

NHS Lothian

Strategic Planning Committee, 8th December 2016

Professor Alex McMahon, Executive Nurse Director

THE Lothian Hospitals Plan

1 Purpose of the Report

- 1.1 This report outlines the content of the Lothian Hospitals Plan (LHP), and the approach to further consultation on the LHP.

2 Recommendations

The Strategic Planning Committee (AHC) is recommended to;

- 2.1 Note the content of the LHP, specifically the strategic headlines for each acute hospital site, as shown in table 1, below;

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, and children's tertiary care

- 2.2 Discuss and agree the proposals for future consultation and development of the planning approach, and specifically the approach to "set-aside" (planned by IJBs) and "retained" (planned by NHSL) services.
- 2.3 Approve the Strategic Headlines and workplans outlined in the appendices as the direction of travel for NHSL's hospitals.

3 Summary of the Issues

A note on structuring of the paper

This is a detailed paper covering a very broad range of issues. Table 2 shows how the paper can be navigated.

Table 2 – navigating the paper

Section	Paragraphs	Content
A	3.1-3.10	The need for the Lothian Hospitals Plan
B	3.11-3.18	Development process and structure of the plan
C	3.19-3.24	Programme Boards
D	3.25-3.30	Royal Edinburgh Hospital and Learning Disabilities
E	3.31-3.41	Medical specialities
F	3.42-3.51	St John's Hospital
G	3.52-3.67	Western General Hospital
H	3.68-3.82	Royal Infirmary of Edinburgh
I	3.83-3.92	Proposal for consultation

Please also note that this paper has been prepared and circulated before discussions at Acute Hospitals Committee (6th December) and the NHS Lothian Board (7th December), and therefore the feedback from these will be reported and discussed at the Strategic Planning Committee of 8th December. SPC is the “sponsoring” committee and therefore has sign-off of the LHP.

A – The need for the Lothian Hospitals Plan

- 3.1 The need for the Lothian Hospitals Plan comes from the need to coherently respond to multiple factors;

The Scottish Public Sector

- 3.2 The Scottish public sector is under what appears to be ever-increasing strain. A combination of an aging population, who carry an increase need for care for a larger proportion of their lives, workforce constraints, and expectations by both public and the professionals who care for them, mean that the need to be clear on direction has never been greater.
- 3.3 This strain is compounded by uncertainty in the social, economic, and political spheres. The latter, in particular, appears to be particularly acute currently, with the impact of Brexit, the recent US presidential election, and recent and likely future Scottish referenda impacting significantly. As an example, all three have

made the free movement of labour less certain, although not in the same direction.

- 3.4 The Scottish Government has made a clear commitment to the cause of public sector to reform to help manage this environment. A key part of this is the development of the integration of health and social care (as a marker for broader public-sector pan-Scotland working) and the publication of the National Clinical Strategy.
- 3.5 The National Clinical Strategy underlines the commitment to integration of health and social care, a new contract for primary care, the management of expectation through the *Realistic Medicine Workstream*, an increased focus on planning at a population level for specialist services, and the development of the Diagnostic and Treatment Centres programme.

NHS Lothian

- 3.6 NHS Lothian has an extant clinical strategy, *Our Health, Our Care, Our Future (OHOCOF)*. This strategy was agreed by the NHS Lothian Board in 2014 and covered all aspects of NHSL's activities, including the key proposition that NHSL would move to centralise all of its acute activities onto its 4 acute sites.
- 3.7 Clearly, significant change has occurred since the publication of *OHOCOF*, and so the LHP should be seen as a strategic plan to move forward the work identified at a strategic level in *OHOCOF*, while identifying how NHSL will work in this new environment.
- 3.8 At a local level, NHSL has supported the development of 4 Integration Joint Boards. These IJBs are charged with strategically planning and commissioning primary health care services, local authority social care services, and hospital services including emergency department and emergency medicine, general medicine, and multiple other medical specialties. The nature of these IJBs and their purviews mean that a new, iterative planning approach is required to ensure elegant interdigitation between NHSL and these new bodies. The LHP is a mechanism to achieve that.
- 3.9 NHSL has significant financial, workforce, and infrastructure challenges and the LHP includes approaches to manage all of these challenges sustainably.
- 3.10 NHSL has also invested heavily in the development of a quality improvement approach which now permeates all of its activities, and again this is captured and reflected in the LHP.

