PROPOSED REDESIGN OF SERVICES IN SKYE, LOCHALSH AND SOUTH WEST ROSS: INITIAL AGREEMENT DOCUMENT

Report by Gill McVicar, Director of Operations (North and West) on behalf of Deborah Jones, Chief Operating Officer

The NHS Highland Board is asked to:

- **Approve** the attached Initial Agreement for the redesign of services in Skye, Lochalsh and South West Ross including building a new community hospital and resource centre ‘Hub’ in Broadford and developing a ‘Spoke’ facility in Portree
- **Agree** that the Initial Agreement can now be submitted to the Scottish Capital Investment Group for their consideration on 1st September 2015

1. **Background and summary**

Services provided by the NHS need to change to ensure they meet the future needs of the changing population, particularly the increasing ageing population of Scotland and the number of people with long-term health conditions.

There are additional challenges facing NHS Highland linked to geography, recruitment, staff retention and in some cases history. In addition there is a pressing need to develop more community services, facilitate greater community resilience and modernise and rationalise our estate.

The catchment area for the redesign includes the communities of Skye, Lochalsh and South West Ross. There is currently no community hospital in Wester Ross or Lochalsh however the Skye Bridge has improved access to facilities on the Island of Skye.

Specifically on Skye there are two local community hospitals. These are not designed to meet modern standards, face operational and clinical challenges in staffing two hospitals in close proximity and have significant backlog maintenance costs.

Work has been ongoing over the past few years to look at these issues with a view to providing sustainable solutions in the future. A local steering group was established to identify possible models of service. Through an options appraisal process and public consultation a preferred model of service and location is recommended (Option 2a):

> Community resource centre and hospital ‘Hub’ in Broadford with a ‘Spoke’ in Portree as part of wider redesign of services across the communities of Skye, Lochalsh and South West Ross. Community infrastructure to support the key aim of supporting people at home or in a homely environment requires investment and development.

The re-design would include building a new facility in Broadford and consolidation of services in Portree as part of the ‘Spoke’ facility. The key elements of the proposed changes would see all the inpatient medical beds located in the new facility but with additional capacity for step-up/step-down beds, community services and care at home to serve Portree and the north of Skye.
Historically, changes to healthcare provision have been the subject of heated debate over many decades, particularly around the location of any new proposed main hospital facility. It was anticipated from the outset that this would again be a significant challenge and there may be a struggle to reach a consensus that would not be contested. While some people have contested the process and resultant decision, through the major service change process a clear consensus on model, location and site has been arrived at.

The board of NHS Highland approved the proposals at its meeting on 2nd December 2014 (minute approved on 3rd February) and subsequently endorsed by the Cabinet Secretary for Health and Wellbeing in a letter dated 5th February 2015.

It has very recently been confirmed that for financial viability there is a need to bundle with other capital projects and this is reflected in the Governance arrangements. The most likely bundling arrangement would be with Badenoch and Strathspey which is undergoing a similar redesign process. In the first instance, however, it is important to make the case for each project on its own merits through separate Initial Agreements, therefore the next stage in the business case process is the development and approval of an Initial Agreement - the attached document.

2. Preparation of the Initial Agreement document and key points

A small working group was established under the direction of the Project Director to prepare the draft Initial Agreement document. This included discussions with various departments, external advisers and stakeholders. An Achieving Excellence in Design Evaluation Toolkit workshop was held with the Steering Group, facilitated by Health Facilities Scotland on 28 April 2015, as well as two design statement workshops (28 April and 15th May), led by Heather Chapple, Head of Design Forum, Architecture & Design Scotland. In addition a clinical workshop was held on 18th May. This focused on clinical detail and patient pathways.

The format for the Initial Agreement follows the guidance set out by Scottish Government Capitals and Facilities Division dated 28 May 2014: “A check-list for preparing Initial Agreement Documents".

The guidance clarifies that “Initial Agreement documents may not be submitted to the Capital Investment Group for approval until all required Board and Ministerial approvals for service change have been granted."

A flowchart setting out the interaction between the service change and SCIM processes is included in the Initial Agreement along with the key milestones and approvals to date. The work presented in the Initial Agreement represents the culmination of a significant amount of informal and formal preparation and engagement work which started in 2011/12. All stages to date have also been endorsed by the Scottish Health Council.

