

Borders NHS Board



INPATIENT SERVICES REVIEW: HEALTH IN YOUR HANDS

Aim

This paper aims to provide the Board with an update on the work of the Inpatient Services Review and the *Health in Your Hands: What Matters to You?* engagement exercise. This paper also outlines our revised timescale for the programmed activities.

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.

The purpose of the 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. Last year, the Board developed a clinical strategy in consultation with the public and the staff. This established agreed principles (re iterated in the diagram below) for any service changes including the need for services to be safe and effective and delivered as close to home as possible. Any service changes following this review will be measured and tested against these agreed principles.

NHS Borders Clinical Strategy: Key Principles

1. Services will be safe, effective and high quality
2. Services will be person-centred and seamless
3. Health improvement and prevention will be as important as treatment of illness
4. Services will be delivered as close to home as possible
5. Admission to hospital will only happen when necessary and will be brief and smooth
6. We are committed to working in Partnership with staff, communities and other organisations to deliver the best outcomes for the people we serve
7. Services will be delivered efficiently, within available means

NHS Borders has launched the *Health in Your Hands: What Matters to You?* engagement exercise alongside the Inpatient Services Review. We are committed to working with people who use our services to ensure that future delivery of services meets the needs and expectations of our communities. We recognise the valuable contribution that our public can bring and this engagement exercise will serve not only to inform specific

workstreams of the Review but also to invite feedback and discussion around all areas of interest to our communities.

Summary

Inpatient Services Review

The overall programme has taken a business as usual approach. At the outset it was acknowledged that a number of workstreams were already underway around many of our inpatient services. These existing workstreams are referenced under the umbrella of the Inpatient Services Review, all of which are working to individual timelines and reporting through to the Strategy Group.

The table below shows the inpatient areas covered by ongoing workstreams. Updates on individual workstreams are provided below.

Inpatient Area	Workstream
Borders General Hospital	<ul style="list-style-type: none"> • Institute for Healthcare Optimisation (IHO) - Improving Patient Flow • Critical Care Review
Community/Community Hospitals	<ul style="list-style-type: none"> • Eildon Community Ward (this project also impacts on community care and transition to and from the Borders General Hospital)
Mental Health and Learning Disability	<ul style="list-style-type: none"> • Mental Health and Learning Disability Improvement Programme • Galavale Reprovision
Child Health	<ul style="list-style-type: none"> • Development of Children and Young People's Centre

Borders General Hospital

Institute for Healthcare Optimisation: Improving Patient Flow

NHS Borders is participating as a national pilot site to improve surgical flow with the Scottish Government Quality and Efficiency Support Team (QuEST) and the Institute for Healthcare Optimisation (IHO). There are two aspects to this:

1. Reengineering the Theatres – This project focuses on balancing resources and flow of time sensitive surgical cases and elective scheduled surgeries based on local demand
2. Redesigning Surgical Inpatient Flow - This workstream will create a “smoothed” schedule for elective inpatient admissions. It aims to develop processes to admit approximately the same number of scheduled surgical patients to selected inpatient ward(s) each day surgeries are performed

In the last two months a full data set has been submitted to IHO for workstream one and two to enable modelling to begin. Draft operating guidelines for theatres and a weekend gap analysis has been produced to support the work underway on modelling. A workshop

has taken place with clinical staff to consider options for smoothing surgical cases across the week between specialties.

Over the coming two months NHS Borders will work closely with IHO to model local data to consider the options for improving surgical flow. Options will be prepared for the end of January 2016 for further consideration by the Strategy Group.

Critical Care Review

The timeline for this project has deviated from the previous plan due to capacity issues. We are currently revisiting the clinical input into this project in light of current capacity both within the service and the project support available. However, initial stages have progressed and included:

Review of literature

A review of literature and national guidelines has been completed giving a framework within which to work. This has identified some of the particular challenges faced by a relatively small district general hospital in providing critical care services in relation to sustainable staffing levels.