B – Development process and structure of the plan

- 3.11 The development of the LHP to date has included a mix of delivering urgent plans for particular pieces of work, and developing the broader strategic planning mechanism and vision for the future.

- 3.12 Work to outline the vision for Mental Health and Learning Disabilities, and therefore the vision for the Royal Edinburgh Hospital, predates *OHOCOF*. Significant involvement of clinical staff, non-clinical staff, the third sector, statutory authority partners, and the public, all took place ahead of the development of both *OHOCOF* and LHP. Two programme boards have been taking this work forward.
- 3.13 Over 400 University Hospitals staff have attended a series of strategy development days to capture the emotional, quality, financial, and aspirational drivers for this work from their perspective. In addition, three programme boards have been established to cover the three main UHS strands of the LHP – medical specialties, elective specialties, and cancer services.
- 3.14 This paper therefore summarises;
- The urgent work undertaken on specific projects;
 - The vision developed by the University Hospitals sessions;
 - The work of the 5 programme boards;
 - The hospital plans for each of the four sites;
 - Review of IJB strategic plans and detailed discussion on what IJBs would value in the LHP.
- 3.15 The LHP is, therefore, part of the planning landscape for services provided by NHS Lothian, both now and over the next 5-10 years.
- 3.16 The LHP is constructed around the plans for each of the 4 acute hospital sites identified in *OHOCOF*, and in the three broad themes of medical specialties, elective specialties and cancer services.
- 3.17 Each site's plan is summarised in a "strategic headline", of two elements of service which are the core of that site, and around which other elements of service may coalesce. These are, as it were, the primary function of each site, and should take precedence of other potential usages of that site. To be clear, this does not preclude other uses of that site, but it does mean that they will be secondary uses.
- 3.18 Further, it should be understood that, in line with the consultation approach outlined below, these are propositions for which fine detail will be worked up in conjunction with IJBs, other Health Boards, the Scottish Government, and the public, for delivery within the five-to-ten-year timescale.

C – Programme Boards

- 3.19 There are five key "programme boards" which form the loci for discussions. These are;
- Royal Edinburgh Campus Redevelopment, chaired by Alex McMahon;
 - Medical Specialties, chaired by Brian Cook;
 - Elective centres, chaired by Jim Crombie;

- Learning Disabilities Collaborative, chaired by Eibhlin McHugh;
 - Cancer services, led by Elaine Anderson until her retirement and to be picked up by Tracey Gillies when she takes up post.
- 3.20 These five programme boards are leading each of these workstreams, with support in developing these provided by the Strategic Planning directorate, in collaboration with the Quality, and Finance Directorates as appropriate. All workstreams are attempting to balance the same tension of developing both short-term “sticking plaster” solutions and longer-term propositions
- 3.21 Membership of these boards varies, but draws on;
- Front-line clinicians from within the University Hospitals and REAS services;
 - Primary care clinicians;
 - Other professional staff from health and social care partnerships;
 - Regional partners
- 3.22 It is envisaged that these programme boards will continue to develop detailed plans for implementation of proposals, with membership under constant review.
- 3.23 Section E deals with medical specialties in more detail, while Sections F through I detail the highlights from each of NHSL’s University Hospitals.
- 3.24 Appendix 1 summarises the strategic workplan for 2017 for UHS, detailing projects for each management unit. Appendix 2 outlines the “vehicles” which will take this work forward.