The Initial Agreement is the first of three documents which are required to be prepared as part of the business case process. Once the Initial Agreement has been approved the project will progress to Outline Business Case (OBC) and Full Business Case (FBC).

The purpose of the Initial Agreement is to establish the strategic case for change and demonstrate that the proposals represent a good fit with NHS Highland’s strategic direction as well as national policies and priorities. The Board endorsed the strategic fit when it approved the move to formal public consultation at Board meetings held in March and April 2014, and approved the preferred option and location following public consultation at its meeting on 2nd December 2014. The recommendation was subsequently endorsed by the Cabinet Secretary for Health and Wellbeing at the beginning of February 2015.

As a result of the options appraisal work and the public consultation, a recommended way forward for how services should be configured across the communities of Skye, Lochalsh
and South West Ross has been agreed. The Map below shows the areas in scope and location of existing facilities.

During the consultation NHS Highland received 2,273 responses, less than one percent supporting ‘do minimum’ while over 90% supported the preferred model of service - ‘Hub and Spoke’ (Option 2). In terms of location, overall the majority (57%) favoured the preferred option (Option 2a) Broadford as the ‘Hub’ and Portree for the ‘Spoke’, whereas 29% supported Portree (Option 2b). This shows 2:1 in favour of the preferred option. The full report (112 pages) into the options appraisal and the public consultation are available on the NHS Highland website link.

The changes will facilitate whole-system redesign, capitalising on the opportunities from integration of health and social care services and collaboration with partner agencies and the third and independent sector. One of the key changes is the move to co-locate all inpatients beds (requiring medical care) into the new facility. This was seen as both a safer and more sustainable model. It does, however, require to be supported by further investment and different ways of working to provide more capacity for care at home, wider community services and care home type placements.

The detailed specification on how the community services, care-at-home, care home and transport will be transformed will be developed at OBC and FBC stages. It is expected that this will be funded in part by financial savings resulting from a more efficient buildings and service model.

As well as the formal Project structure, the local Steering Group will continue to meet to oversee continued community engagement and act as a reference point for the development of the detail. In addition, a sub group of the Steering Group will be established to focus on services in North Skye and the Spoke. An Access and Transport sub group has also been established and has met twice. Public members will also be invited to sit on the Project Board.
Detailed bed modelling and scenario planning is underway to support agreement on the exact number of beds that will be in the new facility. An outline of this work is presented in the Initial Agreement. It should be noted that the current activity demonstrates significant capacity in the daily bed state even in busier winter months. The new facility will be for all of the communities in scope.

Strategic and project risks are considered and are underpinned by a Risk Register. This document will evolve and be actively managed and monitored during the lifetime of the project. The proposed closing of in-patient hospital beds in Portree and delivery of all inpatient care from Broadford is major service change and there remains some opposition around the proposed changes at Portree in particular. The current arrangements already carry some risks and addressing these is one of the drivers for change.

It is important, however, that the changes proposed do not create new risks. In this regard ensuring there is the right balance between community capacity (including community nursing and therapy services, care home and care at home) and the number of hospital beds, and having an integrated transport and access plan are in place, will be important. There may be reputational and safety risks if there were to be significant delays in delivering the new model.

A number of constraints and dependencies are described and include:

The Scottish Government preferred route for community facilities is HubCo. The financial viability of this project will be improved if bundled with another under a single HubCo contract. The ideal is for this project to be aligned with the Badenoch and Strathspey redesign by the end of this calendar year, with a view to producing a single OBC. A key financial constraint will be the £30million funding cap for the bundle, confirmed by the Scottish Government in July.

- Early informal discussions have taken place regarding the potential re-location of Portree Medical Practice and co location with other community services in the Spoke. This relates to changes in delivery of service once the inpatient facility is closed. There are a number of implications associated with potential options, which will be worked through as part of the next steps in planning for the north of Skye and Spoke facility. A sub group of the Steering Group is to be established in August to progress this work.

- Changes to in-patient medical care currently provided by Portree GP Practice may have an impact on their income under the new arrangements.

- The final specification of the spoke will determine whether the current hospital building in Portree is to be reconfigured or whether a new Primary Care facility is required. The latter would require land to be purchased and a new facility to be built and is therefore likely to be a higher cost solution. By Outline Business Case stage the scope needs to be agreed to allow the detailed specification and costing to progress.

- Provisional amounts for the capital elements of equipment and land procurement are included in the NHS Highland capital plan which was approved by the Board in April 2015. It should be noted that NHS Highland owns the land for the preferred site in Broadford.

