

Borders NHS Board**NHS BORDERS CLINICAL SERVICES REVIEW – INPATIENT SERVICES: HEALTH IN YOUR HANDS****Aim**

This paper aims to provide the Board with an update on the work of the Clinical Services Review, the first stage of which is focussing on the provision of Critical Care in the Borders.

Background

People across the UK are living longer and life expectancy in the Borders is the longest in Scotland. As the local population becomes increasingly elderly, there will be a rise in people with multiple and complex long term health conditions, which will increase the demand on Health services. The fact of having an increasing elderly population, the availability of new technology and better treatments and medicines are to be welcomed. Nonetheless these represent challenges at a time of public funding constraint and we need to carefully consider, with the people of the Borders, whether the way our services are delivered should be adapted and indeed improved.

Last year the Board developed and launched a Clinical Strategy in consultation with staff and the public. This sets out 7 key principles which form the basis for the future design and development of services in NHS Borders. The subsequent review, starting with inpatient services, is to consider what needs to change to achieve the vision of everyone being able to live longer healthier lives at home, or in a homely setting, and with seamless provision of service across health and social care.

Review Process

Consideration has been given to design a service review process which can be consistently applied to the inpatient services across NHS Borders. Each review will progress through a number of stages as outlined in the diagram contained in **Appendix 1** of this paper. A key component of our approach to the service reviews will be the adoption of a critical friend. An appropriate critical friend (or friends) will be identified for each service review and be involved at various stages of the process.

This approach will enable colleagues to ask probing questions and offer helpful critiques to enable those involved to gain fresh insights into their work. This will facilitate an outsider's view of the service, independent questioning and offer alternative sources of information or expertise to those already involved in the service and its review.

It is acknowledged that a number of workstreams are already underway around many of our inpatient services. Moving forward therefore these existing workstreams will be referenced under the umbrella of the Inpatient Services Review. These projects are at

different stages with some nearing completion, and all will be tested for reassurance that they deliver against the key principles of NHS Borders Clinical Strategy.

The current workstreams include the Reprovision of services currently provided at Galavale, the development of a Children and Young Peoples Centre, the improving patient flow work through participation in the Institute for Healthcare Optimisation work, Connected Care, Unscheduled Care and also Medical Cover in the Community Hospitals. A pragmatic approach will be taken to those workstreams already underway to ensure those stages of the review process relevant to the work as it progresses are applied.

In addition to the existing workstreams, the initial Inpatient Services Review scoping exercise identified new services areas for review. This includes ITU/HDU/Critical Care, Inpatient Surgery Conversion and work around the Frail Elderly Pathway.

An exercise is underway to document the remaining inpatient services which are not yet subject to a review and consider the potential order / scheduling of such a review. This will be considered by the Strategy Group in due course once the new schemes identified above are underway.

ITU/HD/Critical Care Service Review

Critical Care within the Borders General Hospital is hosted within the Intensive Therapy Unit (ITU), there are 6 level 2 beds and 3 Intensive Care beds (5 beds in the main ITU area plus 1 cubicle) and 3 level 1 High Dependency beds (HD) (all cubicles). There are High Dependency beds within Ward 5 which accommodate cardiac patients. The Critical Care Outreach team services a link between the ward and critical care services to ensure that acutely ill ward-based patients receive appropriate care.

Critical Care has been chosen as the first service area to be reviewed as over time it has become apparent that there are a number of pressures causing delays across the system, these are summarised below:

- Patients being discharged from critical care are becoming delayed
- Scheduled elective work is being postponed due to availability of critical care beds
- Patients are being delayed in A&E due to availability of critical care beds

For the reasons outlined above this review will look at the opportunities available to redesign across multiple sites to deliver the service more safely and effectively and to review the bed levels to ensure they are appropriate for the needs of the service.

This will also provide an opportunity to test out the review process with a smaller service area so that any alterations can be made prior to the next service review.

One of the main elements of the review is to test the service against NHS Borders agreed key principles. The table below outlines the principles and highlights how the critical care services will be measured against them.

Clinical Strategy Key Principles

| | Key Principles | What This Means For Critical Care |
|---|---|---|
| 1 | Services will be safe, effective and high quality | Review of relevant literature and fact-finding from other sites to ensure our critical care provision meets and exceeds standards. |
| 2 | Services will be person-centred and seamless | The person and their family/carers are at the centre of the care provided. |
| 3 | Health improvement will be as important as treatment of illnesses | Continue to support and develop the critical care outreach team to avoid potential admissions to ITU. |
| 4 | Services will be delivered as close to home as possible | High quality, safe and effective critical care provision in the Borders to serve the local population. |
| 5 | Admission to hospital will only happen when necessary, and will be brief and smooth | Critical care services will provide timely and appropriate intervention and patients, families and carers will be supported appropriately through discharge from the service. |
| 6 | We are committed to working in partnership with staff, communities and other organisations to deliver the best outcomes for the people we serve | Highly trained staff communicate effectively within and across teams and with patients, families and carers ensuring the needs of the patients are put first. |
| 7 | Services will be delivered efficiently, within available means | Robust understanding of current and future demand and capacity to ensure we continue to deliver critical care efficiently and effectively. |