D – Royal Edinburgh Hospital and Learning Disabilities

- 3.25 The strategic headline for the Royal Edinburgh Hospital should be;
- Edinburgh’s inpatient centre for highly specialist mental health and learning disability services, incorporating regional and national services
- 3.26 For the Royal Edinburgh Hospital site, the LHP **proposes** that the plans stated in *OHOCOF* are affirmed by the 4 IJBs, and that the site therefore be developed in the three phases already identified. All services provided on the REH site are under the strategic planning purview of the IJBs. The 4 IJB strategic plans do not suggest alternative directions, but all describe an ambition to significantly shift the balance of care for citizens.
- 3.27 For clarity, the three phases of development for the Royal Edinburgh Hospital campus are;
- **Phase 1** replaces acute and older people’s mental health inpatient facilities, as well as the Robert Fergusson Unit (RFU) and the intensive psychiatric care unit (IPCU). NHS Lothian took receipt of the new phase one which includes all of these services on the 5th December. The RFU will open on the 30th January 2017, and the current intention is that. Adult and Older People’s

Mental Health facilities will open during March and April and the IPCU late April;

- **Phase 2** will see specialist rehabilitation services, currently based on the Astley Ainslie Hospital site, moved onto the REH and the current intent is that this would happen towards the end of 2020;
- **Phase 3** aligns with the Learning Disabilities Strategy and sees specialist inpatient learning disabilities services reprovided with a scheduled date of circa late 2021.

3.28 The exception to the plan outlined in *OHOCOF* here is that there is **no proposal**, at this time, to reprovide the Liberton footprint on the REH site. While the Edinburgh IJB strategic plan notes a desire to explore the potential for the development of a care village, this has not progressed to the point of being able to include this as a clear proposition at this stage.

3.29 The Learning Disabilities Strategy has previously been both approved by and updates provided to SPC. In sum, this strategy seeks to;

- Provide community alternatives for patients who could benefit from these;
- Repatriate patients currently out of area;
- Provide, for patients who would not benefit from community provision, improved specialist accommodation on the REH campus.

3.30 There are no proposals from IJBs to move away from this strategy.

E – Medical specialties

3.31 The issue of how medical specialties – the broad conglomeration which are at the heart of “district general hospital” inpatient services in the public mind - can meet the challenges faced by the public sector is at the heart of the LHP.

3.32 The approach to medical specialties is to provide a forum for identifying strategic solutions for both the short-to-medium-term and the medium-to-long-term. With both, there is consideration ongoing of activity and workforce data, as well as how the Quality approach can support solutions.

3.33 The Programme Board has taken as its starting point acute medical receiving and general medicine, which exists on all three sites. The intention is that once a detailed strategic plan for these specialties has been agreed with IJBs the Programme Board will broaden its focus to look at subspecialties such as respiratory medicine and medicine of the elderly in detail.

3.34 What is clear from discussions so far, and in particular considerations of financial and workforce data, is that the sustainability of the current model of medical receiving is in doubt. Detailed work over the last 5 years at both WGH and RIE has demonstrated a shortage of beds to continue in the current model, and

solutions implemented or proposed have tended to be in silos, with investment targeted at maintaining individual sites in their current configurations. As an example, most recently, LCIG has earmarked capital for the expansion of the Acute Medical Unit in the Royal Infirmary of Edinburgh. To fully utilise this will require revenue investment of c.£1m, but it is not clear what the cross-site thinking is about how this develops the model for the City of Edinburgh and beyond, or indeed how this fits with common IJB priorities around prevention of admission, improved acute-primary interfaces, or a reduction of use of institutional care.

- 3.35 The Programme Board is sponsoring work to look at how ambulatory care models could support the development of improved interfaces, and how workforce could be better aligned across sites, but has also developed a long-list of options for long-term configuration of medical receiving across Lothian. Given the obvious commitment of the West Lothian IJB to the current West Lothian receiving model, this means the debate on configuration will perhaps be focussed on the relationship between WGH and RIE.
- 3.36 Staff are working through the long-list of configurations for medical receiving, as shown in table 3, below;

Table 3 – showing medical receiving options

Option	Headline	What would change?
A	Status quo	No change
B	3-site locality model	All sites would take all medical patients from within their defined locality – so for RIE - South Edinburgh, WGH – North Edinburgh, SJH – West Lothian – and this would be 24/7 with 999s also coming direct to these sites. Currently WGH does not take 999s or all patients from within North Edinburgh 24/7, with a significant number of patients received at RIE.
C	3-site model with reduced WGH hours	As above, but with limited hours for access to WGH – effectively status quo plus
D	2-site model with WGH as “treat and transfer”	SJH and RIE as receiving sites. North Edinburgh patients would be received and stabilised at these sites and then transferred into general medical and specialty wards at WGH
E	“Newcastle model”	All three sites would be medical receiving sites – however, following the model of Newcastle’s acute hospitals, WGH would reduce its capacity for receiving and only take GP-referred patients from its locality, with a “quota” each day. WGH would also provide expanded ambulatory care services. RIE (and potentially SJH) would be expanded to compensate. Consultant staff would rotate.

