

Borders NHS Board



INPATIENT SERVICES REVIEW: HEALTH IN YOUR HANDS

Aim

This paper aims to provide the Board with an update on the workstreams that fall under the umbrella of the Inpatient Services Review.

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. In 2014 the Board developed a clinical strategy in consultation with the public and the staff. This established agreed principles (re iterated in the table 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

Following publication of the Key Principles, NHS Borders launched the *Health in Your Hands: What Matters to You?* engagement exercise alongside a review of inpatient services.

The Board recognised that communities are co-owners and partners in the NHS rather than service-users, and is committed to the concept of mutuality and co-ownership with

the people of the Borders and is striving to improve inclusion and public involvement in designing and improving services. The main purpose therefore of this public engagement exercise was to enable an opportunity for the public across Borders to tell us what was important to them in order to help shape future services and give consideration to future priorities. The exercise was also aimed at providing the chance for the Board to listen and to give an opportunity for people to give feedback and share their stories on the care that they have received in the past or recommendations for how they would like to receive care in the future should they require it.

The engagement exercise concluded in March 2016 and a full report was presented to the Board at its meeting in June 2016.

In terms of the review of inpatient services, this programme has followed a business as usual approach, given that at the outset it was acknowledged that a number of work-streams were already underway around many of the inpatient services. These existing work-streams are referenced under the umbrella of the Inpatient Services Review, all of which have been working to individual timelines and reporting to the Clinical Executive Strategy Group.

The table below outlines the workstreams that fall under the umbrella of the current review. More detailed updates on the individual workstreams are provided later in the paper:

Inpatient Area	Workstream
Borders General Hospital	<ul style="list-style-type: none"> • Institute for Healthcare Optimisation (IHO) - Improving Patient Flow • Medical Floor Redesign • Cardiology Service • 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

It was recognised from the outset of this work that there are a number of complex interfaces with this programme of work, including the progression of health and social care integration, and so would need to be cognisant of these other developments.

Inpatient Services Review – Workstream Updates

Borders General Hospital

Institute for Healthcare Optimisation (IHO): 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).

Work underway to improve patient flow in NHS Borders planned care is progressing and options presented following detailed modeling have been worked up to consider through an option appraisal process.

IHO visited NHS Borders on 18 May 2016 to assist with the discussions, which was well attended by a range of clinicians and managerial representatives. There was good engagement on the day and staff are feeling positive and are excited about the potential benefits that could be achieved through implementation of the modeling options.

A non-financial option appraisal took place on 20 June 2016 to establish the preferred location for a combined elective surgical ward, and a financial appraisal is now underway. The overall outcome of the option appraisal process is due to be considered by the Primary, Acute and Community Service Clinical Board on 27 July 2016 and will be presented therefore to the Clinical Executive Strategy Group on 11 August 2016 for their consideration.

Medical Floor Redesign

As part of the development of a new model for the delivery of acute medical care within the BGH, an NHS Borders 'Reshaping Medicine' project is being taken forward over the course of 2016/17.

The first stage of this project was the appointment of an Acute Physician and the establishment of a new model for assessing acutely ill medical patients. This involved the establishment of the Acute Assessment Unit in December 2015 and the introduction of an acute medicine model of care in the Medical Assessment Unit (MAU), with daily senior medical review and rapid decision-making.

The second stage of the project is to remodel the medical footprint to match the demand for inpatient beds, based on patient need. This is likely to lead to a rebalancing in numbers of elderly care beds and acute medical beds. The aim of the project will be to ensure that patients are cared for in the appropriate environment with the correct medical nursing and support staff.

This project has now been launched and work is underway to:

- Develop a model for acute medical care
- Review the current function of Ward 5 and develop options for managing this group of patients
- Develop a model for acute elderly care wards

A paper outlining proposals for the remodelled service was taken to the Clinical Executive Strategy Group in July 2016, with implementation plans to deliver a remodelled medical footprint by October 2016, in preparation for Winter Planning.

A project manager has been appointed and will be in post towards the end of June.

Cardiology Service / Ward 5 (BGH)

As part of the Remodelling Medicine project, a project team has been established to review current usage of Ward 5 and potential future options.

The project is now underway and will undertake a review of bed utilisation within Ward 5 and develop models for future management of patients who currently use Ward 5, including patients requiring cardiac management, patients with general high dependency medical needs and patients requiring frequent monitoring. The project will determine the inpatient demand for each of these groups of patients and set out options for future management of these patients.

The project aims to complete an option appraisal process by the end of October 2016.

