Seizing the Future

Final Report

Seizing the future

Developing a strategic direction for the next five years

September 2010

County Durham and Darlington NHS

NHS Foundation Trust

Contents

Exec Summary

In November 2007, in response to the publication of two Department of Health White Papers outlining the desire to move care closer to home and the need for safe, high quality emergency care, County Durham & Darlington NHS Foundation Trust (CDDFT) began a major review of its hospital services entitled *Seizing the Future*.

Following a major scoping exercise and the thorough, clinically-led, development of potential new clinical models, the Trust went out to extensive consultation on two main options that looked to move emergency and acute care onto the Trust's main sites in Durham & Darlington and to redevelop the hospital at Bishop Auckland as a centre for planned care and rehabilitation.

This report details the extensive process that CDDFT and its partner organisations undertook to ensure that this major exercise in service redesign had a compelling clinical case, was achieved following full consultation with the public and key stakeholders and resulted in a safer, more sustainable clinical service for patients in County Durham and Darlington.

The process was overseen by two independent bodies; a Department of Health Gateway Review Team and a locally established Implementation Oversight Board. The Review Team undertook a series of reviews at key points during the process to initially review the outcomes and objectives for the programme and to confirm that they made the necessary contribution to government, departmental, NHS or organisational overall strategy. Latterly they assessed whether the anticipated benefits were being delivered and that any ongoing contractual arrangements meet the business need. The Oversight Board monitored the implementation of the approved option against an agreed project plan, reviewed the plan at each Board meeting and tasked appropriate parties to complete the necessary reports within a defined timescale.

The *Seizing the Future* programme has been a massive exercise in service redesign and has been deemed to have been successfully achieved by the Trust, its partner organisations and those bodies tasked with overseeing its implementation. The success of *Seizing the Future* has given the Trust the necessary foundations from which to meet the anticipated financial difficulties and ensures that the Trust has the knowledge and experience of large scale change that will be necessary to deliver the challenges that it will face in the future.

Introduction

In November 2007, the County Durham & Darlington NHS Foundation Trust ("the Trust") began a major review of its hospitals to create a compelling clinical vision for safe, sustainable and high quality services. This review was entitled *Seizing the Future*.

The review was initiated following the publication of two major white papers; *Our Health, Our Care, Our Say* in 2006 (Department of Health, 2006) and *High Quality Care for All* (Department of Health, 2008), which outlined the general principles of care closer to home and the need for safe, high quality 24/7 emergency care with patients travelling further if this was necessary. There was a clear commitment that any resultant changes would be for the benefit of patients, would be clinically led and would involve patients, carers and the public. It was however recognised that for some conditions, such as stroke, myocardial infarction, major trauma and specialist surgery it would no longer be possible to provide up to date optimal care in every hospital and that networks of care with specialist services would be required.

In light of this the Trust re-examined the services offered across its three main sites and concluded that services could no longer be safely provided on all sites and that resources and senior staff were spread too thinly. The main areas of concern for the Trust were the sustainability of specialist services at Bishop Auckland Hospital (BAH) including;

- Acute Medicine
- Urgent & Emergency Care
- Paediatrics
- Critical Care

The Trust set out a firm timetable for reviewing its services which was split into three main phases;

1. Scoping study (November 2007 – January 2008)
   This phase included:

- Defining the scope of the review
- Discussions with key stakeholders
- Initial analysis of the impact of providing more care as close to homes as possible

2. Development of future service options (January – October 2008)
   This phase included:
   - Continued stakeholder involvement through workshops
   - A *Seizing the Future* website
   - Development of an evidence base
   - Testing the options
   - A decision on preferred options for consultation

3. Formal consultation on service options (October 2008 – January 2009)
   The consultation was led by NHS County Durham and County Durham & Darlington NHS Foundation Trust and included:
   - A dedicated website and email address
   - A free phone consultation hotline
   - Regular updates in the staff newsletter and on the Trust's intranet site
   - Comment cards contained within the public consultation document and summary
   - Numerous members and public meetings and roadshows

Development of Options

The Trust appointed the Associate Director of Nursing (Clinical Governance), to the role of Project Manager to oversee the consultation and implementation of the project and engaged with consultants Matrix Insight to support the review.

Matrix's role was to:

- Facilitate dialogue between clinical teams, users and stakeholders
- Develop a rigorous evidence base

- Support development of options
- Test options with a range of internal and external stakeholders
- Support the approach to public consultation
- Provide objectivity to the process

The project team established a clinically-led governance structure to drive the project forward. This consisted of four Service Strategy Groups (SSG), representing Medicine, Surgery, Women & Children and Diagnostics, which were chaired by a senior consultant and whose membership included key clinical directors and clinical leads, matrons, managers and publicly elected Governors of the Trust to represent the needs and views of the community. The SSGs reported through a Clinical Reference Group (CRG) to the Programme Steering Group.

In late February 2008, the Trust hosted a 'Clinical Summit' to launch the second phase of the *Seizing the Future* programme; the development of a number of options for delivering Trust services in the future. The event, facilitated by Matrix, brought together 125 clinicians, managers, governors and directors and provided an opportunity to discuss the current position with regard to service provision and to debate the need for change.

The aims of the second phase were to;

- design and agree a series of objectives to underpin option discussions,
- continue work around the evidence base and to clearly establish and communicate the case for change,
- produce a series of options from each SSG
- develop hurdle criteria and test each option against these criteria.