Option	Headline	What would change?
F	Supporting WGH strategic headline	WGH would have medical staff provide support to cancer and surgical services but no medical receiving services.

- 3.37 As will be noted from the options outlined above, there is, and will remain, a need for medical services on all sites, regardless of the configuration eventually selected. At the very least, there will be a requirement for medical services to support surgical and cancer services, even if no receiving function was in place.
- 3.38 The process to date has been focussed through the Medical Specialties Programme Board (MSPB), but in order to ensure greater involvement of front-line staff, MSPB also sponsored a Physicians Engagement Event. This brought together more than 50 consultant physicians from across Lothian to discuss the status quo, possible options for the future, and commence a quality improvement exercise.
- 3.39 The highlights from this latter event included;
- An understanding amongst the physician body of the importance of IJBs in setting direction and strategically planning medical services;
 - An understanding of the workforce challenges currently facing medical services across the 3 sites and nationally;
 - A nuanced discussion regarding the strengths and weakness of the status quo;
 - A desire to initiate a QI programme across the 3 sites (a bid is being prepared for central support and sponsorship);
 - A clear commitment to continue to work across sites and examine solutions across Lothian;
 - A commitment to meet again quarterly as a larger group to support the work of MSPB.
- 3.40 It bears repeating that IJBs are the strategic planning and commissioning bodies for these services, and so will make the final decision on configuration and issue Directions to NHSL accordingly. The options detailed in table 3 are being worked through in order to support this decision-making.
- 3.41 However, it should be noted that IJBs are clearly considering their own positions on the issues of medical receiving. As an example, the Midlothian IJB, at its meeting of 1st December 2016, received and supported a draft paper on the Directions it may issue for 2017-18. This included the statement, under the heading of “Acute Medical Receiving Unit”, that;

“consideration should be given to the possible case for reducing the provision of medical receiving services to one unit within the City”.

It is further understood that East Lothian IJB may issue a similar Direction, and that East, Mid, and Edinburgh are all likely to require NHSL to expand Ambulatory Care approaches to fit better with their Strategic Plans.

F - St John’s Hospital

Strategic Headline

3.42 The strategic headline for St John’s Hospital (SJH) should be;

An elective care centre for Lothian and for the South-East Scotland region, incorporating highly specialist head and neck, plastics, and ENT services.

Elective services

3.43 The concept of the elective care centre at St John’s Hospital would see the site become the default site for all short-stay surgery, potentially up to a length of stay of 48 hours, for Lothian. This would include;

- Orthopaedics;
- Plastic surgery;
- Gynaecology;
- General surgery;
- Ear, nose, and throat, surgery (ENT);
- Oral maxilla-facial surgery (OMFS);
- Urology

By default, these types of surgery, if with an expected length of stay of 48 hours or less, would be provided only at St John’s Hospital.

3.44 In addition, and building on the already-approved work on Ward 20 at St John’s Hospital, St John’s Hospital would **remain** the Lothian site for **all** types of adult plastic, ENT, and OMFS surgery requiring longer than 48 hours stay.

3.45 There will, therefore, be a business case process initiated under the elective services workstream to deliver on this elective care centre. It is expected that this will be a key proposal under the national Diagnostic and Treatment Centres workstream, and the offer will be made to partner Health Boards to access these services. To date NHS Fife and NHS Borders have expressed interest in accessing these services, and invitations to join the NHSL Programme Board have also been issued to NHS Lanarkshire, NHS Forth Valley, and NHS Tayside.

