south ayrshire
health & social care
partnership

Meeting of South Ayrshire Health and Social Care Partnership **Held on:**	**Strategic Planning Advisory Group** **26th September 2023**
Agenda Item:	**9**
Title:	**Biggart Hospital**

Summary:

This paper sets out the current position and proposed future clinical, staffing and financial model for Biggart in-patient beds. Successful delivery will rely on continued investment in and redesign of other community-based services. The paper does not consider other Biggart based services such as MSK, Falls or Parkinson's clinics etc.

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Recommendations:

It is recommended that the SPAG note:

i. **The phased reduction from 83 to 57 beds aligned to the agreed reduction in delayed transfers of care.**

ii. **The engagement of stakeholders to consult on the proposed longer-term redesign**.

Route to meeting:

Budget Working Group 03/05/2023
Integration Joint Board 14/06/2023

Directions:		**Implications:**	
1. No Directions Required	☐	Financial	☒
2. Directions to NHS Ayrshire & Arran	☒	HR	☒
3. Directions to South Ayrshire Council	☐	Legal	☐
4. Directions to both SAC & NHS	☐	Equalities	☐
		Sustainability	☐
		Policy	☐
		ICT	☐

BIGGART HOSPITAL

1. PURPOSE OF REPORT

1.1 The purpose of this report is to set out the current position and proposed future clinical, staffing and financial model for Biggart in-patient beds. Successful delivery will rely on continued investment in and redesign of other community-based services. The paper does not consider other Biggart based services such as MSK, Falls or Parkinson's clinics etc.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board agree:

- **i.** The phased reduction from 83 to 57 beds aligned to the agreed reduction in delayed transfers of care.
- **ii.** The engagement of stakeholders to consult on the proposed longer-term redesign.

3. BACKGROUND INFORMATION

3.1 During 2020-21 there was significant investment in community models, most notably £1.25m into the Reablement Service. This was followed up in 2021-22 with further investment into District Nursing, Care at Home, Care Home Liaison, Social Work Locality Teams, Mental Health Officer capacity, Primary Care Occupational Therapy, Third Sector, Hospital at Home and Intermediate Care (Table 1).

Table 1. Areas of investment 2020-22

Service Area	Cash Invested	Intended Output	Intended Outcome
Reablement	£1.25m	New professional lead 1 wte. OT 8 wte. OT Assistants 65 wte. Reablement workers	Double capacity in reablement to support 95% of those referred to CAH to receive reablement first.
Reablement Hospital Assessment Team	£ 94,953.20	1x Supervisor 1x Asst Supervisor	Supervisor oversight and liaison across 5 hospitals, support MDTs Asst Supvr – increase assessment capacity across hospitals – **temp posts funded initially through vacancies. Permanent posts funded through**

			deletion of 5 Home carer posts
Responder Service	£0.1m	Additional van X 6 wte. responder workers	30% increase in responder capacity to reduce response times from 45min to 30min.
Older People Review Support	£0.125m	3wte. Community Care Assistants	To carry out continuous review of older people care packages and support the increase in Carers Assessments and Support Plans
MHO Team	£0.397m	1FTE L13 Coordinator 1 FTE L12 Team Leader 4 FTE L11 MHO 1 FTE L5 Admin	Improve MHO capacity, efficiency and effectiveness. Reduced those in hospital awaiting a guardianship process from 14 to 5.
Team Around the Locality: Community Nursing	£0.406m	X3 B7 clinical specialists X1 B7 Team Lead X2 B8a Clinical Nurse Manager	Improve District Nursing capacity and effectiveness to provide higher levels of supervision, better staff engagement and higher quality care.
Team Around the Locality: Social Work	£0.341m	X3 L14 Principal Social Workers X 2 L12 Team Leaders	Improve integrated working and professional standards within Social Work.
Team Around the Locality: Locality Management	£0.247m	X 3 Locality Managers	Improve integrated working for internal teams and external stakeholders within each of the six localities.
Hospital at Home	£0.293m	Shared costs with East and Acute 7 Band 7 Practitioner 5 Band 4 Support Workers 2 Band 3 Support Workers 1.4 Consultant 1 Band 4 Admin	Minimise avoidable admissions to acute hospitals by providing easy to access, community alternatives to medical management.
AHP Rehab Commission: AHP Capacity	£0.695m	x1 Band 7 Physio (Stroke/Neuro) x1.4 Band 6 Physio Comm Rehab 1 Band 6 SLT Comm Rehab 2 Band 4 HSCW Comm Rehab 3.5 Band 5 OT Comm	Increase AHP capacity to ensure that people have access to timely rehabilitation in order to maximise function and independence. Improve integrated working within each of the six localities.

