

Midlothian Integration Joint Board



Thursday 23rd August 2018, 2.00pm

The Lothian Hospitals Plan

Item number: 5.2

Executive summary

This report provides an update on the Lothian Hospitals Plan (LHP), agreed by NHS Lothian in January 2017. It provides a high-level overview of the themes within the LHP, an update on progress, and the key points associated with the interdigitation with the Midlothian Integration Joint Board (MIJB).

Board members are asked to:

- Note the development of the LHP including linkage with capital prioritisation process;
- Note the current work in progress in respect of acute sites;
- Note the particular points of overlap with the MIJB Strategic Plan and planning process.

The Lothian Hospitals Plan

1 Purpose

- 1.1 The purpose of this report is to update MIJB on progress with the implementation of the LHP.

2 Recommendations

MIJB members are asked to;

- 2.1 Note the development of the LHP including linkage with capital prioritisation process;
- 2.2 Note the current work in progress in respect of acute sites;
- 2.3 Note the particular points of overlap with the MIJB Strategic Plan and planning process.

3 Background and main report

- 3.1 LHP was developed throughout calendar 2016 with the intent of;
- Summarising the acute hospital system's response to changes in demography, workforce, finance, and condition of the estate
 - Providing an organisational focus to investment decisions and management efforts
 - Acting as a clear framework within which to take forward bids under the revised Scottish Capital Investment Manual (SCIM) process
 - Responding to IJB Directions.
- 3.2 Key to the conclusions of the plan is the strategic headlines for each site which comprise:

Site	Strategic Headline
Royal Edinburgh Hospital	Edinburgh's inpatient centre for highly specialist mental health and learning disability services, incorporating regional and national services
St John's Hospital	An elective care centre for Lothian and for the South-East Scotland region, incorporating highly specialist head and neck, plastics, and ENT services.
Western General Hospital	The Cancer Hospital for South-East Scotland, incorporating breast, urology, and colorectal surgery
Royal Infirmary of Edinburgh	South-East Scotland's emergency care centre, incorporating a major trauma centre, orthopaedic services, neurosurgery, children's tertiary care

- 3.3 The LHP is now part of the day-to-day fabric of decision-making for NHS Lothian in terms of investments, workforce development, and capital planning, with significant work underway to implement the plan. The key elements of this work across acute sites and services are outlined in this paper. Closely associated with the LHP is recent work to produce a capital plan through the development of a robust pan-Lothian Capital Prioritisation Process. This work will be used to further develop revenue prioritisation. Similarly, the 'Lothian Box' has emerged as a tool to assess future sustainability of specialties within acute sites.
- 3.4 The LHP is a mechanism to achieve aligned and coherent service delivery across the primary and secondary care interface. The LHP seeks to adapt and respond to the directions set by the IJBs.
- 3.5 The LHP is constructed in 2 ways; plans relative to each individual acute site and plans associated with care streams – notably medical specialties, cancer services, elective care. The vision for delivery of the LHP remains within the five-to-ten-year timescale. Where opportunities for change present in advance of this timescale they will be taken.

Site Specific Plans

- 3.6 Royal Infirmary of Edinburgh (RIE)
- A planning assumption that RIE will receive DCN and RHSC on to the site in early 2019;
 - A planning assumption that, with approval of the Short Stay Elective Centre business case by the Scottish Government in September 2018, day case and short stay elective surgery across General Surgery, Gynaecology and Orthopaedics will be centralised at St John's Hospital, Livingston from approximately 2022 onwards. Elective inpatient orthopaedics will remain on the RIE site with patients who currently receive elective inpatient orthopaedic care in other hospitals including the Golden Jubilee Hospital, Clydebank, in future receiving this care at RIE.
 - The establishment of a major trauma centre for the South-East of Scotland at the RIE from 2020. Detailed work continues with regional and national partners, to scope the requirements of a Major Trauma Centre within the RIE, bringing together specialist orthopaedic, general surgery, vascular surgery, neurosurgery, plastic surgery, and cardiothoracic surgical services with the emergency department and critical care. The resources required to deliver this service are currently estimated at c£7m which supports mainly staffing across the multidisciplinary team. This money has been approved by the Scottish Government.
 - The RIE campus will also become the site for the re-provided Princess Alexandra Eye Pavilion on the Edinburgh bioQuarter. A revised Initial Agreement (confirming regional requirement) was submitted to the Scottish Government Capital Investment Group in November 2017 with approval to proceed to Outline Business case given in March 2018.