Medical services

- 3.46 St John's Hospital would, most likely given the commitment of the WLIJB, also remain the District General Hospital for West Lothian, with the provision of emergency department, general medical receiving services, diagnostic services, inpatient mental health, and general outpatient services. This is in line with the Strategic Plan and Directions published by the West Lothian Integration Joint Board.
- 3.47 To support this, work is required on the site to redesign the emergency medical receiving function, to bring the medical receiving and emergency department functions together.
- 3.48 In addition, we will develop proposals regarding acute oncology services at SJH, to reflect the high level of medical patients who have some form of cancer history, estimated as being as high as 22% of the total medical workload at SJH.

Cancer services

- 3.49 St John's will, through the expansion of its elective surgical capacity, consequently expand its contribution to the cancer diagnosis and treatment agenda.
- 3.50 Further work will be undertaken on what oncology and haematology outpatient services can be provided at St John's Hospital, taking into consideration the workforce constraints.

Other services

- 3.51 In addition, we will continue to develop our pan-Lothian approach to children's services in line with the recommendations made by the Royal College of Paediatrics and Child Health.

G - The Western General Hospital

Strategic Headline

- 3.52 The strategic headline for the Western General Hospital (WGH) should be;
- The Cancer Hospital for South-East Scotland, incorporating breast, urology, and colorectal surgery

Elective services

- 3.53 WGH Hospital will remain the Lothian centre for colorectal, breast, and urology surgery.
- 3.54 WGH has recently launched its robotic laparoscopic surgical program, as part of the National Clinical Strategy, with an exclusive focus on prostatectomy procedures within urology. At this stage there is no evidence that the use of

robotic surgery should be expanded to include either colorectal and gynaecology, but this will be kept under constant review.

- 3.55 The proposition to move short-stay urology and colorectal surgery to an elective centre at SJH will vacate both theatre and ward space at WGH, and the assumption at this stage is that this will facilitate the accommodation of increased demand and backlog activity, but again, this will be clarified in detailed plans for both colorectal and urology services.
- 3.56 There is a clear and agreed need to move forward with a replacement satellite dialysis unit, and the business case for this is being finalised.
- 3.57 NHSL will move its regional Department of Clinical Neurosciences onto the RIE site during 2017-18.

Medical services

- 3.58 Regardless of the model for medical services agreed with the East Lothian, Midlothian, and Edinburgh IJBs, there will be a need to provide medical services at WGH, in order to provide support for cancer and elective services on the site.
- 3.59 A very clear part of this will be the continued provision of gastroenterology services at WGH.
- 3.60 Section E, above, has detailed the potential implications for WGH.
- 3.61 There are several other medical services at WGH, currently. These will all require detailed work in conjunction with IJB partners and commissioners to understand the role they will play in the future medical services configuration, but at this point, the following is clear;
- Medicine of the Elderly services will require some form of presence on the site to support surgical and cancer services, but the majority of these services need to be considered as part of the IJB approach to older peoples services more generally;
 - Rheumatology and dermatology services do not contribute to the provision of general medical services, and so there will be detailed work to understand whether these could be delivered as part of an outpatient-only model;
 - Infectious disease services 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 reprovide this on the RIE campus.

Cancer services

- 3.62 The prime role of WGH is to be the South-East of Scotland's Cancer Hospital. All other activities on the site need to demonstrate a clear linkage to this role.
- 3.63 The current Edinburgh Cancer Centre (ECC) is no longer fit for purpose, physically. NHSL will work with the Scottish Government and Regional Partners to develop a Business Case for its replacement. NHSL has undertaken to work towards delivering a Strategic Assessment for the replacement of ECC by the end of the 2016-17 financial year. The move of ECC to the RIE provides the opportunity to clear space on the WGH campus and use this for the new ECC.
- 3.64 However, given the scale of the project to replace ECC, it will be some time before this is operational. There will therefore need to be significant changes made to the fabric of ECC in the meantime;
- Additional LinAc bunkers;
 - Redesign and expansion of inpatient ward space;
 - Changes to the Ward 1 outpatient service
- Part of this will be delivered through patient flow redesign, but there is also a clear requirement for capital investment.
- 3.65 These “transitional arrangements” – and the delivery of the business case for a new ECC – will be the work of a new dedicated project team, working closely with the Site Management, Capital Planning, and Strategic Planning teams.
- 3.66 As part of this commitment to WGH as the Cancer Hospital, this will also see a range of other services included in the further development of these services, including;
- Clinical genetics;
 - Cancer research;
 - Maggie's Centre;
 - Symptomatic and screening services for breast cancer;
 - Bowel screening;
 - Specialist palliative care services (to be agreed with IJBs);
 - Specialist cancer diagnostics
- 3.67 Finally, work is underway to finalise what capacity should be made available on the site to accommodate joint working between gynaecologists, urologists, and colorectal surgeons in a pelvic surgery service.