Collection and analysis of data exploring current provision

We have identified substantial data on the functioning and activity of ITU/HDU and the Critical Care Outreach team, and have identified the need to understand more about the type and dependency level of patients.

Engagement and consultation with patients/families

Analysis of existing patient and family/carer feedback is beginning which will be used to inform the review priorities. As well as this existing dataset we will be making early contact with former patients and families who have previously agreed to be contacted. This valuable group of people will be used throughout the development of the project to ensure the outcome of the review meets the needs of our patients. Potential small scale changes captured through this feedback will be acted upon, where feasible, throughout this project.

Community/Community Hospitals

Eildon Community Ward

The intended aims of this project are as follows:

- To develop community ward capacity (to be known as Eildon Community Ward) outwith BGH that supports Central Borders patients who are unable to access local community hospital services to receive the care they need at home or within the local community setting.
- To improve patient safety and experience.
- To demonstrate the benefits of a locality based model of care and inform the future function and development of community hospitals and their operational policies.

A piece of work had been previously initiated to consider more formally the development of a model for medical cover for community hospitals that will move us towards an agreed way of working across the piece. It was planned to draw upon the successes and challenges of the different models we have now and of those we have had in place over recent times, however this work has been postponed to allow the Eildon Community Ward

project to be tested and deliver its outcomes, this will influence the model for medical cover.

As highlighted in the previous update to the Board, a successful discussion session was held at the end of October which was an opportunity for key stakeholders within the Eildon locality, including GPs, secondary care (DME), Medical Superintendents, community nursing, AHPs, pharmacy and Social Work to debate the initial proposals. There was unanimous support from those who attended and from additional consultation to explore the development of a community ward model within the Eildon locality. In accordance with the recommendations and output from the session, a working group is being established to develop a model of care which can then be tested and evaluated; an initial meeting of this group is scheduled for early December 2015. Funding from the Integrated Care Fund is still to be finalised.

A nominal high level timeline had previously been proposed:

0-3 months: analyse information; analyse evidence from other areas; engage & discuss with key stakeholders; establish Project Board.

3 – 6 months: confirm the model; recruit where necessary.

6 – 18months: trial model using PDSA methodology

18 – 24months: evaluation & write up of final report

The working group will refine and confirm both the timeline and the project structure at its initial meeting.

Galavale Reprovision

Currently located on the Galavale site in Galashiels, East/West Brigs Ward is a rehabilitation inpatient unit for patients with long-term mental health problems. The business case for the relocation of East/West Brigs Mental Health Rehabilitation Ward to Crumhaugh House in Hawick was approved at the August 2015 Board meeting. A wide range of engagement has been undertaken throughout the duration of this project since its commencement in July 2014.

Through a robust communications and public involvement plan an extensive programme of engagement both internal and external was carried out. This will continue throughout the implementation of the project. The Scottish Health Council worked closely with NHS Borders from the outset. Implementation is due to take place during the financial year 2016/17, a start date is yet to be confirmed.

Mental Health and Learning Disability

Mental Health and Learning Disability Improvement Programme

Since commencing the Inpatient Services Review a new improvement programme has commenced within the Mental Health service and Learning Disability service involving all community services and the mental health inpatient units.

The Improvement Programme began in October and is scheduled to run until the end of January 2016. This is an important investment in the Mental Health service and Learning Disability service, which will help to improve the amount of time clinical staff can spend

face to face with clients. Above all this is intended to improve the quality of services and support clinicians to do more of the work they want and are trained to do.

The programme is aimed at increasing the overall efficiency and productivity of the services and it is anticipated that this programme will enable positive outcomes to be shared by the organisation as a whole through the gaining of transferable skills and knowledge which will allow improvements and efficiencies to be sustained and shared across a wider service.

Child Health

Children and Young People's Centre

The development of a new build Children and Young People's Centre at Borders General Hospital is on-going. This project has the potential to deliver a significant improvement in the patient experience, giving children a unique and distinctive space within the hospital campus. It will be linked to the main hospital but will have a separate entrance and will house a dedicated paediatric outpatient department, in-patient ward and ambulatory care department. The Full Business Case is being developed and the timeline currently being reviewed.