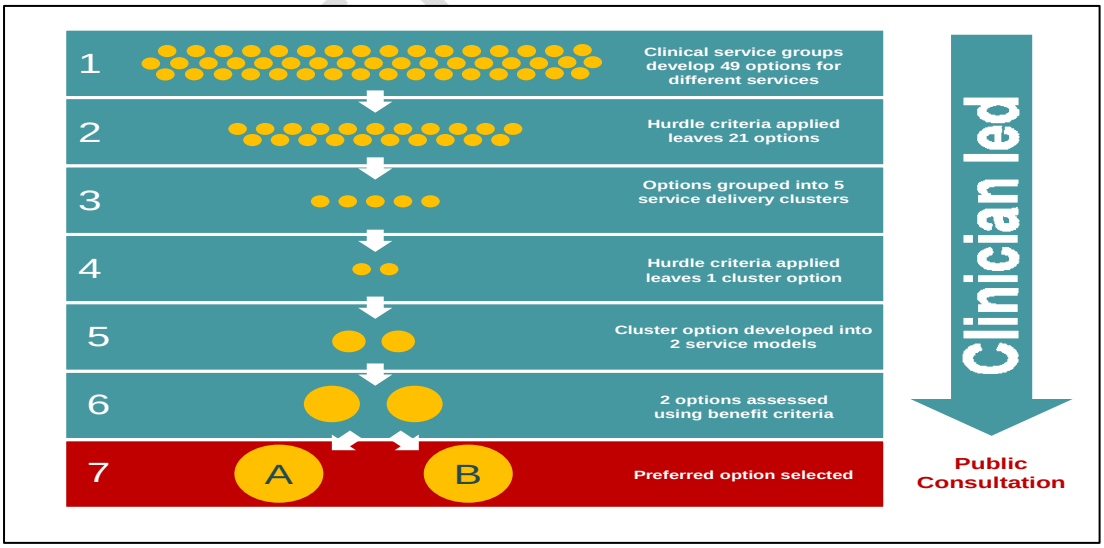
The second phase of the project initially produced 49 different individual service options which were short listed and brought together into five 'cluster options'. To decide which of these options should go forward for further work the project's CRG, led by the Trust's Medical Director and including Governors, applied three hurdle criteria;

- Clinical safety
- Affordability
- Feasibility

The initial assessment by the CRG reduced the number of potential options to three. Following further detailed modelling work a second assessment stage was carried out which included feedback received from members during community events held in April and May 2008. The four appraisal criteria were;

- Patient experience
- Patient access
- Recruitment and retention
- Innovation

Ultimately two viable options were presented to the Trust Board at the end of July 2008 (options A and B as outlined below) plus a third 'Do Nothing' option. Although work completed as part of *Seizing the Future* had demonstrated that this option was not viable in the long term it was included as a basis for comparison.



The North East SHA had requested a clinical review of the options by the National Clinical Advisory Team (NCAT) to provide clinical quality assurance of the suggested reconfiguration of hospital services, particularly those provided at Bishop Auckland. Professor KGMM Alberti, supported by Mr

Patrick Garner, visited the Trust on the 31st July and 1st August 2008 and met a range of senior staff and clinicians to discuss the clinical aspects of the plans. The report produced by Professor Alberti (Appendix 1) concluded that 'No Change' was not an option, broadly supported Option B (as outlined below) and recommended some modifications and refinements of the plans for the BAH site.

In addition to the NCAT review, the Trust also invited the Department of Health to review the *Seizing the Future* programme using the Gateway Review Process developed by the Office of Government Commerce (OGC). The Gateway Review Process is designed to give the Trust the assurance that:

- people with appropriate skills and experience are deployed on the project
- all the stakeholders covered by the project fully understand the project status and the issues involved
- the project is ready to progress to the next stage of development or implementation
- there is visibility of realistic time and cost targets for projects
- there is improvement of knowledge and skills amongst DH and NHS staff through participation in Gateway Project Review teams.

The Gateway Project Review Process looks at the readiness of a programme to progress to the next phase at six key stages in the life of the project and comprises a series of short, focussed, independent peer reviews at key stages of a programme. The reviews are undertaken in partnership with the project team and all stakeholders and are designed to highlight risks and issues, which if not addressed, would threaten the successful delivery of the programme. A Gate 0 review was undertaken in July 2008 and a partial Gate 1 in April 2009. The review team returned in April 2010 to undertake a Gate 5 post implementation review.

Following the outcome of the NCAT review and the initial Gateway review, the Trust proceeded to make a case to NHS County Durham, the commissioners

of health and healthcare services for County Durham and Darlington, to change the way the Trust provided services from their hospitals. In October 2008, NHS County Durham, in partnership with the Trust, went out to public consultation on the two proposed options. The full public consultation document and executive summary can be accessed at www.seizingthefuture.org.uk.

Consultation Process

A 14-week public consultation process ran from 6 October 2008 to 12 January 2009. The two proposals that were consulted upon were;

- Option A:

Bishop Auckland General Hospital

Redeveloping Bishop Auckland as a planned care centre serving the whole Trust including:

- day case and inpatient surgery
- cataract centre
- hip and knee surgery
- midwifery-led unit
- colorectal screening centre.

Hospital services for the local community including:

- a full range of outpatient clinics in medicine, surgery and women and children's services
- diagnostic tests, including X-ray, CT scanning and MRI
- an urgent care centre operating 24 hours a day
- intermediate care inpatient beds for the local population.

Darlington Memorial Hospital and University Hospital of North Durham

Concentrating main acute services for the whole of County Durham and Darlington at Darlington Memorial Hospital and University Hospital of North Durham including:

- accident and emergency
- acute medicine
- emergency surgery
- planned surgery
- obstetrics
- gynaecology
- paediatrics
- outpatients
- diagnostics (e.g. X-ray, CT scanning and MRI).