H - The Royal Infirmary of Edinburgh

Strategic Headlines

- 3.68 The Strategic Headline for RIE should be;
- South-East Scotland's emergency care centre, incorporating a major trauma centre, orthopaedic services, neurosurgery, and children's tertiary care

Elective services

- 3.69 The RIE campus will receive both the Department of Clinical Neurosciences and the Royal Hospital for Sick Children onto the site during the 2017-18 financial year.
- 3.70 RIE will also remain the site for all cardiothoracic surgery.
- 3.71 RIE will remain the Lothian site for complex inpatient orthopaedics, and as part of the national Diagnostic and Treatment centres workstream will consider how best an expansion of this orthopaedic capacity will be delivered. While the workload for NHSL is clear, it is, as yet, not clear what activity may be delivered in future on behalf of Fife, Borders, Forth Valley, and Lanarkshire residents. Clarification of this level of additional activity will help NHSL decide whether the physical location of this expansion will be within the current RIE or on the Bioquarter site, in order to ensure clinical safety and appropriate co-location with other clinical services.
- 3.72 RIE will also become the site for the reprovided Princess Alexandra Eye Pavilion, for which an Initial Agreement is ready to be submitted to the Scottish Government Capital Investment Group.

Medical services

- 3.73 RIE's prime function is to provide emergency care services for the City of Edinburgh, the Lothians, and beyond.
- 3.74 Detailed work continues, with regional and national partners, to deliver a major trauma centre within the Royal Infirmary of Edinburgh, bringing together specialist orthopaedic, general surgery, vascular surgery, neurosurgery, and cardiothoracic surgical services with emergency department and critical care.
- 3.75 This prime function also naturally means that RIE will be the prime medical receiving service for the City of Edinburgh and beyond. Further detailed work is required with IJB commissioners to understand the degree to which RIE's medical receiving function should be expanded, although robust work has been undertaken by the RIE team to understand how receiving within RIE could be physically expanded. Given the strong themes laid out in IJB strategic plans, it would seem likely that an expansion here should be tied to;
- Detailed consideration of the most efficient model for medical receiving within the city;
 - Detailed consideration of the best way to deliver improved working across the acute-primary interface that meets the strategic imperative to reduce reliance on institutional care and prevent attendance at hospital where at all possible.
- 3.76 As noted in the WGH section, above, there are a range of other services under review, and this work will be required on a pan-Lothian basis for these services.

However, it is clear that work is required to transfer Infectious Disease services to the RIE campus.

- 3.77 The RIE campus is also, for the purposes of this work, defined as including Liberton Hospital. Work on this has progressed to the extent of identifying that acute services have no need for this facility to be retained, and that it will consequently transfer to the management of the Edinburgh Health and Social Care Partnership as an interim care facility, with the intent of this being vacated inside the next two years, with a site disposal thereafter.

Cancer Services

- 3.78 RIE currently provides significant support for the cancer agenda through the provision of several services within respiratory medicine and surgery, general surgery, gynaecology, and others, as well as a large array of diagnostic services.
- 3.79 At this stage the most significant considerations for cancer services at the RIE site are the move of both neuro-oncology and paediatric oncology services onto that site, but over the next few months the option of moving gynae-oncology surgery onto the WGH campus will be sized and a proposal finalised.

Other services

- 3.80 As part of the work identified to accommodate expanded orthopaedic services on the RIE campus, work may also be required to reprovide outpatient services, and so the next iteration of LHP will outline whether a dedicated outpatients building, on the bioquarter, would be required.
- 3.81 The development of the Bioquarter is likely to lead to significant additional commercial activity, and a new medical school. These may present further opportunities for NHSL to maximise, as well as significantly influencing the 2050 vision for the City of Edinburgh.
- 3.82 Finally, as part of the Bioquarter development, NHSL is moving forward with a joint endeavour with the City of Edinburgh Council regarding the provision of mortuary facilities.