Critical Care

This workstream had been identified as a stand alone piece of work at the outset of the Inpatient Services Review. As such and as previously reported a review of literature and national guidelines had been undertaken along with a review of the data and activity relating to ITU/HDU and the Critical Care Outreach Team. This 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. It also identified a need to understand more about the type and dependency level of patients.

Progress against this workstream was not been as timely as originally planned for a number of reasons, however it has now been agreed within the service that this work will be progressed as part of the Medical Floor Redesign project and Cardiology Service/Ward 5 projects, described above and be integrated into the developing project plan.

Community / Community Hospitals

Eildon Community Ward

This project had been designed to focus on a model of care, initially in central Borders, to provide a clinical bridge across primary and secondary care as well as with Social Work and other partner agencies, with a particular focus on those patients requiring community hospital level care i.e. sub-acute care.

It was recognised that the Eildon Community Ward Project inter-links with the Health & Social Care Coordination Project and the Health Improvement Long Term Conditions Project and plans were in place to ensure a coordinated and consistent approach across these interrelated projects.

The project was successful in securing project resources through the Integrated Care Fund under the Integration Joint Board. However, all Integrated Care Fund projects are currently being reviewed and as such the decision has been undertaken to pause the

development of this project whilst this review of all the Integrated Care Fund is undertaken.

Discussions are now underway to align the objectives of this project to other redesign projects that have emerged over recent weeks. This will ensure that pathways of care are more joined up and seamless.

Mental Health and Learning Disability

Mental Health and Learning Disability Improvement Programme

The Improvement Programme began in October 2015 aimed at enhancing quality and increasing the overall efficiency and productivity within the Mental Health Service and Learning Disability Service . Above all the programme was intended to improve the quality of services and support clinicians to do more of the work they want and are trained to do, including improving the amount of time clinical staff can spend face to face with clients and patients.

To date the improvement programme improved the demand management of patient activity, improved the work allocation of staffing resources to ensure equitable workload to staff, and improved the quality of patient data captured to monitor patient activity.

Discussions on a team by team basis have identified actual capacity within the services and redirected this where required to focus on other key operational priorities and to focus on qualitative patient activities aimed at improving the service we provide to our patients.

A number of 'lessons learned' have been captured through the Mental Health and Learning Disabilities Service Improvement Programme which are being used to inform the Clinical Productivity programme which has been introduced as part of the Board's 2016/17 Quality and Efficiency Programme.

Galavale Reprovision

The Business Case for the Galavale Reprovision, which involves the relocation of the Mental Health Rehabilitation Inpatient Ward currently located on the Galavale Site at Galashiels, was approved by NHS Borders Board on 6th August 2015.

An update on this development was presented to the Board as part of the Capital Plan Update in June. Next steps include the appointment of the Construction Partner, development of the detailed designs and costs with the Project Team, submission to the Capital Investment Group of the detailed design costs for approval and following that approval development of the finalised Outline Business Case.

Child Health

Development of Children's & Young People's Centre

Discussions are ongoing with Scottish Government and Health Facilities Scotland regarding this centre and how it fits with the future design of other services within the BGH site. Therefore a number of national reports are being reviewed to understand the implications as part of this work.

Health in Your Hands: What Matters to You?

As highlighted earlier in the paper, a full report on the Health in Your Hands: What Matters to You? engagement exercise was presented to the Board at its meeting in June 2016. This included the outputs and feedback from the exercise and proposed a number of actions on how the feedback will be used to support future service planning, which the Board agreed, relating to how we will use the learning and feedback from this exercise to help inform our developing Public Involvement and Community Engagement Strategy and future engagement exercises; will be shared with Community Planning Partners as we develop a collective approach to community engagement; providing direct feedback around any individual services to Heads of Service for their information and action if required; and the production of a summary report for the public and our staff on the exercise and our next steps. All of these activities are currently being taken forward.

Next Steps

Since commencing the Health in Your Hands: What Matters to You? engagement exercise and the review of inpatient services the context in which NHS Borders operates has changed. This is as a result of a number of initiatives such as the launch of a National Clinical Strategy in February 2016, the announcement of new elective centres across Scotland, a growing focus on Realistic Medicine and locally, the publication in April 2016 of the Joint Health & Social Care Strategic Plan.

As a result we are assessing what impact these developments might have on our current Clinical Strategy and a report will be brought to a future Board meeting.

Recommendation

The Board is asked to **note** this update.

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 is being delivered in line with Board Policy requirements on Equality and Diversity. An equality impact assessment has been processed which demonstrates

	that the review is being delivered in line with Equality and Diversity requirements.
Resource/Staffing Implications	At present this is being supported within existing resources.

Approved by

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