- Option B: the service changes outlined in Option A, plus additional services at Bishop Auckland to include:
  - A Trust-wide rehabilitation centre of excellence – a completely new service for the area
  - Intermediate care inpatient beds serving the whole of the Trust
  - Rapid medical assessment centre for GPs to refer patients for an urgent consultant opinion
  - Paediatric rapid access clinic – where GPs may refer children for an urgent consultant opinion.

Under the principle of 'centralised where necessary, localised where possible', all outpatient clinics and diagnostic tests would still be provided at all three sites, community hospital services would continue at Chester-le-Street and Shotley Bridge and both options proposed an increase in day surgery at Shotley Bridge, securing the future of the day case unit.

Service Reconfiguration

Following the approval for the implementation of option B by NHS County Durham in March 2009, the Trust began the process of detailed planning for the overall implementation of the redesigned services. In June 2009 a Project Director was appointed to support the Project Team and to take overall responsibility for implementing all of the changes associated with *Seizing the*

Future to ensure comprehensive and careful delivery of high quality safe services on all Trust sites.

Acute & Emergency Medicine

A careful and stepwise approach was taken to ensure that seriously ill patients, who would normally be seen at the Accident & Emergency department in BAH, were appropriately directed to the A&E departments on the two main acute sites.

- From July 2009: BAH A&E was redesignated as an urgent care centre (UCC) with a 24/7 service for minor illnesses and injuries.
- Blue light ambulances continued to take patients to BAH from 8am – 12 midnight only.
- From 07 September: Rapid access medical assessment centre (RAMAC) was established at BAH to enable acute medical patients to be assessed, investigated and treated without the need for admission.
- From 18 September: A&E ambulance admissions were redirected to DMH & UHND only, direct admissions into CCU and Stroke continued into BAH.
- From 25 September: All stroke admissions were moved to UHND & DMH.
- From 28 September: All chest pain admissions were moved to UHND & DMH.
- From 01 October: All seriously ill & injured were directed to UHND and DMH only.

General Medicine

To support the reconfiguration of the acute medical beds on to the two main sites two new facilities were established at BAH. The 'Step down' ward provides an appropriate environment for patients who are well enough to leave hospital but are not yet well enough to go home. A brand new centre

for specialist rehabilitation provides high quality facilities, highly skilled nursing staff and experienced therapists to aid recovery after illness or surgery.

Stroke services were reconfigured to provide two centres for the treatment of patients in the hyper-acute phase, immediately post stroke, at DMH and UHND. These facilities are supported by the rehabilitation centre which provides specialist longer term support for patients who have suffered a stroke to maximise their potential quality of life.

To maintain the excellent standards of care on the Bishop Auckland site the medical staff are supported by a team of highly skilled advanced nurse practitioners (ANPs). The team consists of 5 full time nurses that come from critical care and acute medical backgrounds. All of the ANPs have undergone further training to prepare them for the role and are supported by a nurse consultant.

The team work alongside consultant physicians and junior doctors to provide comprehensive medical cover for patients on the Bishop Auckland site and have extended skills and knowledge to manage emergency situations should they arise.

A patient flow team was established whose objective was to improve site management, bed coordination and discharge planning and to facilitate a reduction in Trust's average length of stay in Medicine to within the top ten per cent of national performance. This team also supports elective admissions and the flow of patients from surgical specialties to home, the rehabilitation centre or other suitable levels of non acute care.

These dedicated roles for trust wide site management ensure the Trust is proactive rather than reactive to bed management and patient flow with the aim of ensuring that the right patient is in the right bed at the right time.

Surgery

Bishop Auckland Hospital was designated the main centre within the Trust for elective day case surgery and for primary lower limb arthoplasty (hip and knee joints). In addition, a new ophthalmology unit opened in Sept 2009 at BAH which was to be the Trust's main centre for cataract surgery using a dedicated operating theatre.

A sub-regional colorectal screening centre has been established at Bishop Auckland Hospital as part of the NHS Bowel Cancer Screening Programme.

Women & Children's Services

The main driver within the Women & Children's Division was the inability to sustain consultant cover across three sites. The decision was therefore taken that all inpatient acute children's services were based at UHND and DMH only.

Child health clinics with the ability to rapidly assess children remained at BAH. In addition, the Midwife-led maternity unit was also retained on the BAH site.

Clinical Support Services

As part of *Seizing the* Future, the trust committed to retaining the full range of outpatient services and diagnostics on the BAH site. The main area of concern for Clinical Support Services was the ability to maintain consultant anaesthetist cover for the critical care unit at BAH.

In alignment with the loss of acute medical admissions to BAH, the critical care unit at BAH was closed in October 2009 and services transferred to DMH and UHND. To facilitate this service reconfiguration the Trust approved the co-location of the High Dependency Unit and the Intensive Care Unit at DMH and an increase in the number of critical care beds across the Trust.

Transport

Interim arrangements to support patients and visitors who may have had to travel further as a result of *Seizing the Future* were put in place by NHS County Durham and Durham County Council with effect from 01 October.

The service included a small minibus service in Weardale, volunteer drivers and shared taxi arrangements in Teesdale, and a minibus service operating between hospital sites.

The service, which is similar to one in place in East Durham, was accessed through Durham County Council's Travel Response Centre and was marketed through GP surgeries, hospitals and other local community groups as well as the normal transport information services.

This interim service enabled the development of a longer term service to be planned and put into operation. A review of the interim service is currently being undertaken before any decision is made with regard to a permanent service.

Capital Programme

To accommodate the significant service redesign required as part of *Seizing the Future* a significant capital programme was initiated with a budget of £9.626m. At this time the majority of the capital programme has been delivered on time and on budget.