I - Proposal for consultation

- 3.83 The LHP is pitched as a strategic plan – that is, between a strategy with 3-5 key objectives, and action plans with very fine levels of detail and granularity. The LHP sits between these two points on the planning spectrum.
- 3.84 The LHP therefore sets a direction for the strategic planning of services. The clear intent behind the configuration of the strategic planning directorate and the emerging infrastructure underpinning relationships with IJBs is that NHSL is committed, externally, to an ongoing, dynamic, planning relationship with IJBs, and internally to service planning which brings together financial, quality improvement, operational, and strategic planning expertise. The monitoring of

this plan needs to be through the Strategic Planning Committee, but also needs to be measured by the delivery of action plans for each proposal outlined in the LHP.

- 3.85 The LHP has therefore reached a point in its development which tells a story about the possible future direction of NHSL's acute services. This requires consultation with the public.
- 3.86 This public consultation would clearly cover the direction of travel for all acute services, and so a consultation is proposed for the fourth quarter of the 2016-17 financial year on the propositions for each site described above.
- 3.87 However, as noted at several points in the paper, the strategic direction of medical services is now very clearly an IJB competence. Therefore, the period of consultation also needs to be used for very detailed discussion of options with IJBs, and the seeking of an explicit direction of travel from these bodies.
- 3.88 A version of this paper has been taken to the Corporate Management Team, and the strategic headlines agreed to by senior UHS staff at the final UHS Strategy event of 2016.
- 3.89 It will also be necessary to take further drafts of this paper, and its accompanying presentation, to the NHS Lothian Board.
- 3.90 Following public consultation, a finalised plan would be brought back in early 2017-18.
- 3.91 It is assumed that the proposals would be part of the Directions and revised Strategic Plans issued by IJBs for 2017-18.
- 3.92 A final version of the LHP – incorporating full workforce, finance, and capital detail – would be brought back to the full NHSL Board following consultation, in early financial year 2017-18. Emerging detail from NHS England's *Sustainability and Transformation Plans* will be a significant influence on the final version. The LHP will be revised and updated annually.

4.0 Risk Register

- 4.1 A risk assessment would be undertaken for each action plan arising out of the LHP.

5.0 Impact on Health Inequalities

- 5.1 No impact assessment has as yet been undertaken, but again each action plan arising would include an assessment of the impact on health inequalities.

6.0 Resource Implications

- 6.1 There will be capital implications of the LHP and these are being worked through. A “capital roadmap” is being finalised for internal use.
- 6.2 Revenue implications for each action plan arising from the LHP will be identified as these are developed.

Colin Briggs
Strategic Planning
5th December 2016

Appendices

Appendix 1 – Key 2017 strategic projects arising from the Lothian Hospitals Plan
Appendix 2 – “vehicles” for taking forward the LHP agenda in 2017

Appendix 1

Key 2017 Strategic Projects and Business Cases – version 1, 25th November 2016

St John's Hospital	Royal Infirmary	Western General	Outpatient s	DATCC	W&C
Ward 20 implementation	Major Trauma Centre	Business case process for new ECC	Business case process for Lauriston and EBQ OPD	Theatre Improvement Programme	Gynae Programme Board
Business case process for SJH elective centre including short-stay model	Contribution to acute receiving	Transitional arrangements for cancer services	Diabetes "suite"	Mortuary and labs process EBQ	Business case re gynae-oncology (inc regional elements)
Contribution to acute receiving	Onboarding of DCN and Sick Kids	Contribution to acute receiving		ECMO bid	Pan-Lothian acute paediatrics GIRFEC
Alignment of ED and AMU	Business case process for RIE elective centre	Rheumatology and Dermatology model			
Business case process for PAEP	TAVI	Dialysis unit business case process			RHSC transition to RIE campus
Expanded outpatient and daycase facilities for medical and oncology services	Orthogeriatric rehabilitation model	Elective model for urology and colorectal (inc regional elements)			
Acute oncology services	Transfer of Liberton Hospital	Infectious disease model and business case			
	Elective model for orthopaedics and UGI service (inc regional elements)				

Appendix 2 – vehicles for delivery

2016 has seen NHSL take strides forward in developing its plan for the future of its Hospitals and acute services. During the first quarter of 2017, it will consult on widely and present a final strategic plan for the organisation's acute services, in full agreement with its planning partners, the Integration Joint Boards.

