

**Borders NHS Board**



## **CLINICAL STRATEGY - HEALTH IN YOUR HANDS**

### **Aim**

Following the outcome of the consultation of our Clinical Strategy, the Board, at its August 2014 meeting, approved a set of key principles and made a commitment to the public that each service will be tested against the key principles in order to improve the quality and effectiveness of service delivery. This will take a significant length of time and therefore it is proposed a programme of work is devised which breaks this down into a manageable approach, which commences with a review of inpatient services.

The aim of this paper is to seek support and agreement to commence this review of all clinical services, in direct dialogue with the people of the Borders in order to ensure the continuation of safe, effective and high quality health services.

### **Background**

We want to have dialogue and conversations with our communities, our staff and the people of the Borders, in the most meaningful way following on from our consultation work around our Clinical Strategy. We want to have mutual discussions where we, together, review our services, look and understand what other more modern and efficient ways of delivering them could look like and find out what matters to the people of the Borders.

Our expectation is that the outcomes of service reviews will emphasise the need for new models of delivery that reflect a more active role for patients as partners in their treatment and care.

It is proposed that the most sensible place to begin this journey would be to review the needs of patients currently looked after as inpatients. This would set us on the right road to identifying opportunities for outpatients, day hospitals, and community services; all with the aim of better quality, better outcomes within available resource.

If we focus on inpatient services in the first instance this will help us to identify pathways and provide insight into possible alternative models of care and, importantly, what services are needed in communities. Patients need to be able to access inpatient care when required, but inpatient care is not always the answer. Being in an inappropriate setting will impact on health outcomes including recovery and independence. Unless we change our approach, the impact of the population changes and health needs will drive increasing demand for in inpatient care and impact on our ability to provide comprehensive community services.

Appendix 1 outlines how the review will begin to be implemented, our approach and overall timescales. Regular progress reports will be scheduled into Board meetings throughout the review.

There will be a number of workstreams generated from this review and they will all have differing timescales attached. We won't delay progress along the way if in dialogue with the public we identify areas of good practice or more modern models of care that can be introduced sensibly; for more fundamental matters, we will engage and consult as appropriate, and in keeping with the spirit of this clinical service review – what matters to the people of the Borders.

## Summary

Each service within NHS Borders will now be asked to test its service provision against the key principles in order to improve the quality and effectiveness of service delivery. This will take a significant length of time and therefore it is proposed a programme of work is devised which breaks this down. The review will start with inpatient services.

This review will be undertaken by working together with the people of the Borders to achieve mutual benefits to deliver high quality sustainable care.

## Recommendation

The Board is asked to:

- **Discuss** and **approve** the commencement of a review of NHS Borders Inpatient services.

<b>Policy/Strategy Implications</b>	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.
<b>Consultation</b>	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 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.
<b>Consultation with Professional Committees</b>	See above.
<b>Risk Assessment</b>	Consideration of issues and risks will be a continuous process as part of the review and project management approach.
<b>Compliance with Board Policy</b>	The review will be delivered in line with

<b>requirements on Equality and Diversity</b>	Board Policy requirements on Equality and Diversity.
<b>Resource/Staffing Implications</b>	TBC – assumed within current resources at present

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Jane Davidson	Chief Executive (Interim)		

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