Critical Care – to facilitate the closure of the Critical Care facility at BAH it was necessary to provide additional bed space on the two units at UHND and DMH.

The £5.5 million investment at DMH will provide two additional beds and result in a new purpose built 8 bedded Intensive Care Unit situated on the first floor adjacent to the High Dependency Unit. The unit has been specifically designed for infection prevention and control with isolation rooms, ventilation

systems and hand washing provision. A fully integrated monitoring system provides clinical staff with information and results at each bed side.

Construction is scheduled to be completed on budget and on time at the end of 2010.

At UHND, the existing Critical Care unit has been extended to create an additional 2 single bedded ITU rooms along with the refurbishment of the existing department. The benefits include increased Critical Care capacity and improvements to the patient environment.

The project was completed on budget and on time.

Accident & Emergency – to accommodate the anticipated additional activity through the A&E department at DMH, the department has been remodelled to include 4 additional treatment rooms and a dedicated paediatric area with resuscitation room.

The new facilities were delivered four weeks ahead of programme and under budget.

In UHND, the conversion of two existing major treatment rooms into a new Resuscitation Area and the formation of a 6 bedded Acute Observation Area by refurbishment of the existing 4 bay resuscitation room has delivered additional capacity and flexibility within the department.

The project was completed on budget and on time.

Mortuary – To cope with the expected increase in mortuary requirements due to the move of acute medicine plans are underway to provide additional capacity on DMH site. This work will be completed in October 2010.

General Medicine – A number of additional schemes were undertaken to facilitate the move of acute medicine on to the DMH site. These include;

- Conversion of part of Ward 52 into a Stroke Unit. This project provided an enhanced facility for Stroke patients, including single rooms and upgraded sanitary facilities.

- Conversion and upgrading of existing Ward 14 to provide a Medical Admissions Unit including modernisation of engineering services.

- Relocation and re-planning of office accommodation on Wards 53 and 54 to allow the construction of a Discharge Lounge and Medical Day Unit.

- A scheme to provide an additional 3 coronary care beds in the existing 5 bedded unit and adjacent day unit with a complete refurbishment and remodelling of the department.

General Surgery – Minor works on the third floor at DMH involved the relocation of consultant's offices and the provision of two new additional en-suite rooms and the upgrading of other areas on wards 32 and 33.

Bishop Auckland – A new gymnasium area and associated works were carried out at BAH to support the work of the Rehabilitation Centre of Excellence.

Equipment – New equipment was provided for all the above projects to support the delivery of first class care.

Information Monitoring

As part of the reconfiguration process the Trust recognised that it was vitally important to collect and monitor important measures of success of the project. The Information department was tasked with producing a *Seizing the Future* Project Evaluation and Performance Report that could be used by the Trust

Board and the Oversight Board to monitor the progress of the project towards meeting its stated operational objectives.

The report detailed specific indicators under the following broad headings;

- Accident & Emergency
- Bed Utilisation / Patient Flow
- Stroke Care
- Surgery / Theatres
- Use of BAH Theatres
- Use of BAH
- Healthcare-Acquired Infections

Communications Strategy

Pre-consultation & Consultation Period

The importance of stakeholder engagement was recognised early in the consultation process by the Trust. Under Section 244 of the NHS Act 2006, local NHS bodies have a duty to consult local Overview and Scrutiny Committees (OSC) on proposals for any substantial development of the health services, or substantial variation in health provision, in their areas. From the earliest stage the Trust ensured that the OSC in Durham and Darlington were advised of the development of the proposals and the upcoming consultation process.

During the consultation period the Trust actively provided input to an in-depth scrutiny review, undertaken by the OSC, which was carried out throughout the length of the statutory consultation period. This review involved significant Trust senior management input at OSC meetings and the facilitation of OSC site visits to ensure that the committee members developed, and ultimately achieved, understanding for the case for change.

To inform the public about the *Seizing the Future* project the core project team attended over 100 meetings during the pre-consultation period and an additional 46 meetings during the formal consultation period. These meetings

were a combination of public meetings, targeted groups and requested meetings from other groups. In addition, 14 open staff meetings were held, 19 workshops involving Foundation Trust Members and Governors occurred during 2008 and road shows were held in shopping centres and supermarkets in Bishop Auckland, Barnard Castle, Durham and Darlington.

To further raise the public's awareness of the proposals, local and regional press and radio were used. This included half page adverts in the Advertiser series and the Wear Valley Mercury and Teesdale Mercury and a four-page summary leaflet distribution campaign featuring Freepost reply envelopes to encourage and maximise responses. A consultation leaflet was sent to over 300,000 households in two tranches – 261,000 during October to homes across the Trust's catchment area and a further 43,000 during December focused specifically on the Bishop Auckland area.

The www.seizingthefuture.org.uk website was set up to supply background information to the consultation and to host an online questionnaire. Within the Trust a specific *Seizing the Future* intranet site was also established.

The local general practitioners (GPs) were identified as one of the key stakeholders for engagement and communication during the Seizing the Future programme. As such a range of specific communication activities were implemented including a bi-monthly GP newsletter featuring the latest updates and developments and signposting to the *Seizing the Future* website. The newsletter was directly emailed to GPs and their practice managers and each GP practice received copies of the consultation document.

In addition, the *Seizing the Future* project manager and one of the lead clinicians from the programme attended meetings of the Practice Based Commissioning groups to make presentations and answer questions. The GPs were also invited to attend two large Clinical Summit events and there was representation from the Local Medical Committee on the Oversight Board and the Clinical Reference Group.