- Acute Medical Unit expansion work concluded in February 2018 and resulted in an additional 8 beds, with revenue costs funded by Edinburgh IJB.

3.7 Western General Hospital (WGH)

- As outlined previously the relocation of short stay elective surgery to SJH will release theatre and bed (day bed) capacity for the site to utilise in expansion of breast, urology and colorectal surgery as necessary.
- The initial agreement for a replacement satellite dialysis unit on the WGH was approved in the middle of 2017 and outline business case in train for consideration November 2018.
- Work for the WGH site centres around the development of Transitional arrangements for Cancer Centre Re-provision.
- The Initial Agreement for a re-provided Cancer Centre on the Western General site has been commenced, with submission to Scottish Government due October 2019.
- Infectious disease services currently located on WGH campus have a clear need for a new capital build which meets modern standards, as has been highlighted with recent outbreaks across the world of highly-infectious diseases such as MERS and Ebola. Given other changes in the training of infectious disease specialists, and the need to be co-located with an emergency department, it seems likely that the proposition around infectious diseases will be to re-provide this on the RIE campus. As such, a strategic assessment is currently being undertaken to demonstrate the case for redesign/relocation which will inform future service configuration.

3.8 St John's Hospital (SJH)

- The Ward 20 Ambulatory Care Surgical Unit opened in summer 2017 providing fit for purpose and extended ambulatory care services for patients undergoing Ophthalmic and Hand surgery.
- Work is underway with Colorectal, General Surgery, Gynaecology, Orthopaedics, and Urology to identify which short stay procedures may be delivered within the new elective centre facility. Initial analysis (excluding growth) suggests a minimum of 10,000 procedures per annum may be transferred from RIE & WGH sites, releasing capacity on those sites to accommodate future growth.
- Further to a national review of Burns Services in 2017 SJH will continue to provide Burns services within the context of a regional Burns Facility, rather than that of a national Burns Hub.
- Women's Services are working towards creating an ambulatory care facility within their inpatient ward in SJH in 2018. This service redesign will release capacity across the system by moving work out of theatre to alternative clinical environments (ward and outpatients).

- Strategic assessments are being progressed this year for expansion of Acute Receiving and Haematology/Oncology on the SJH site.

3.9 Royal Edinburgh Hospital (REH)

- The new Royal Edinburgh Building, Phase 1, covering acute mental health and older people's mental health services as well as complex psychiatric disability resulting from brain injury, was completed in Summer 2017.
- Work is underway to conclude the business case for Phase 2, including the rest of mental health services and learning disability services, and it is anticipated that this work will conclude later this year.
- The Chief Officer of MIJB is currently chairing disabilities collaborative across the 4 Lothian IJBs and NHS Lothian which will inform the design and sizing of Phase 3 of the Royal Edinburgh, which would see the transfer of services from the Astley Ainslie Hospital to REH.