There are no plans to close the hospital or services before the new arrangements are in place, however this may pose some as yet unknown operational challenges and members are reminded that NHS Highland had to suspend endoscopy services in 2014. Accordingly, appropriate Business Continuity Plans are in place.

Although concerns have been raised around perceived ‘down-grading’ of 24/7 ‘A&E’ services delivered from Portree – the current opening hours 08.00-23.00hr remain unchanged and there is no proposal to change. The definition of A&E has posed problems locally both in
terms of signage and terminology. This has prompted a wider Highland-wide review of all such services. It is proposed that NHS Highland is consistent with ISD terminology which would see Portree classified as a Minor Injury Unit.

Historically, people have understood that they are able to present at Portree with more serious conditions. Staff, in particular Portree GPs and Rural Practitioners in the out of hours period, have delivered immediate care to those who have presented, but the main site for this level of care has for many years been Broadford where significant investment has been made in developing a high level of emergency care. Very few patients who present out of hours to Portree are admitted there. If further care is required, they are stabilised and transferred to Broadford, Raigmore or another specialist centre depending on need. In emergency situations, this will still be the case, however, it is important that people who are seriously ill or injured call 999 and they will be assessed and taken to the most appropriate place of care.

Public information is being developed confirming how to access services and is in line with the National Campaign ‘Know Where to Turn To’. Within the ISD definitions Dr MacKinnon Memorial Hospital in Broadford is categorised as Accident and Emergency. It is proposed that any necessary changes to terminology and signs take place across all relevant sites as part of one communication.

It is the case that a more multi-disciplinary approach is being introduced including use of Advanced Nurse and Emergency Care Practitioners. This is the case across Highland as outlined in the paper to the Board in February on principles for out of hours care. It is designed to be more sustainable due to the shortage of doctors and the desire to have a more networked approach. The service will be further strengthened by improved communications technology and clinical decision support as well as a robust skills and competency framework. Attempts are still being made to continue with a second-on doctor based in the north and there are plans to explore the possibility of a pre-hospital care scheme with BASICs trained professionals.

There has been no diminution of community services, but the plan going forward is to further develop local services including access to palliative and end of life care and care at home services.

3 Contribution to Board objectives

The North and West Operational Unit is also involved with other strategic and operational considerations such as wider discussions relating to dental services, Musculo Skeletal review, transforming outpatients, out of hours, maternity services, older adult mental health services, strategic overview of radiology and diagnostic services, and these developments will be considered as part of the final shape of the re-design. Over the next two to three years other development work may be identified at local, Highland, Regional and National level.

The service redesign across both Skye, Lochalsh and South West Ross and Badenoch and Strathspey together provide significant opportunities to implement better health, better care and better value and maximise the potential of integration and deliver services which are more geared up for the future.

Governance implications

- **Staff governance**
  Staff are integral to the redesign and there is strong clinical, staff side representation, and senior management leadership. Significant effort has been made to achieve a clinical
consensus, and this has been supported through clinical workshops and ongoing meetings with the local GPs.

Going into the future there will be implications for some staff roles and responsibilities, including where staff will work from. Some of this is a continuum of the work already underway linked to ongoing integration of health and social care and includes opportunities for staff co-location as well as professional and team development.

The greatest impact is likely to be on Portree Hospital staff who will have choices to make on future career pathways. There will be opportunities for transfer to the new facility and also for community based posts. In the meantime any vacancies are being filled on a fixed term contract basis. In the coming months and years, taster sessions will be organised for staff considering a change in career and individual development plans will be put in place.

It is important that staff are provided with a safe and improved working environment as part of the staff governance standard, to enable them to provide high quality care for service users. The redesign work is consistent with meeting this standard.

Organisational Change Policy will underpin the approach to be taken, supported by workforce planning and development strategies. There will need to be a clear read across with the Local Delivery Plan, Workforce Development Plan and Operational Unit Delivery Plans. There may be implications for staff travel which will need to be fully considered at the appropriate stage in the process.

Meanwhile services will continue to be staffed and developed, as appropriate to ensure ongoing quality of care. At this stage it is too early to implement a workforce plan.