Interdependencies

It is important to note that there are a number of complex interfaces around this programme of work and critical pieces of work will be delivering alongside this review. These include the progression of Health and Social Care integration locally, the development of a national Clinical Strategy by NHS Scotland and the National Conversation on Creating Fairer Scotland. This review must therefore be cognisant of these workstreams and of those which may commence during the life of the Inpatient Services Review.

Health and Social Care Integration

The Scottish Borders Health and Social Care partnership have completed a second draft Strategic Plan which outlines proposals for how health and social care services in the Borders will be planned in future. Consultation on this draft of the strategic plan is ongoing. The Inpatient Services Review will be cognisant of any feedback received through that process.

NHS Borders Public Involvement and Community Engagement Strategy

In summer 2015 NHS Borders completed a self-assessment against the Best Value Audit toolkit on community engagement. From this we have identified areas of good practice and areas in which we want to improve. To address this we are currently refreshing our Public Involvement and Community Engagement Strategy for the period 2016 – 2019 setting out our priority areas and key principles for public involvement and community engagement. Alongside this we will develop an action plan which set outs the key actions in our priority areas. This strategy will reflect the approach and method of Health in Your Hands: What Matters to You? engagement and will be take in to account any lessons learned. As part of this process we held a Public Partnership Forum (PPF) development day which considered our current approach and how the PPF can develop and remain an important part of our public involvement structure.

National Conversation: Creating a Fairer Scotland

We continue to be cognisant of this ongoing national engagement exercise lead by the Scottish Government. We are attending the local event held in the Borders to give and collect feedback and where possible learn from the approach being taken.

Revised Timeline

A high level timeline was presented to the February Board, as this work has progressed through a business as usual approach it has become clear that this has had to be revised. An update on the original timeline is presented below.

Activity	Description	Timescale	Update on Position
Launch of a full review of all NHS Borders Inpatient Services	Review group established with full role, remit and scope agreed. Robust project plan and outputs approved. This will include a full stakeholder analysis and Communications & Engagement plan developed. Project Workstreams identified.	April 2015	Inpatient Services Review launched April 2015. As described previously it was acknowledged that there were a number of workstreams under way across our inpatient services which were brought within the scope of this review. As such all workstreams are working to individual outputs and timelines but are working under the umbrella of the Inpatient Services Review and reporting to the Strategy Group.
Collection of key data and examples of modern or innovative approaches to care	A full analysis of our patients currently in our inpatient services including bed modelling. Reviewing all information received from engagement exercise	May/June 2015	Data analysis is being taken forward within individual workstreams (see updates contained above).
Dialogue with our communities, understanding what matters to our population	Conversations and listening points with all key stakeholders and the communities of the Borders	June/July 2015	Timescale for this has slipped. We have taken additional time to design and test our methodology to allow us to take an innovative approach to public engagement. We have worked with the Scottish

			Health Council, Public Governance Committee, Public Partnership Forum and the public to enable this.
Project workstreams identified in line with agreed scope and from dialogue with our population	Review all areas within scope including looking at other models of care and service delivery, regionally, nationally and internationally. This may identify examples of good practice that may have the potential to be implemented or tested at this stage of the review	July/August 2015	Timescale for this has slipped, partly as a result of the different approach taken and partly due to the revised timescale for public engagement activities. This is being taken forward within individual workstreams and the output of engagement work will inform this.
Dialogue with our communities – what we heard, what we have done, what the possibilities might be	Conversations with all key stakeholders to inform, engage and consult on initial findings from above work	August/September 2015	Timescale for this has deviated. Conversations with stakeholders are taking place within individual workstreams. The wider Health in Your Hands planned programme of engagement will support ongoing dialogue with our communities.
Identification of ideas	All potential ideas identified and considered and subjected to robust appraisal. This may identify examples of good practice that may have the potential to be implemented or tested at this stage of the review	October/November 2015	There are a number of workstreams under way across our inpatient services which were brought within the scope of this review. As such all workstreams are working to individual outputs and timelines, this will include the identification and testing of any potential ideas within the projects as appropriate.
Shortlist of options agreed and prioritised	A shortlist of options agreed and worked up proposals to outline how services could be redesigned to deliver future needs and recommendations. These will be prioritised in the form of short, medium	November/December/January 2015-16	These will be dependent on the outputs of the individual workstreams and engagement exercises.