Following this extensive consultation with the public and staff the Trust Board decided in February 2009 that Option B was the preferred option for reconfiguring services. This was supported by NHS County Durham at its board meeting in March 2009. The Trust also agreed to review a number of other proposals, which had been raised during the consultation process, for potential implementation as part of the *Seizing the Future* programme. These were additional services at BAH including;

- GP Ward
- Sleep Centre
- Medical Simulation Centre
- Moving Trust HQ

Implementation Period

To try to facilitate wide engagement and scrutiny of the project an Implementation Oversight Board was established that brought together representatives from NHS County Durham, Darlington Borough Council and Durham County Council Scrutiny Committees, Darlington and County Durham Local Involvement Networks and the Trust. The terms of reference for the Board are included in Appendix 2. The main aims of the Board were to monitor and ensure delivery of the overall plan and to ensure that patient safety and clinical quality were built into and delivered by the plan. The Board has also played a key role in monitoring the success of the programme since its implementation in October 2009 and has been very satisfied with the commitment of the Trust, and other stakeholders, to provide reports and evidence where necessary. The completed Implementation Review – Project Plan is attached as Appendix 3.

Engagement with the public and staff continued after the decision to implement Option B had been taken. During July 2009 when the first changes to Accident and Emergency services at Bishop Auckland Hospital (BAH) occurred the communications team produced over 50,000 leaflets for door-to-door distribution explaining the proposed changes. This was supported by

press adverts, poster and leaflets sent to local GP practices and posters and signage displayed within BAH.

The majority of service changes as a consequence of *Seizing the Future* were implemented in October 2009. These changes were supported by an extensive communications strategy including;

- Adverts placed in Darlington Borough Council magazine (Town Crier) and in Durham County Council – Durham County News
- Two adverts placed in the Advertiser, the Wear Valley Mercury & Teesdale Mercury
- Life Channel advert running in GP practices
- Bus side winder adverts booked to run through Bishop Auckland
- Two 1 day public road show events held in Tesco and Morrison in Bishop Auckland
- A5 leaflet produced and mailed door to door across the county (approx 90,000)
- School Mailing (85 schools, 25,000 letters mailed)
- Proactive PR
- Continued stakeholder briefings, meetings & visits

Post implementation Period

Even after the services changes had been implemented communications with staff and public, especially in Bishop Auckland, continued. This took the form of a bus side winder campaign, a 4 page wrap around in the Advertiser newspaper and a supplement in Trust's internal magazine *Newsround* which was mailed to 6,000 Trust members.

Gateway Review of Service Reconfiguration

The Gateway Review team undertook a review of the *Seizing the Future* programme at key points throughout the consultation and implementation process.

An initial assessment by the review team was undertaken in August 2008 to review the outcomes and objectives of the programme, the way they fitted together and to confirm that they made the necessary contribution to government, departmental, NHS or organisational overall strategy (Appendix 4).

The team concluded that the *Seizing the Future* programme had made sound progress, culminating in a discussion at a Trust Board meeting of the preferred options for consultation.

The review team found clear evidence of good stakeholder and communications management; particularly so with secondary care clinicians and wider staff groups, the commissioning Primary Care Trust, Governors and members of the Foundation Trust and Overview and Scrutiny Committees. It was also evident that the consultation phase planning was receiving the attention it required.

Overall the review team felt that the Trust had a good strategic grasp of the issues and workload ahead and, because of the strong and close relationship with the commissioning PCT, they were confident that the Trust would be able to successfully complete the next phase of activity.

In April 2009, the review team returned to undertake an additional Gate 0 and a partial Gate 1 strategic assessment of the programme (Appendix 5). The team concluded at this point that excellent progress had been made since the last Gateway review. This progress had included:

- an effective communications and consultation process with an emphasis on it being clinically led
- a Board decision to go ahead and implement the proposals
- putting governance for implementation into place and
- appointing an experienced Programme Director to oversee all of the change.

Overall, the review concluded that the Trust was entering a tight and busy period of implementation and that it would need to focus on "business as usual" results whilst delivering on the promises made as part of the consultation.

Areas of good practice were highlighted by the review team, including:

- effective clinically led consultation
- working relationships between the Trust and PCT
- managing the relationship with MPs and Overview and Scrutiny Committees (OSCs)
- improved engagement of GPs
- the appointment of an experienced Programme Director.

The main conclusion of the review team was that the overall delivery confidence assessment of the programme be rated as Amber / Green – 'Successful delivery appears likely. However attention will be needed to ensure risks do not materialise into major issues threatening delivery.'

The Trust sought a further Gateway Review in April 2010. The primary purpose of a Health Gateway Review 5: *Operations Review & Benefits Realisation* is to assess whether the anticipated benefits are being delivered.

The Gateway Review Team's report (Appendix 6) notes that nearly all of the planned changes have now been implemented and are operational. The changes to the Intensive Therapy Unit (ITU) at UHND were completed in July 2010 whilst the changes to ITU at DMH are due for completion in December 2010 with the first patients being admitted early in 2011.

During interviews conducted as part of the review process, the Review Team heard differing views regarding the complete effectiveness of all changes; although the team acknowledged that many of the schemes were still 'bedding down' and that more adjustments may be necessary. Those interviewed did however feel that much had been accomplished by the

Seizing the Future Programme and that despite some teething problems it had been the right move and successfully implemented. The Review Team endorsed this view.

The Review Team noted that a number of issues required further work and, whilst not a specific aim of the project, were disappointed that financial savings had not been realised. It was noted that these issues were being picked up by the more challenging *Towards 2014* programme.