Services in Scope

- Intensive Therapy Unit (ITU)
- High Dependency Unit (HDU)
- Ward 5 (Acute Cardiology)
- Critical Care Outreach Team

Activity and Timescales

The table below outlined indicative activities and timescales for this service review. These may change depending on the outcomes of some of the activities. For example, depending on what information is gathered through the fact finding and engagement activities may influence future options and timescales.

| Activity | Description | Timescale |
|-----------------------------------|--|--------------------------|
| Research and Fact-Finding | A review of relevant literature, a 'deep dive' into how we currently provide services and learning visits to other boards will provide a solid understanding of how we compare to others and in what areas there is potential for improvement. | July 2015 |
| Engagement with stakeholders | The project group will engage with staff, former patients, families and carers and other key stakeholders to inform, engage and consult on the initial findings. | August – September 2015 |
| Develop options appraisal | A shortlist of options agreed and proposals worked up as to what changes could be made to ensure the service can meet future demands. | September – October 2015 |
| Present options to Strategy Group | Options are presented to Strategy Group for consideration. | November 2015 |
| Implementation | Full implementation of the agreed option. | April 2016 |

Communications & Engagement

As agreed by the Board in February 2015 the Inpatient Services Review will put mutuality at the heart of the services that we offer and recognise that the people who own the NHS, our communities, should be seen as co-owners rather than service users. Throughout this review we will be making considerable efforts to engage patients, carers, staff and the public, and our expectation is that the outcomes of any service reviews will emphasise the need for new models of care that reflect a more active role for patients as partners in their treatment and care.

As part of the review of Critical Care there will be a well developed communication and engagement plan in place. It is felt that the most appropriate engagement exercise for this review will be the establishment of specific focus groups around individual patient pathways within the services mainly focussing on previous patients and their families. A small number of previous patients have already been identified to share their experiences with us around the ITU and Critical Care service they received and areas of improvement they feel would make a difference.

We will seek advice from colleagues both within and out with the organisation to assist in the design of the engagement exercises as well as utilising feedback from existing mechanisms such as the feedback and complaints team and the Clinical Strategy consultation exercise.

In addition the core group are also seeking out innovative examples of engagement from other parts of the UK, especially in relation to the wider Clinical Services review – Health in your hands. This will enable NHS Borders the ability to hear what matters to the Scottish Borders population.

Links and Interdependencies

It is important to note that other critical pieces of work will be delivering alongside the Critical Care review, key local interdependencies are:

- Institute for Healthcare Optimisation – Improving Patient Flow Project
- Connected Care Project
- Day Surgery Conversion
- Frail Elderly Pathway Review

Summary

As agreed by the Board earlier this year NHS Borders has commenced a review of its clinical services, starting with Inpatient Services. New and existing service areas for the review have been identified and a service review process has been developed.

The provision of critical care in the Borders has been identified as the first stage of the clinical services review. Critical Care has been chosen as the first service area to be reviewed as over time it has become apparent that there are a number of pressures in this service area causing delays across the system.

Recommendation

The Board is asked to **note** the progress update provided within this paper.

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| Policy/Strategy Implications | This review will further develop and implement the strategic goals and principles that were agreed as part of NHS Borders Clinical Strategy. The Clinical Strategy set out the reason why NHS Borders needs to change, and the work of this review will explore and recommend options to address many of the issues outlined. |
| Consultation | This review will be subject to ongoing discussion with the Board Executive Team (BET), Clinical Strategy Core Group, Clinical Boards, Support Services etc. Members of the public will be involved in the work as well as partner organisations. A full Communications & Engagement plan will be required which will outline a large scale |

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| | involvement and engagement campaign, which will hold a series of “conversations” internally and externally over the life of the programme. Feedback from these conversations will be fed into and be considered throughout this work. |
| Consultation with Professional Committees | See above. |
| Risk Assessment | Consideration of issues and risks will be a continuous process as part of the review and project management approach. |
| Compliance with Board Policy requirements on Equality and Diversity | The review will be delivered in line with Board Policy requirements on Equality and Diversity. Impact Assessments will be completed for each Service Review as a component part of the work prior to any proposals being brought to the Board for consideration. |
| Resource/Staffing Implications | Project Management support is currently being scoped out. |

Approved by

| Name | Designation | Name | Designation |
|------------------|--------------------|-------------|----------------------------------|
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Appendix 1