		Rehab 1 Band 7 Dietician 2 Band 4 HSCW Primary Care Dietetics 1 Band 6 OT 5 Band 4 OTA	
Occupational Therapy (Frailty Huddle)	£0.140m	1 Band 4 OTA 3 Band 6 OT	Early identification and community support for those with mild frailty to slow decline and improve independence.
Care Home Support	£0.080m	2wte. Care Home Liaison Nurses	Support care homes to care for those with highly complex needs preventing acute admissions and reducing delayed transfers of care.
Discharge planning	£0.103m	Community DC coordinator (non-recurring) Business information officer	Improve the efficiency of discharge planning to ensure that people are supported to return home as quickly as possible.

Despite these significant investments, challenges with recruitment and retention within the in-house service and even more so in the private sector for Care at Home have meant that the system remains constrained, and people remain in hospital rather than being supported at home. A separate proposal to shift resources from the beleaguered private sector into in-house Care at Home Services will be presented to the IJB and are summarised in Table 2.

Table 2. Agreed areas of investment 2023-24

Service Area	Cash Invested	Intended Output	Intended Outcome
Care at home	£1.400m	50@ 21hour home care 4 @ 35-hour Asst Supervisor 1 @ 25-hour admin	Increase internal care at home capacity to meet demand for care at home and reduce DTOC

3.2 This investment moves us closer to the new models of care set out in the Adult and Older People's Service Plan 2022, with the ambition of supporting people to live happier, healthier lives closer to home. This investment and redesign, along with work in partnership with acute colleagues to achieve a "home first" culture and deliver on the ambitions of the Frailty Extreme Team to "get it right for every older person" has already resulted in the fewest delayed transfers of care (<20) in South Ayrshire for over 6yrs in April 2021. Unfortunately, this was only achieved for a short time due to the collapse in private Care at Home

capacity, which resulted in a rapid rise in delayed transfers of care to the highest number ever recorded (150) in December 2022.

3.3 Continued work and focus is required across the system (especially in Care at Home) to ensure that improvements are recovered and maintained. In delivering the ambitions set out in the Adult and Older People's Service Plan and the Frailty Extreme Team we will ensure that people receive their care in the right place, at the right time; resulting in fewer delayed transfers of care and fewer people requiring a community hospital bed in the first place.

3.4 The high levels of delayed transfers of care and the additional beds opened in preparation for and response to the Covid pandemic has resulted in an ongoing overspend. In 2021, the IJB approved £500k and in 23/24 £835k on a non-recurring basis to meet the costs of the additional beds. This situation supports the requirement to reduce the bed numbers from 83 to 57 in order to recover the budget position and to deliver on the intended clinical model.

4. REPORT

4.1 Medium Term Goal

4.1.1 The IJB have expressed continued concern around the funding model for the Biggart. The IJB gave clear direction in April 2022 that the hospital must deliver services within budget. In 2022/23 budget year, the overall overspend was £899,639 due to the ongoing necessity to maintain the extra 17 beds open. Our modelling suggests that based on the current delegated funding that the bed footprint will need to reduce to around 57 beds as summarised in table 3 below. This necessarily involves a real reduction from the 83 beds which have been available over the last year or so.

Table 3: Affordable Bed Number in Biggart 2022-23

Current Budget	Average Cost per Bed	Annual Costs 2022/23	Affordable Beds
£4,377,082	**£76,162.69**	**£5,776,721**	**57**