A number of positive points expressed during the interviews were acknowledged by the Review Team including:

- The *Seizing the Future* Programme has been implemented
- Successful implementation of the Cataract Unit, Rehabilitation Centre and the Nurse-led services at BAH
- Accolades regarding the implementation team
- The foundations for a good shuttle bus service
- Consensus that this is the right time to close the Programme
- The Oversight Steering Board worked well

Acknowledging the progress made the Review Team concluded that the delivery confidence assessment was 'Amber/Green'*, Successful delivery appears likely*, and that March 2010 was an appropriate time to formally close *Seizing the Future* as a programme.

Post Project Evaluation

Following the implementation of the service changes in October 2009 regular update papers have been submitted to the Trust Board and the Oversight Board, based on the Project Evaluation and Performance Report, which detail the ongoing performance of the different services affected by the reconfiguration. The latest report covering the period from October 2009 to July 2010 is attached in Appendix 7.

Acute & Emergency Medicine

The Performance Report provides details of attendees at the Trust's Accident and Emergency Departments pre and post *Seizing the Future*. The Trust modelled the potential impact the changes at BAGH would have upon the remaining two accident and emergency departments. It was assumed that of the 30,000 attendees at the original BAGH A&E departments approximately 20,000 would still be seen in the Urgent Care Centre and the remaining 10,000 would migrate to UHND and DMH by a ratio of 40/60 respectively based on travelling distances for the patient cohort identified.

Apart from Month 1 (October) the actual number of attendees at DMH is less than modelled with an overall average reduction of 5%. In contrast the actual number of patients seen at UHND is 6% more than modelled.

The report also highlights, to the end of June 2010, the Trust's performance against the 98% 4 hour wait target in Accident and Emergency during 2009/10; which is an important indicator of sustained performance during the service reconfiguration process.

- The Trust's overall performance exceeded the target in the three months after the implementation of *Seizing the Future* and has only failed to meet the 98% target in two out of the nine months since October (January – 97.77% and April – 97.98%).
- The performance at DMH has exceeded the target for seven out of the nine months post *Seizing the Future*; only failing during the busy winter months in December and January.
- The performance at UHND has exceeded the target for all but one of the nine months post *Seizing the Future*.

General Medicine

The need to keep average length of stay below 5.5 days remains central to the delivery of the non elective work. The performance report shows that

average LOS in Medicine remains below 5.5 days across the Trust and that the average LOS at DMH and UHND remains consistently below 5 days.

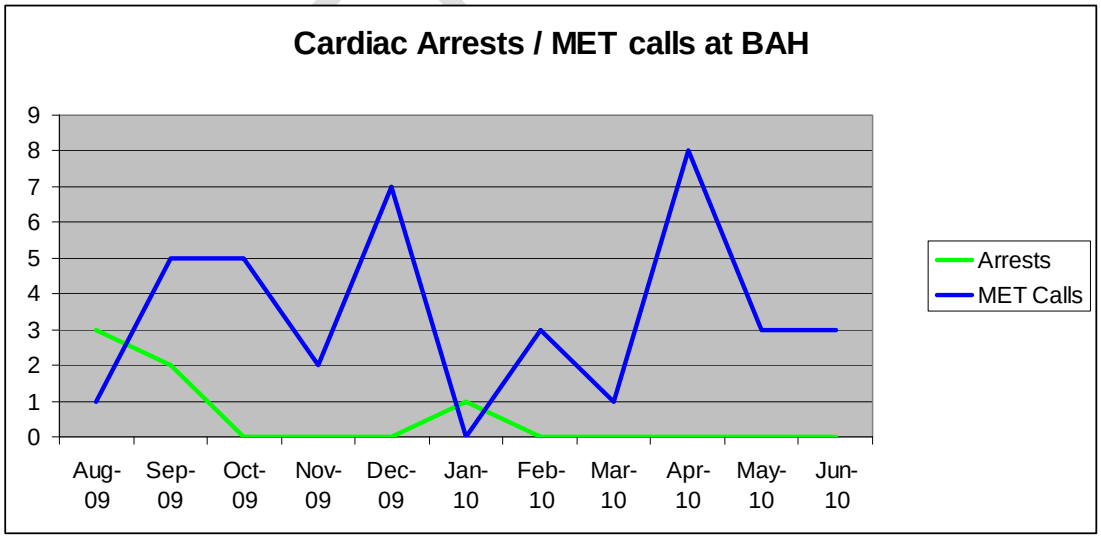
Another key area for Medicine and the Trust is the performance in relation to Stroke care. It can be seen that the Trust scores consistently well against the 'Stroke care' indicator and has made significant progress towards meeting the target for all stroke admissions to have access to a CT scan within 24 hours.

The new role for Bishop Auckland Hospital as a centre for excellence for rehabilitation and to provide 'step down' care did initially raise some concerns by clinical staff due to the lack of acute medical cover on site. Key performance indicators looking specifically at this issue were developed.

Two of the parameters for measuring success of the medical cover at BAH were;

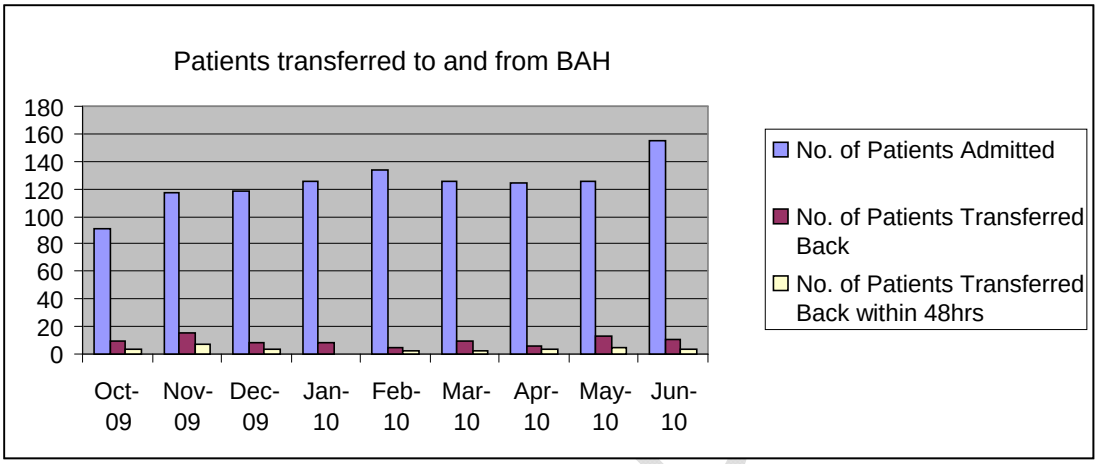
- Number of MET (Medical Emergency Team) calls
- Number of cardiac arrests