The focus of our work then moves to implementing the Hospitals Plan, and this document outlines the vehicles we will move this forward in.

Groups in *italics* are new groups to support the work going forward.

<u>Workstream</u>	<u>Who?</u>	<u>Why?</u>	<u>When?</u>	<u>How?</u>
Govern				
Ensure strategic fit across Lothian	Strategic Planning Committee – chaired by Brian Houston	Sponsor committee for the Hospitals Plan	Bi-monthly meetings	Standing agenda item
Ensure strategic fit for IJB services	IJB Strategic Planning Groups	Link to IJB governance for delegated services	As required	Regular updates from NHSL members
Ensure strategic fit within UHS	Acute Hospitals Committee – chaired by Kay Blair	Governance committee for UHS	Bi-monthly meetings	Standing agenda item
Implementing the Hospitals Plan	University Hospitals Senior Management Team – chaired by Jacquie Campbell	Action to implement the Plan as it applies to SJH, WGH, RIE	Bi-monthly workshops	Standing agenda item

<u>Workstream</u>	<u>Who?</u>	<u>Why?</u>	<u>When?</u>	<u>How?</u>
Develop				
Royal Edinburgh	Royal Edinburgh Campus Board – chaired by Alex McMahon	Coordinate all activities relating to development of REH	Monthly meetings	Standing agenda item
Learning Disabilities	Learning Disabilities collaborative – chaired by Eibhlin McHugh	Drive LD Strategy to conclusion	Monthly meetings	Implementation plan
Medical Specialties	Medical Specialties Programme Board – chaired by Brian Cook	Progress delivery across Lothian of the MSPB workstreams	Monthly meetings of MSPB	Establish 3 workstreams; 1) Quality Improvement 2) Workforce 3) Configurations
Elective specialties	Diagnostic and Treatment Centres Programme Board – chaired by Jim Crombie	Progress delivery across Lothian of the elective specialties workstreams	6-weekly meetings of DTCBP	Clinical Reference Group to provide expert clinical advice from across the region; Receive updates from specialty-level working groups on delivery progress
Cancer services	<i>Cancer Services Programme Board – chaired by Tracey Gillies</i>	<i>Progress delivery across Lothian</i>	<i>6-weekly meetings of CSPB</i>	<i>Progress cancer services strategic plan</i>

Develop (continued)				
Develop SJH	St John's Masterplanning Group – chaired by Aris Tyrothoulakis	Develop SJH Hospital Plan and Masterplan	Monthly meetings	Incorporate outcomes from Medical, elective, and cancer workstreams and build on these
Develop outpatients	Outpatient Programme Board – chaired by Joan Donnelly	Develop Outpatients Plan	Monthly meetings	Incorporate outcomes from Medical, elective, and cancer workstreams and build on these
Develop RIE	<i>Royal Infirmary Masterplanning Group – chaired by Lyn McDonald</i>	<i>Develop Royal Infirmary Hospital Plan and Masterplan</i>	Monthly meetings	Incorporate outcomes from Medical, elective, and cancer workstreams and build on these
Develop WGH	Western General Masterplanning Group – chaired by Chris Stirling	Develop WGH Hospital and Masterplan	Monthly meetings	Incorporate outcomes from Medical, elective, and cancer workstreams and build on these
Communicate				
Maintain staff awareness and role in shaping	Partnership Forum mechanisms	Ensure staff remain aware and engaged	All meetings	Incorporate outcomes from Medical, elective, and cancer workstreams and build on these
	University Hospitals Strategy Sessions		Quarterly meetings	
	Physician engagement sessions		Quarterly	
	<i>Surgeon engagement sessions</i>		Quarterly	