Medical Specialties

- 3.10 The issue of how medical specialties – core to “district general hospital” inpatient services, and which are present on each of RIE, WGH, and SJH – meet the changing demand remains fundamental to development of the LHP. These services are within the set-aside of IJB budgets, and are theoretically to be planned and commissioned by IJBs.
- 3.11 The need for medical services on each site remains. This is required in order to support the specialist services delivered on each site. For example, it would not be possible to deliver oncology or surgical services on the WGH site without medical input.
- 3.12 There are significant workforce supply issues which mean that sustaining the current configuration is an increasing challenge.
- 3.13 The Medical Specialties Programme Board oversees this workstream and is chaired by Dr Brian Cook. It currently has representation from each acute site, all Associate Medical Directors (Medicine), and Strategic Planning. Established in late 2016 it began by looking specifically at acute medical receiving and general medicine, which exists on all three sites. These are under purview of the IJBs and are subject to IJB Directions, so this work is significantly driven by the need to respond positively.
- 3.14 To date work has focused around securing effective datasets which provide clear understanding of the unscheduled flows in to each acute adult site. This has enabled some consideration of the 6 options previously outlined for the future acute receiving function. Discussions have centred on the Edinburgh hospitals.
- 3.15 IJB Directions for 2017-18 requested that this work continues and that IJBs are advised as to how ambulatory care approaches can be developed and relationships built up with between the acute and Partnership sectors.

- 3.16 MIJB also directed that they would wish their frail elderly patients to only be admitted to the Royal Infirmary of Edinburgh. This was the subject of an agreement between NHSL and the IJBs of Midlothian, East Lothian, and Edinburgh, to alter receiving patterns to accommodate both this Direction and indeed to take it one step further, with the intent that all Midlothian medical receiving patients would be admitted to RIE. This was implemented in December 2017 and has been in place since, although ensuring that this happens in 100% of cases is not possible due to the subspecialisation of services on the sites, as well as capacity challenges on a day-to-day basis.
- 3.17 Above all, Medical Specialties development must reflect shifting the balance of care and support the common IJB priorities around prevention of admission, improved acute-primary interface working, and a reduced use of institutional care.

Capital Prioritisation Process

- 3.18 At paragraph 3.1, this report noted that part of the purpose of the LHP was to guide the development of NHSL's capital plan for a 5-10 year period, by providing a focus for each site and ensuring that only projects which supported the focus for each site went forward for funding.
- 3.19 This could not be undertaken purely within acute services as it had significant implications for capital investment across mental health, NHSL corporate services, and primary and community care, the latter falling within the remit of IJBs, which do not hold capital.
- 3.20 A coherent process was therefore worked up across NHSL, including with the 4 health and social care partnerships, and based around the revised Scottish Capital Investment Manual. This scored and ranked all projects that would require capital funding and then objectively matched the scores against available capital over the next 5 years. Top of this list were investments in Midlothian community facilities and these will progress to the next stage of the development process.
- 3.21 This process provides a clear spine for the next 5-10 years of development not just of the LHP but of the whole capital estate.

Lothian Box

- 3.22 Starting as a high level framework designed to assess the sustainability of a group of highly specialist "fragile services", the Lothian Box has progressed to provide a comprehensive and objective method to assess services in respect of sustainability and in line with strategic intent of the LHP. The key output from this work is that services are ranked according to relative importance.
- 3.23 It has been developed through several iterations and enables a sustainability scoring which is derived from measurable criteria. These include:
- Access performance
 - Financial performance outturn position 17/18
 - Medical and Nurse staffing vacancy
 - Reliance on medical and nursing supplementary staffing
 - Identified need for capital investment

- 3.24 It is intended that the Lothian Box will enable more specific discussion with health care partners particularly in relation to medical specialty bed base, rehabilitation and outpatients, and to the prioritisation of proposals.

4 Policy Implications

- 4.1 None identified.

5 Equalities Implications

- 5.1 The Plan is designed to deliver improved healthcare outcomes, which in turn should have a positive impact on health inequalities.

6 Resource Implications

- 6.1 None determined at present.

7 Risk

- 7.1 There are no specific implications for the risk register.

8 Involving people

- 8.1 The original construction of the Plan involved over 300 senior NHSL staff. As concrete business cases are coming forward, NHSL is moving forward with formal engagement with communities affected as appropriate, and in line with Scottish Health Council guidance.

9 Background Papers

None

AUTHOR'S NAME	Clare Cartwright
DESIGNATION	Interim Head of Implementation, Lothian Hospitals Plan
CONTACT INFO	Clare.cartwright@nhslothian.scot.nhs.uk
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