These are represented in the graph overleaf:



Since October 2009 there has been only one cardiac arrest at BAH and the number of calls to the Medical Emergency Team is appropriate for the level of care provided.

Two further indicators that were monitored were the number of patients transferred back from BAH to an acute ward and the time between admission to BAH and transfer back.



Initially post implementation the percentage of patients transferred back peaked at just over 12% in November but has fallen since then and on average just over 7% of admissions to BAH are transferred back to an acute site. The number of patients transferred back to an acute site within the first 48 hours has remained fairly steady. Of the small number of patients that are transferred back about 1 in 3 of them are transferred within the first 48 hours. All occurrences of a patient having to be transferred back to an acute site is reported as an incident and the Trust constantly monitors these reports to identify trends. This monitoring will continue as part of the Trust's ongoing governance arrangements.

Surgery

Day of surgery admission (DOSA) remains a key enabler to the efficient use of surgical beds. The performance report shows that the percentage of patients admitted on day of surgery remains fairly stable and is currently reported at 89.7% (against a target of 95%). DOSA for orthopaedic patients, which is reported separately, continues to outperform their target (87.9% vs. 70%).

Theatres at BAH remain a key resource for the surgical specialties. Most of the specialties are currently achieving the targeted number of sessions per week being provided at Bishop Auckland and the number of patients being treated per week. Challenges however still remain within General Surgery to maximise the use of this facility.

Women & Children's Services

One of the main reasons for embarking on this programme of service redesign was the issue of sustainability of the Paediatric services across three acute sites. The Care Quality Commission had raised concerns in relation to the number of cases per consultants at BAH being too low to maintain adequate eservices. *Seizing the Future* has ensured that the Paediatric service was able to redesign its service in a planned manner with minimal impact on patient experience. The service has been able to recruit two replacement consultants and two new acute consultants that would not have been possible if the service had not been redesigned. The alternative would have been crisis management with a potential impact on patient safety.

Clinical Support Services

Cancelled operations remain a challenge for the Trust and are currently performance managed jointly by the Division of Clinical Support Services and Surgery. Analysis of data indicates that the average number of reportable cancelled operations for the winter 09/10 is significantly less than the same period last year (63 cancelled ops/month in 08/09 vs. 54 cancelled ops/month in 09/10) and the Trust has achieved the national target for the four months since April.

The number of cancelled operations due to lack of beds or non medical reasons remains comparable with pre-*Seizing the Future* figures and this should be viewed positively when winter pressures are factored in.

The impact of the transfer of BAH critical care beds can be measured by the number of patients who have needed to be transferred out of a Critical Care unit for non-clinical reasons. In the six months prior to the implementation of *Seizing the Future* there were 9 patients transferred for non-clinical reasons. In the six months since October 2009 there have been no transfers.

The Division is also achieving its targets in relation to the surgical activity that it is undertaking at BAH in relation to Community Dental and Chronic Pain patients.

General

Other indicators that were monitored as part of the evaluation to ensure no deterioration in patient safety or satisfaction were;

- **Healthcare Associated Infections**

  The Trust continues to report an excellent record on healthcare acquired infections. As at the end of June 2010, the number of MRSA infections for the nine months since the introduction of *Seizing the Future* was 4 (with none at BAH and none in total since Dec) and for C Diff the figure was 63 (with 9 at BAH). In this respect the service changes resulting from *Seizing the Future* have had no obvious effect on this measure.

- **Patient Satisfaction Survey**

  The Trust captures patient satisfaction information from a number of different sources. The National Inpatient Survey was undertaken in September 2009 and therefore covers the period before the implementation of *Seizing the Future*. This will provide an excellent baseline that the Trust can use to compare the results of the 2010 inpatient survey against and therefore understand the impact of *Seizing the Future* on patient satisfaction.

In the interim, the Trust undertakes ongoing patient satisfaction surveys as part of the ward performance framework. Matrons undertake a face-to-face interview with 5 patients on each ward on a monthly basis. The Matrons use pre-set questions to structure the interview but there is also opportunity for patients to discuss other issues as necessary. This is a recognised acceptable methodology for undertaking continuous patient satisfaction surveys.

Analysis of the results from the patient satisfaction surveys pre and post *Seizing the Future* indicates that no significant change have occurred in the measures since the introduction of *Seizing the Future*.

The Trust has also undertaken a specific piece of work to evaluate the patient experience of stroke rehabilitation patients before and after the implementation of *Seizing the Future*. A partnership approach was taken to planning and implementing the patient experience evaluation exercise. CDDFT led the exercise with significant input from the North of England Cardiovascular Network (NECVN) to satisfy mutual organisational aims. NHS County Durham and Darlington provided patient, carer and public engagement guidance, support and resources. The North East Stroke Association (NESA) was commissioned to obtain patient and carer feedback in order to ensure objectivity and impartiality throughout.