- **Clinical governance**
  Clinical governance issues were considered as part of the options appraisal process, development of the clinical brief and as part of the clinical workshops. While there continues to be clinical support for the proposed model and recognition of the need to secure a new facility for the island there are some differences in opinions and concerns. This requires ongoing involvement particularly around discussions on the detail for the ‘Spoke’, enhancing capacity of care at home, and arrangements around Minor Injury Service delivered from Portree now and in the future.

  There are significant governance implications to delivering healthcare in a hospital environment which is not conducive to easily meeting standards. Previous hospital inspections relating to healthcare environment, disability access, hospital security, fire safety and healthcare associate infection have all highlighted current risks. Mitigation has been undertaken but the aged structures have made this challenging. In order to make sure facilities remain safe to deliver services NHS Highland will continue to invest in any necessary maintenance and take any further actions to mitigate risks but this may not always be possible. The suspension of endoscopy services on safety grounds is one example.

  Until new arrangements are in place, day-to-day operational issues will require to be managed and short-term decisions may have to be taken and under such circumstances consultation may not be possible.

- **Financial impact**
  A high level financial appraisal has been carried out and is set out in the Initial Agreement document. Assuming that this pipeline project will attract revenue support from the Scottish Government, the operational running costs of the new model are estimated to reduce from current £4.1million to £3.4million. This includes an investment of £400,000 to support additional community infrastructure (care-at-home, community mental health and transport). It has not been confirmed by Scottish Government that an 85% grant is available as previously intimated for pipeline projects – this is a key project risk and will be clarified at
OBC stage. It will also eliminate the current £5.5 million of back-log maintenance associated with both hospitals, as well as other efficiencies associated with co-location. Other considerations have also been factored in including future maintenance costs, demonstrating that overall the re-designed services will be more cost effective and efficient.

4 Risk assessment

The redesign of service has grown out of a number of risks which have been identified around the current model of service. The proposals, if implemented, would address the risks arising from the current conditions of the hospitals linked to Infection Control, Equal Access and Fire Safety.

There are also some current challenges (although this is subject to ongoing improvement) around the delivery of care-at-home; and issues around sustainability of Out-of-Hours (nurse, AHP and medical cover and inpatient management). These risks will also be addressed as part of the new arrangements.

Although a site has been identified and is owned by NHS Highland an initial technical appraisal has still to take place. Further work is also required to determine the exact specification for the ‘Spoke’ and whether the current facility can be re-designed to meet the needs or whether some sort of new facility is required. This would require land to be purchased.

While there is generally strong support for the re-design of services, a campaign group ‘Save our Services’ was established towards the end of the consultation and continue to campaign around some of the proposals. Some of their concerns include the proposal to close in-patients beds in Portree and their impression that A&E services are being down-graded.

There are a number of risks if the redesign is not taken through to completion in a reasonable time-scale: i) ongoing safety concerns leading to further service suspension; ii) not able to progress fast enough and lose ear-marked capital funds; iii) jeopardise the work underway to re-design services in Badenoch and Strathspey which will require to be bundled with another project(s).

The Initial Agreement for Badenoch and Strathspey was considered by the NHS Highland Board on 2 June and is currently being considered by the Capital Investment Group. Initial feed-back has been favourable. They did raise the uniqueness of the Lead Agency Model which although now ‘business as usual’ for the Operational Units and NHS Highland, there is a slight risk that if this is not explained well enough the potential and opportunities that both re-designs bring is not well enough understood.

5 Planning for Fairness

The impact assessment has been updated and is available on the NHS Highland website. Specific work has been done on travel times and deprivation.

Key stakeholders have been involved in the preparation of the design statement which looks at the range of access issues and this engagement will continue around age, sensory, disability, mental health and spiritual. The group will look at access inside the building.

A Local Access and Transport Group has been established and is responsible for ensuring that appropriate arrangements are in place prior to any planned changes to services. This will look at transport to the buildings and services.

Further work is planned with groups covered by the protected characteristics.
6 Engagement and Communication

The governance structure that is proposed reflects the ongoing commitment to ensure close working with all stakeholders.

The draft Initial Agreement document will be discussed with the project steering group at its meeting arranged for 4th August. The arrangements will be further strengthened by the establishment of a new group to support the detailed specification for the services to be provided from the ‘Spoke’ and north of Skye. Public members will also be invited to sit on the Project Board.

A stakeholder plan is being prepared for the next phase of work and will be available on the NHS Highland website by the time the board meeting here.

Gill McVicar, Director of Operations (North and West) / Project Director for the redesign

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