

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 21 September 2023

BY: Chief Officer

SUBJECT: ELCH Ward 5 Orthopaedic Rehabilitation

1 PURPOSE

1.1 The purpose of this report is to inform IJB members of the development of NHS Lothian's use of Ward 5 of East Lothian Community Hospital (ELCH) for the provision of in-patient orthopaedic rehabilitation as part of its Orthopaedic Recovery Plan. The Ward opened to the first 8 patients week beginning 4 September 2023.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the development by NHS Lothian for orthopaedic rehabilitation inpatient provision at ELCH.
- 2.2 Note the positive impact of this development for East Lothian residents and for ELCH, and that funding will be through the Elective Recovery Programme, with no direct financial implications for the East Lothian IJB.

3 BACKGROUND

- 3.1 The Covid-19 pandemic significantly impacted NHS Lothian surgical waiting lists due to postponements and cancellations of non-urgent procedures. A backlog of elective surgical cases developed and patient waiting times increased, potentially affecting healthcare outcomes. Increased health and social care needs are seen for patients on waiting lists creating additional demand on community resources.
- 3.2 The development of in-patient orthopaedic rehabilitation provision at ELCH is part of NHS Lothian's Orthopaedic Recovery Plan. The plan is funded through the Elective Recovery Programme and focuses on two primary initiatives:

- Expansion of unscheduled orthopaedic rehabilitation capacity
- Ringfencing of elective orthopaedic capacity

Together it is estimated that these initiatives will result in an increase of elective arthroplasty (hips and knees) of approximately 800 procedures per year across the Lothians, prorated to an estimated 465 for fiscal year 2023/24 under current assumptions.

- 3.3 Provision at ELCH is for elective orthopaedic patients from across the Lothians transferred from the Edinburgh Royal Infirmary post-operatively once medically stable.
- 3.4 The provision has a number of benefits:
 - Supporting the acute sector in addressing the backlog of elective surgical cases and reducing waiting times for Lothian patients, including East Lothian patients.
 - Reducing waiting times, helping to prevent patients' conditions deteriorating and health and social care needs escalating whilst awaiting surgery. This results in better outcomes for individuals, as well as preventing further growth of pressure on community resources, including care at home services.
 - Enabling East Lothian patients to benefit from post operative inpatient rehabilitation closer to home, making access and visiting, easier, and supporting local planning and provision for discharge.
 - ELCH is designed as a rehabilitation hospital, making it well placed to provide this type of provision. This development provides an opportunity for the hospital to become a 'centre of excellence' for orthopaedic rehabilitation.

4 ENGAGEMENT

4.1 Governance for the project is provided by a Project Board with membership from NHS Lothian Acute, East Lothian HSCP, Edinburgh HSCP, Midlothian HSCP, and West Lothian HSCP. This has resulted in excellent collaboration between the HSCPs and Acute teams to develop the proposal and work towards delivery.

5 POLICY IMPLICATIONS

5.1 The plan supports delivery of:

Strategic Objective 1 – 'Develop services that are sustainable and proportionate to need' (by contributing to key priorities 'planning for an ageing population' and 'supporting the acute sector').

Strategic Objective 4 – 'Enable people to have more choice and provide care closer to home'.

6 INTEGRATED IMPACT ASSESSMENT

6.1 The subject of this report is being progressed through the Integrated Impact Assessment process. This will be a collaboration between all Partnership stakeholders and the Acute, reflecting potential impact in all areas. Edinburgh Acute are lead author of the IIA.

7 DIRECTIONS

7.1 There is no impact on existing Directions.

8 RESOURCE IMPLICATIONS

- 8.1 Funding is through the Elective Recovery Programme, with no impact / implications for the East IJB budget. Costs are predominantly PAYS (staffing), in the order of £2.5m per annum. Additional ward operational costs of £92k are also funded.
- 8.2 As additional capacity, the ward will be staffed through recruitment as per 8.1.

| Description | Band | WTE |
|---------------|-----------------|-------|
| Nursing | 7 | 2.00 |
| Nursing | 6 | 3.00 |
| Nursing | 5 | 11.50 |
| Nursing | 4 | 3.00 |
| Nursing | 3 | 17.00 |
| Nursing | 2 | 1.50 |
| AHP (PT) | 6 | 1.00 |
| AHP (OT) | 6 | 1.00 |
| AHP (PT & OT) | 5 | 2.00 |
| AHP (PT & OT) | 3 | 2.00 |
| Medical | Consultant | 0.40 |
| Medical | Clinical Fellow | 1.00 |
| Porter | 3 | 1 |
| Domestics | 3 | 3.6 |
| Pharmacy | 7 | 0.70 |
| Pharmacy | 4 | 1.00 |

8.3 Recruitment has been challenging in all healthcare professions recently, however Medical, AHP, Porters, Domestics, and Pharmacy are able to recruit new establishment to meet this additional demand.

Nursing held a recruitment fair in July and successfully recruited a number of staff. Further nursing recruitment is ongoing. To mitigate this pressure the ward initially opened with 8 beds, allowing launch with a smaller establishment. Ward rehabilitation capacity is expected to increase to 12 beds by end of September, and 16 beds by mid-October, based on recruitment forecasting.

9 BACKGROUND PAPERS

9.1 None.

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