	and longer term options		
Engagement with key stakeholders	Conversations with all key stakeholders to inform, engage and consult on preferred options	February – March 2016	This will happen within individual workstream timelines.
Recommendations to Board	A report back to the Board to outline preferred options taking into account information received from above consultation	June 2016	Individual workstreams of the inpatient review will report back within their individual timelines. The Health in Your Hands engagement exercise is on track to bring a summary and evaluation report back to the board in June 2016.
Implementation	Full implementation of agreed options.	July 2016 onwards	Individual workstreams will have different outputs. Proposals will be presented to the Board as appropriate.

Below is a revised overarching timeline which takes into account the individual workstream going forward:

Timeline	Activity
December 2015	<p>Eildon Community Ward:</p> <ul style="list-style-type: none"> Working group established and consideration of project scope <p>Critical Care:</p> <ul style="list-style-type: none"> review of timeline for project <p>Engagement:</p> <ul style="list-style-type: none"> continue informal public engagement, planning focus groups for targeted engagement, planning staff engagement, detailed communications and engagement plan produced.
January 2016	<p>Institute for Health Optimisation:</p> <ul style="list-style-type: none"> outputs from project fed back to strategy group for consideration <p>Mental Health and Learning Disability Improvement Programme:</p> <ul style="list-style-type: none"> scheduled improvement work due to be completed end of January – improved systems and processes in place. <p>Engagement:</p> <ul style="list-style-type: none"> Targeted groups Staff engagement with partnership support Attendance at formal groups

February – March 2016	Eildon Community Ward: <ul style="list-style-type: none"> • model confirmed and appropriate recruitment undertaken Engagement <ul style="list-style-type: none"> • Targeted groups • Staff engagement with partnership support • Attendance at formal groups
April – May 2016	Pre- Election Period <ul style="list-style-type: none"> • No public engagement activity • Write up of summary and evaluation of engagement work.
June 2016	Report back to Board

This is a high level timeline, it should be noted that individual workstreams are committed to making incremental service improvements, where identified, in the course of their activities.

Health in Your Hands: What Matters to You? **Public Engagement Exercise**

We recognise that our communities should be seen as co-owners and partners in our NHS rather than as service-users. We are committed to the concept of mutuality and co-ownership with the people of the Borders and will strive to improve inclusion and public involvement in designing and improving services.

The *Health in Your Hands: what matters to you* engagement exercise was launched at the NHS Borders Annual Review on September 17th 2015. The aim is to actively engage groups, individuals and communities in conversation in order to find out:

1. What matters to you about your health and health services
2. What we can do together to improve health services for our communities
3. How we can communicate and work more effectively with our patients, families and communities.

With these aims in mind we have designed some questions which we can ask the public which will help facilitate and encourage discussion.

- What are you proud of within your NHS?
- Tell us about a time when you have used our services? Was your experience positive or negative? Could anything have been improved?
- I'm sure you are aware of the pressures facing our NHS: increasing demand for our services, financial pressures, recruitment difficulties, and an aging population. Bearing this in mind is there anything we could do differently?
- Can you suggest any ways in which NHS Borders could make savings?

Our approach and questions were presented to the Public Governance Committee who gave some feedback around the questions we were proposing and were wholly positive about the approach and methodology proposed.