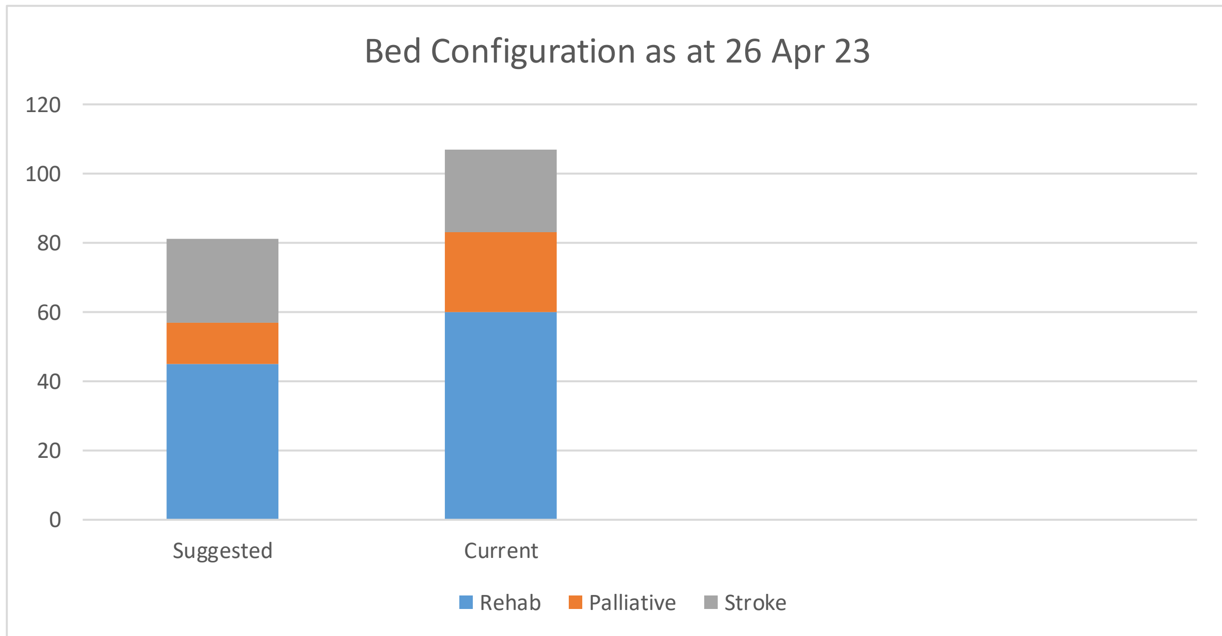
4.1.2 The 22/23 £0.9m overspend is due to several crucial factors; the number and ratio of delayed discharges, the number of complex and inappropriately placed patients, the increased levels of cognitive and behaviourally challenged patients, the current staffing levels, and the over reliance on nursing bank staff. Biggart Hospital is in a financial crisis.

4.1.3 Currently there are 83 beds spread over 3 wards with a budgeted establishment of 106 WTE. This establishment was agreed following the organisational change process to reduce from 4 wards to 3 with the workforce configuration bringing wards to levels indicated safe by the 2016 Nursing Workforce Occupancy Tool.

4.1.4 Fig 1 illustrates the bed configuration for the Biggart Hospital as at April 2023. The hospital remains under pressure from delayed discharges at 27% of

allocated beds (this number can fluctuate between 18-30% of available beds). Care Home and Package of Care (POC) delays both within Biggart and Ayr Hospital continue to be the main issue affecting flow in and out and account for the majority of all delays.

Figure 1: Current and Medium Term Planned Bed Configuration in Biggart



4.1.5 Due to the different nature and layouts of the current wards, it is important to maintain the three current wards (table 4). This will provide flexibility in-case of future outbreaks and winter pressures when the system is in extremis. Utilising the wards in this manner will also support our vision to establish Biggart as a centre of excellence for older people's rehabilitation and palliative care, thus enhancing our care provision, our reputation, and our ability to recruit staff. The nursing staffing budget that currently exists is based on the Biggart having 66 beds open. The proposal would be to maintain this budget for the 57 beds and re-assess with a workforce tool once the hospital has safely maintained 57 beds for a 3-month period of time. This allows for flexibility in patient requirements.

Table 4: Proposed Bed Configuration Biggart

Function	Number of Beds	Notes
Emergency palliative Step Up	2 McMillan Ward	Funded from core budget reducing from 83 to 57.
High risk palliative care	10 McMillan Ward	
Ortho/Vascular rehabilitation	24 Lindsay Ward	
Other complex rehabilitation	21 Urquhart Ward	

Total	57	

4.1.6 In order to bring the Biggart into financial balance and reduce the risk to patients and staff there is an immediate need to reduce the number of beds from 83 to 57. However, this would cause significant pressures on University Hospital Ayr and will require ongoing discussion and agreement with health management and clinical colleagues.

4.1.7 Currently there is an agreement with Acute colleagues to reduce beds as target delayed transfers of care are reduced for South Ayrshire across all hospital sites. Planned trajectories:

DTOC = 70 - Beds = 82 (by End of Sept 2023)

DTOC = 60 - Beds = 77 (by end of Oct)

DTOC = 50 - Beds = 72 (by end of Nov)

DTOC = 40 - Beds = 67 (by end of Jan)

DTOC < 30 - Beds = 62 (by end of Mar)

4.1.8 In the medium to long term a more fundamental programme of reform is required to refocus the function of Biggart on specialist rehabilitation and palliative care. Over the course of bed reductions, the use of Bank staff will reduce across the hospital, resulting in a reduction in overspend of £757,000. In order to identify further reductions in staffing, a future workforce tool will be implemented at each stage of the phased reduction. Approximately 20FTE posts will be required to be reduced.

4.1.9 The number of beds open at Biggart remains at 83 with occasional increase of 2-3 beds when pressures in Acute increase. There has been no change in terms of the staffing challenges being faced due to the extra beds and only having staff establishment for 57 beds. In light of the current pressures across H&SC, this does not look likely to change in the short term. The potential for Buchanan ward to remain permanently in Biggart and managed by the CNM requires consideration and clarification, including the medical cover for this ward.

