

**Borders NHS Board**

## **NHS BORDERS CLINICAL STRATEGY**

### **Aim**

This paper aims to provide the Board with an update on work undertaken to date to conclude the development of NHS Borders' Clinical Strategy and an outline of the next steps.

### **Background**

#### **Development of key strategic principles**

In 2014, following a period of consultation with staff and the public, the Board approved a series of Key Strategic Principles. These 7 key principles form the basis for the future design and development of clinical services across NHS Borders.

These principles are in line with and fully support the 2020 vision for Healthcare in Scotland. The vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

These principles are summarised below, with examples of what we mean by each of these principles attached in Appendix 1:

#### **NHS Borders Key Strategic 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

When approving the key principles the Board made a commitment to ensure that each service within NHS Borders would be tested against the key principles in order to improve the quality and effectiveness of service delivery. In recognition that this would take a significant length of time, it was proposed a programme of work was devised to ensure this was a manageable approach, commencing first with a review of inpatient services in 2015. This would enable services to consider what needed 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.

### Inpatient service review 2015 - 2016

Recognising that a number of service reviews and developments were already underway a Business as Usual approach was adopted. These existing workstreams were therefore referenced under the umbrella of the Inpatient Services Review, all working to their own, independent timescales, reporting through to the Clinical Executive Strategy Group, with new projects added as they developed. The table below outlines workstreams which fell under the umbrella of the review:

<b>Inpatient Area</b>	<b>Workstream</b>
Borders General Hospital	<ul style="list-style-type: none"> <li>• Institute for Healthcare Optimisation (IHO) – Improving Patient Flow</li> <li>• Medical Floor Redesign</li> <li>• Cardiology Service (incorporating Critical Care Review)</li> </ul>
Community / Community Hospitals	<ul style="list-style-type: none"> <li>• Eildon Community Ward (<i>objectives transitioned into other redesign projects to ensure seamless pathways of care</i>)</li> <li>•</li> </ul>
Mental Health and Learning Disability	<ul style="list-style-type: none"> <li>• Mental Health and Learning Disability Improvement Programme</li> <li>• Galavale Reprovision</li> </ul>
Child Health	<ul style="list-style-type: none"> <li>• Proposals for a Children and Young People's Centre</li> </ul>

Progress updates on the specific projects were provided to the Board on a regular basis. It was recognised at the outset of this work that there were 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.

### What Matters to You?

In addition the specific workstreams held under the umbrella of the review, a key commitment made by the Board was to undertake a dialogue and a series of conversations with our communities, our staff and the people of the Borders, in the most meaningful way following on from our consultation work around the key strategic principles.

A large scale public engagement exercise *Health in Your Hands: What Matters to You?* was designed to give the Borders public an opportunity to tell us what was important to them to help NHS Borders 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 and recommendations for how they would like to receive care in the future should they require it.

A full report on the engagement exercise was presented to the Board at its meeting in June 2016 at which a number of actions were agreed to ensure the captured feedback helped inform wider public involvement and engagement activities (both for NHS Borders

and wider partnerships) as well as to ensure specific feedback was provided to relevant clinical leads to help inform ongoing service developments.

During the discussion we acknowledged that we want to create a culture of continuous learning, improvement and innovation in partnership with our communities that promotes and upholds our organisational values and drives high quality, safe and person-centred care.

### Changing context and wider environment

By August of last year it was recognised that 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 had changed. This was as a result of a number of initiatives such as:

- the publication of a National Clinical Strategy in February 2016
- the publication by the Integration Joint Board of the Joint Health & Social Care Strategic Plan in April 2016
- The publication of the Scottish Health & Social Care Delivery Plan in December 2016 which confirmed the development of specialist diagnostic and elective treatment centres
- a growing focus on Realistic Medicine across NHS Scotland
- changes to the NHS Capital development process
- a continued challenging financial environment across the NHS and the wider public sector

As a result an assessment of what these developments might have on our current strategy activities alongside a stock-take of progress of the work to date was initiated. This took place over late summer and into autumn 2016 and highlighted that the development of a vision for services locally needed to shift to a longer term view, and that this should be developed for services across NHS Borders, not just inpatient units. We needed to ensure improved engagement with Primary Care and Community colleagues as well as continuing to be cognisant of the integration change work and ensure a whole system / pathway approach to service redesign.

In addition, we needed to link more closely to the early capital development discussions underway locally as well as understanding the order of priority of the work already underway and to ensure these workstreams took account of the wider changing context in which we are now operating.