We appreciate we have a wide audience to reach throughout the Borders and as such we are planning 4 tiers of engagement activities:

- Informal
 - Engaging the public in conversation in informal settings such as local cafes and supermarkets.
 - Opportunistic – directors and key senior managers will be provided with briefing packs outlining our aims and key questions and encouraging them to promote the work and engage directly with people in their day to day interactions.
- Targeted – seldom heard and hard to reach groups
 - Use a targeted approach, such as focus groups, to have meaningful and more structured engagement with specific groups and on specific issues.
 - Working with our colleagues across health, social care and third sector to identify existing community groups that we can reach out to.
 - For example, we will be working with Borders College to co-produce engagement materials aimed at young people.
- Formal groups
 - Using formal network of groups and committees to promote the engagement exercise and gather feedback.
- Targeted – around the Clinical Services Review workstreams
 - Public involvement will be a key part of the clinical services review workstreams. There are two projects ongoing: a review of Critical Care services, and the Eildon Community Ward Project.
 - The ongoing Critical Care review will target patients and families who have previously experienced the service and use their feedback to inform the overall outcome of the review. This will build on public engagement already undertaken by the service on a regular basis.
 - The Eildon Community Ward project has the potential to impact on a wide range of stakeholders. This project will build in community and public engagement into the project plan and any feedback and comments collected in the meantime from the Eildon locality will be fed into the project as it develops.
 - Public engagement will be built into the project plans.

We have developed leaflets and posters that will be used to promote the overarching aims of engagement. More specific materials can be developed around certain issues or areas. For example, we are exploring how we can present data in an easily understandable way to support discussion around the pressures NHS Borders is facing.

Key aims of our engagement:

- We want to encourage people to tell us what they want from health services
- We want to particularly target people who we don't usually hear from
- We want to find out the best way to communicate with our communities about our services to gather real time feedback on our current services and involve people in the development and improvement of services.
- We want to gather information, comments and ideas that can be passed on the existing services and projects for consideration.

- We are committed to not only listening to our communities but also acting on feedback received.

Public Engagement to Date

We have been out to visit locations in Galashiels and Newton St Boswells to start the conversation with the public and test out our questions and approach. The reception so far has been positive with local businesses happy to host us and allow us to talk to their customers. We have spoken to a variety of people including those who regularly use our services and those who only have occasional contact. From this variety of personal experiences we have received feedback around specific issues and also general comments regarding the health service as a whole. We have also received positive feedback about our approach of speaking to people in different setting and in a less structured manner. One person commented that this is a good way to get honest responses as conversation can take place in a 'relaxed and informal' atmosphere.

Included below are some of the key themes that have arisen to date:

- Feel lucky that we have the NHS.
- Extended GP opening hours
- Good quality service experienced in Borders General Hospital
- Nurses and doctors seem to face pressures such as long hours, high workload and understaffing

Feedback is being collated in a single database which will allow us to identify themes as they emerge. This is a key item on the next Area Partnership Forum in December to present our plans, progress to date and to discuss how to feedback information collected to staff.

Alongside this informal tier of engagement we are in the process of arranging more focussed and facilitated engagement activities with community, interest and support groups from across the Borders.

Building on the experience of engaging with members of the public we are now planning how to engage with our employees in their capacity both as healthcare professionals but also as patients, patients' families or carers and members of the public.

Next Steps

- Continue to progress in line with revised timeline

Recommendation

The Board is asked to **note** this update and the revised timescale.

Policy/Strategy Implications	This review will further develop and implement the principles that were agreed as part of the 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 will be subject to ongoing discussion with the Board Executive Team, Clinical Strategy Core Group, Clinical Boards, Support Services etc.
Consultation with Professional Committees	See above
Risk Assessment	Consideration of issues and risks will be a continuous process as part of a 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.
Resource/Staffing Implications	At present this is being supported within existing resources.

Approved by

Name	Designation	Name	Designation
June Smyth	Head of Workforce and Planning	Sheena MacDonald	Medical Director

Author(s)

Name	Designation	Name	Designation
Heather Tait	Planning and Performance Manager	Steph Errington	Head of Planning and Performance