4.1.10 A new medical/clinical model utilising ANP/AHP consultants with ANP support is being explored by a SLWG to complement the future model of Biggart as we look to reduce the number of beds and admit appropriate patients for rehab or palliative care. Concerns currently exist around medical cover for periods of increased pressure related to Annual Leave or Sickness Absence.

4.2 Long Term Proposal

4.2.1 In keeping with the new model of care approach it is proposed that the model at Biggart is reviewed. The review redesigns clinical pathways and combines the use of community inpatient hospital beds and services with those of redesigned community supports and care homes.

4.2.2 Engagement events, including a workshop have been held with Acute Directors, GPs, and other Stakeholders to examine how Biggart could potentially operate in the future.

4.2.3 It is clear that further engagement and consultation with the community and health and social care partners is required in order to determine what and how Biggart could be best utilised for the people of South Ayrshire.

4.2.4 It is also proposed that the HSCP assume responsibility for the 24 High Risk Stroke Rehabilitation beds for those who can't safely receive their rehabilitation at home. Agreement for these beds to formally transfer from Acute along with the associated resource are yet to be agreed. Any transfer of High-Risk Stroke Rehab will need to be cost neutral with budget transfer to cover the costs of the service.

4.3 Summary and Recommendations

4.3.1 There has been a clear vision for the function and clinical model at Biggart since a redesign in 2017. The redesign in 2017 did not achieve its full potential because other parts of the system had not undergone the same level of redesign at that time. Since 2019 there has been very significant investment in and redesign of other community services providing alternatives to admission to community hospital. Unfortunately, these improvements have been undermined by the Covid 19 Pandemic and workforce recruitment and retention problems particularly in care at home. As we emerge from the Covid 19 Pandemic and as investments in and redesign of our in-house Care at Home Service begin to have a positive impact we will be in a good position to deliver on the vision for Biggart to provide specialist rehabilitation and end of life care for those who can't receive these safely at home.

5. STRATEGIC CONTEXT

There is a clear thread from national to local outcomes that the redesign will contribute towards:

National Outcomes

- Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it;
- Our public services are high quality, continually improving, efficient and responsive to local people's needs.

Partnership Outcomes

- We will shift the balance of care from acute hospitals to community settings;
- We will support people to exercise choice and control in the achievement of their personal outcomes;
- We will manage resources effectively, making the best use of our integrated capacity

Adults and Older Peoples Service Plan Redesign Opportunities

- Provide the right balance of care across our health and care system.
- Ensure the highest quality of care for the growing number of people who require our services.
- Rebalance the relationship between the citizen and the state.
- Shift from a reactive, crisis driven model to a more proactive, early intervention and preventative approach

6. IMPLICATIONS

6.1 Financial Implications

6.1.1 The medium-term goal set out in 4.1 will eliminate the current overspend and ensure a balanced budget for Biggart. The longer-term plan set out in 4.2 will release £2.348m to reinvest in community services.

6.2 Human Resource Implications

6.2.1 There are limited immediate HR implications and the longer-term proposal set out in 4.2 would if agreed following full consultation result in significant organisational change. Trade Unions and HR will be key partners during the consultation process and more detailed proposals will be presented in due course as the consultation progresses.

6.3 Legal Implications

6.3.1 There are no legal implications relating to this report.

6.4 Equalities implications

6.4.1 There are no immediate equalities implications with this report, however a full equalities impact will be completed as part of the consultation and engagement process summarised in section 4.2.

6.5 Sustainability implications

6.5.1 There are no significant sustainability and environmental impacts as a result of this report.

6.6 Clinical/professional assessment

6.6.1 The Executive Medical and Nurse Directors, Associate Nurse Director, Clinical Director and Senior Manager for AHPs have been involved the development of this work.

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 Engagement events, including a workshop have been held with Acute Directors, GPs, and other Stakeholders to examine how Biggart could potentially operate in the future. It is clear that further engagement and consultation with the community, health and social care partners and staff groups is required in order to determine what and how Biggart could be best utilised for the people of South Ayrshire.

8. RISK ASSESSMENT

8.1. In summary, from a clinical perspective, McMillan ward sits at higher risk due to people waiting for care that are experiencing significant Behavioural & Psychological Symptoms of Dementia (BPSD) and Urquhart ward is experiencing higher risk due to medically unstable, very frail people as well as BPSD.

8.2. Clinical risk is currently high across the hospital and the IJB Risk Management Strategy categorises the level of financial risk as high.

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BACKGROUND PAPERS

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