DELIVERY UNIT**

**RECONFIGURATION OF ONCOLOGY & CARDIOTHORACIC WARD
AREAS**

Briefing for Southwark Scrutiny Committee

October 2006

1 Introduction

- 1.1 This paper outlines a forthcoming reconfiguration of Oncology and cardio thoracic ward areas.
- 1.2 This planned reconfiguration includes initiatives to ensure that this does **not** lead to a reduction in activity, service provision, number of patients treated or number of staff employed in the service.

2 Rationale and Planned Changes

- 2.1 In providing healthcare services it is important that patients needing treatment are seen in the most appropriate location and by the most appropriate staff.
- 2.2 Reducing the length of stay for planned procedures is a key priority for the Trust.
- 2.3 By doing this patient experience is improved and hospital associated complications are minimised. By increasing efficiency the hospital is able to treat more patients with the same resources.
- 2.4 Data shows that length of stay in oncology and cardiothoracic services in the Trust is longer than the national average. Analysis has shown that a combination of better use of hospital provided hotel facilities, day case activity and better discharge processes will result in a reduction of 21 in-patient beds in oncology and cardiothoracic ward areas.

3 Reconfiguration

- 3.1 The reconfiguration amounts to several changes in beds and configuration across the services
- 3.2 18 oncology beds currently provided on Stanley ward will be closed. 10 of these beds will be relocated into other ward areas. Nursing staff, ward clerk and domestic staff will be redeployed to other areas across oncology and haematology areas and to Dorcas ward (cardiothoracic).
- 3.3 The Chemotherapy unit on Stanley ward currently provides 10 in-patient beds, operating Monday to Friday. With changing treatment practice and protocols on average only 4 of these beds per day are used. These beds will be transferred to Samaritan ward. Resources currently used to provide the other 6 beds will transfer to an enhanced chemotherapy day unit delivered from the 10th Floor, Guy's Tower from November. There will be 21 treatment areas available in the new unit which will operate from 08.00 to 20.00hrs Monday to Friday.
- 3.4 With Stanley ward no longer operating as an oncology ward, Dorcas ward (cardiothoracic) will transfer to this ward location to utilise the upgraded ward area.
- 3.5 Length of stay initiatives will mean that 23 cardiothoracic beds will be required, a reduction of 2 from current average occupancy. Five breast surgery beds currently provided on the Hedley Atkins unit will also be relocated to Dorcas ward, maintaining the current capacity of 28 beds overall on the ward.
- 3.6 Whilst 5 breast surgery beds will transfer out of the Hedley Atkins unit, 10 oncology beds will transfer to the unit with the closure of Stanley ward. Staff will relocate to manage this increase in beds on the Hedley Atkins unit.
- 3.7 Samaritan will increase bed capacity to 25 with the transfer of 4 in-patient chemotherapy beds from the Stanley chemotherapy unit. Extra staff will be relocated for this bed increase.

4 Conclusion

- 4.1 The reconfiguration of oncology and cardiothoracic beds outlined in this briefing are in response to changes in service delivery and best treatment practice. Overall patient activity and numbers treated are not reduced by the changes. No staff posts are lost as a result of the reorganisation although the changes will obviously require a movement of staff within the ward areas.

5 Timetable

Ward/Unit	Date
Stanley chemotherapy unit (9 th floor New Guy's House) and the chemotherapy day unit (3 rd floor Thomas Guy House) will move to the 10 th floor ,Guy's Tower	20 th Nov
10 beds opened on Hedley Atkins and 4 on Samaritan ward	20 th Nov
Dorcas ward will transfer to Stanley ward	23 rd Nov
Breast surgery patients allocated for admission to Dorcas	27 th Nov

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Oct06