Following this nine over-arching strategic workstreams were identified in order to help conclude the development of our Clinical Strategy, as outlined below:

- Urgent Care
- Planned Care
- Mental Health and Learning Disability
- Frail Older People and End of Life Care
- Long Term Conditions and Multiple Morbidity
- Cancer Care
- Women and Children's Services
- Primary Care Development

- Clinical Support (such as workforce challenges and IM&T / digital infrastructure)

The latter is to be cross referenced against all of the other workstreams. These workstreams incorporate the earlier projects that were developing under the umbrella of Health in Your Hands, and are at different stages of maturity and discussion. Through conversations with the Clinical Executive Strategy Group it was agreed that in the immediate term a focus should be around the Urgent Care and Children's Services workstreams as they required a deeper level of analysis than had been undertaken to date.

As a result a number of workshops have been held with key stakeholders (including those from partner organisations) to consider in detail a wide range of activity data (provided by local teams and also from ISD), consideration of current and future challenges, and discussion around new and emerging service models both locally and nationally. In addition, emerging external drivers such as the Health & Social Care Delivery Plan published in December 2016, the requirement for a Regional Delivery Plan and emerging Integration Transformational Plan are also being considered. The outputs from the workshops will inform change projects which flow out of the Clinical Strategy once it is published later this year.

#### Publication of a Clinical Strategy Document

A Clinical Strategy document is currently being prepared based on all of the work to date and the changing / wider context as outlined earlier in the paper, which will be brought forward for consideration by the Board at its meeting in June 2017.

This will set the key strategic principles already approved by the Board within the context of NHS Borders services and our vision for the future.

The aims of the Strategy will be:

- To provide clarity for staff, the public and partners on the direction and key priorities for staff in NHS Borders in the next five years and beyond, focusing on the delivery of safe and sustainable services and ensuring the best possible patient experience and health outcomes.
- To have a clear response to how we will maximise opportunities and adequately manage current and future predicted challenges facing the NHS (and other partner organisations), such as increasing population needs, advances in technology, workforce and financial challenges.
- To support future decision making and guide how we best use our limited resources.
- To set out how collaborative working with partners will be supported to meet the needs of the South East of Scotland populations and ensure sustainability of health and social care services.
- To contribute to the delivery of the national vision for health and social care in Scotland, as set out in the National Clinical Strategy.

The Clinical Strategy, which is currently being drafted, will be consistent with the previously agreed strategic principles which were subject to a period of consultation, in addition to which we have held the *What Matters to You?* engagement exercise as work progressed. However, as highlighted earlier the Board is committed to communities being co-owners and partners in the NHS and the concept of mutuality. As a result, we plan to undertake a further engagement and consultation exercise over the summer months after the Clinical Strategy is published to secure additional feedback from patients, carers, members of the public and our wider stakeholders. This will provide an opportunity not only to sense check that the key principles remain relevant in the eyes of our local communities but also to test out the direction of travel we are outlining for all Clinical Services within the Borders.

## Summary

As outlined above, the Clinical Strategy will set out the future direction of travel for clinical services within the Borders within the context of health and social care integration, the national clinical strategy, the move to more regional collaborative working and continued financial challenges facing the wider public sector.

In order to respond to the local strategy as well as these other national drivers for change, a number of transformational change projects will be initiated to ensure we review, design and develop sustainable care services for the future. More information on this wider change programme will be available as it develops in the coming months. We also intend to consult widely on this over the summer to secure feedback on the direction of travel we are outlining.

## Recommendation

The Board is asked to **note** the update on the work to date to conclude the development of a Clinical Strategy for NHS Borders.

<b>Policy/Strategy Implications</b>	The Clinical Strategy will set out the direction of travel which NHS Borders must take if we are to address the future clinical health and care needs and requirements of the local population.
<b>Consultation</b>	The strategic principles were subject to a period of formal public consultation in 2014. This was complemented by a wider engagement exercise during 2015/16 <i>What Matters to You?</i> Once published, the Clinical Strategy document will be subject to a further engagement and consultation period to continue our commitment to communities being coowners of health care in the Borders.
<b>Consultation with Professional Committees</b>	As outlined above. As the Clinical Strategy is developed in draft it will be shared with a wide range of bodies for comment and feedback including the Area Clinical Forum, Area Partnership Forum, GP Sub Committee and the Clinical Executive

	Strategy Group before being brought forward to the Board for consideration.
<b>Risk Assessment</b>	Consideration of issues and risks is a continuous process as part of the review and project management approach. Change Projects initiated to respond to the Clinical Strategy will outline specific risks / issues and other implications.
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	The programme is being delivered in line with Board Policy requirements on Equality and Diversity.
<b>Resource/Staffing Implications</b>	The Clinical Strategy is being developed within existing resources. Change projects initiated to respond to the Clinical Strategy will outline specific resource / staffing implications.

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Dr Tim Patterson	Joint Director of Public Health	June Smyth	Director of Workforce & Planning

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## Appendix 1

### Key Strategy Principles with specific examples:

#### 1. Services will be Safe, Effective and High Quality:

- a. Patient Safety will remain NHS Borders' number one priority and at the centre of all of our services.
- b. We will continue to develop standardised care pathways to ensure effective, high quality services, supporting staff to develop the skills to deliver them.
- c. We will continue to identify and address avoidable harm, for example, post operative infections and hospital acquired infections will become an exception within our hospitals.
- d. There will be continued work to further reduce our Hospital Standardised Mortality Ratio (HSMR).
- e. The Patient Safety programmes in both Primary and Secondary care will continue to be implemented and driven forward.
- f. Appropriate training will be provided to staff to ensure they are supported to provide safe, effective and high quality services to the patient.

#### 2. Services will be Person-Centred and Seamless:

- a. The individual (along with family and carers) will be at the heart of new service delivery models to ensure better outcomes, as genuine partners in their treatment and care.
- b. Integration and partnership working between health, local authority and the third sector will provide better working arrangements and co-location of services, to ensure seamless care for the patient.
- c. Care will be delivered in an integrated way, with patients, carers, primary and secondary care clinicians, Social Care and the third sector working together as a team to manage conditions.  
Discharge from hospital will be smooth and timely, engaging with the patient, carers and multidisciplinary team, to reduce the risk of readmission and support safe, effective care in the community.
- d. NHS Borders will be person-centred for patients, their family/carers and staff.

#### 3. Health Improvement and Prevention will be as important as treatment of illness:

- a. Every healthcare contact will be a health improvement opportunity – NHS staff will encourage, sign-post and refer as appropriate to help patients with lifestyle changes and any wider issues that may affect their health.
- b. Staff will receive the appropriate training and support to enable them to promote health improvement and prevention.
- c. We will continue to strive to reduce health inequalities, by working in partnership with all Independent Contractors and Community Planning Partners.
- d. For our patients with long term conditions, we will anticipate their needs, and strive to address any problems before they become emergencies, to avoid hospital admission where possible, (the “anticipatory care” approach).
- e. We will work with our local authority and other partners to support people to become more resilient, take more responsibility for their own health, and to build on assets in their communities to maintain and improve their health and wellbeing. We will focus particularly on early intervention and prevention in our most deprived communities.

**4. Services will be delivered as close to home as possible:**

- a. We will develop community services in partnership with the local authority and third sector to help people receive their treatment and care within their own communities so that they will only be admitted to hospital when clinically necessary.
- b. Treatment and care will be provided in the most appropriate setting, which may include the GP practices, community hospitals, community pharmacies and day centres, and we will train and support staff to provide this.
- c. We will continue the journey whereby specialist or secondary care services are increasingly provided in health centres, community hospitals or in a day care setting, (e.g. day case treatment becoming the norm for planned surgery)
- d. We will continue to develop better alternatives to hospital admission.

**5. As a consequence of the above principle, admission to hospital will only happen when necessary, and will be brief and smooth:**

- a. The focus for the general hospital will be the planned treatment of patients requiring surgical intervention, or the stabilisation of acutely unwell medical patients.
- b. Admission processes will continue to be simplified and standardised with minimal delays for those requiring hospital treatment.
- c. The goals of admission will be reached as soon as possible, with minimal time wasted waiting or queuing for expert opinions, investigations or diagnostic procedures.
- d. Discharge from hospital will be smooth and timely, working with patients and carers to reduce the risk of readmission, by engaging local health and care services as soon as their needs allow.

**6. We are committed to working in Partnership with staff, communities and other organisations to deliver the best outcomes for the people we serve:**

- a. We will work with our partners in the Community Planning Partnership focusing on delivering better outcomes for the Scottish Borders and its people.
- b. We are committed to working with, listening to and valuing the views of all our staff. We will work in partnership with all our staff to ensure the provision of high quality services.
- c. The Third Sector and the Independent Sector provide many opportunities for us to work collectively to improve the health and well-being of our population. We will continue to seek and develop links with these sectors and use our collective experience to provide better services.
- d. We will continue to strengthen the links between health and social care, as Partnership working will improve the experience of patients and help us to provide services more effectively and efficiently.
- e. We are committed to contributing to the spread of innovative ways of working by engaging in regional and national programmes, groups and workstreams, across NHS Scotland and beyond.
- f. Our patients, their families and carers will be at the heart of everything we do. We will continue to develop our ability to listen and act on feedback we receive and will actively engage patients and the public in improving our services.

**7. Services will be delivered efficiently, within available means:**

- a. The use of new technology in all aspects of healthcare will be maximised.
- b. More streamlined pathways of care to reduce delays and wastage and improve the patient experience.



- c. Treatments and service provision will take account of evidence, cost effectiveness and opportunity costs.
- d. NHS Borders subscribes to the development of a Fair and Just culture to ensure that all staff in the workforce feel valued and supported in delivering both the current service and pursuing the necessary changes.