The aims of the patient experience evaluation were to:

- Evaluate the impact of hospital-based stroke rehabilitation service changes on patients' and carers' experience, from their perspective, establishing an initial baseline and evaluating performance thereafter
- Identify potential areas of stroke rehabilitation services requiring further improvement
- Inform the development of the North of England Cardiovascular Network's (NECVN) top ten priorities for stroke rehabilitation services

- Recruit patients and carers to service user engagement forums being developed by CDDFT and the NECVN

The initial report detailing the format and first phase results is available (see Appendix 8) and details emerging trends from patient and carer feedback and makes recommendations for future action including a second stage evaluation exercise. This second stage report will be published in October 2010.

- **Complaints**

  A total of 468 formal complaints were made to the Trust between October 2009 and end of June 2010. Of these 22 (5%) made reference to, or were attributed to, the changes to service delivery following *Seizing the Future*. The majority of these complaints occurred between Oct 2009 and Jan 2010 when the Trust saw a general increase in complaints. Since April 2010 the Trust has only received 3 complaints that appear to be attributable to *Seizing the Future*.

- **Transport**

  The Trust continues to monitor the use of the newly introduced bus and taxi services. The use of the Teesdale service has remained fairly low for the last three months whilst the use of the Weardale service remains steady. The Delivery Oversight Board has reflected that despite the initial concern over transport needs pre-*Seizing the Future* the actual demand does not appear to be there and there are now questions over the value for money of the service. Both the PCT and the Trust are exploring the economic viability of running these services in the future due to the current economic circumstances. A decision will be taken in the near future.

  The inter-site shuttle services remains well used with the numbers of staff and visitors using the service increasing month on month. The service is also increasingly being used for the movement of patient

notes and specimens. The Trust continues to work up the feasibility of introducing an extended shuttle service that would be specifically targeted at staff.

Other Services

A number of other services changes were consulted upon during *Seizing the Future* but have not yet been fully delivered. An update on each of these schemes is detailed below;

- **GP Ward** – The general practitioners (GPs) within the Bishop Auckland locality raised the issue during consultation of the possibility of establishing a GP ward at BAH. Patients admitted by GPs to this ward would be under the direct medical care of a named GP. A three month pilot to test the implementation of GP beds in BAH, under the auspices of the Durham Dales Integrated Care Organisation, started in June 2010 and will be reviewed by the IOC in late September.

- **Sleep Centre** – It looks increasingly likely that new monitoring equipment, that will allow patients to go home with a device attached for monitoring sleep patterns and return the following day for the information to be assessed, may negate the need for a dedicated Sleep Centre. Assessment of the equipment and the need for a centre is currently ongoing.

- **Medical Simulation Centre** – The development of a state of the art medical simulation centre at BAH is being considered as part of the Trust's 7 year capital strategy and is currently being worked up as part of the overall estates strategy. Although in the current economic climate this will require a full business case to be developed.

- **Trust HQ** – During the consultation stage the Trust had been requested to consider the relocation of the Trust's headquarters to BAH. This has been considered by the Trust Board but for the present

it had been decided that headquarters should remain at Darlington Memorial Hospital as it was felt that it was more appropriate for the Trust's headquarters to be located on one of the acute sites.

Lessons Learnt

The Trust has learnt a number of valuable lessons from the *Seizing the Future* programme that it can apply to similar programmes of change in the future. In addition, the local PCTs have also learned a number of important lessons from both *Seizing the Future* and other local service reconfiguration proposals.

These lessons included;

Proposed Service Changes

- The demonstration of clinical rather than organisational drivers for change is more likely to be persuasive.
- Open and up front discussion of the drivers for change of a well thought through proposal is more likely to engender support amongst key decision makers for the proposals.
- Service changes should be clinically led – clinicians should be involved at the heart of the action
- Consultation proposals should contain an adequate amount of evidence on which a lay person would be able to make an informed comment.
- Consultation proposals should offer a genuine choice.
- Commissioners and providers must acknowledge that the provision of service must be related to the communities being served, that is, the location of a service is not separate to the needs of those who will be using it.
- The impact of service changes in relation to key policy drivers must be clearly demonstrated e.g. in relation to providing care closer to home.
- The impact of the proposals on other agencies such as local authority social care provision or the voluntary sector should form part of the proposal where possible or should explicitly be sought as part of the consultation process.

- It has been noted that Health Impact Assessments may be most useful if developed as part of the evidence in the case for change.
- Large scale change should be managed using a formal Programme Management approach.

Engagement

- It is important to engage with stakeholders early in the process.
- Clear early engagement with overview and scrutiny committees is very important.
- Adequate notice should be given, before a consultation commences, that it is about to begin.
- Engagement with stakeholders and partner organisations needs to be undertaken in a meaningful way
- It is critical to gain the support of public and other key stakeholders through investment in the consultation process.
- Pre-consultation engagement with stakeholders by commissioners or providers needs to be strong.
- Consultations should ensure that communities concerned are consulted.
- Language used should be easy to understand.
- Consultation plans and approaches (models of engagement) need to link in with existing local networks.
- Opportunities for key stakeholders to undertake visits to sites or locations affected by the proposals for change have proved invaluable.

Oversight

- Ensure the Trust is held to account by its governors and members. Support from these groups gives the necessary legitimacy to make the service changes required.
- Ensure that the programme is externally monitored through peer review including Gateway Review and Oversight Board.

A huge amount of effort was put in to planned consultation events across the Trust area which required the collation of contact lists for sending out consultation materials. Despite the effort put in there was ultimately low levels of turn out at these events. A learning point for commissioners and

providers would be to utilise existing and extensive networks on the ground that already exist, e.g. Area Action Partnerships or the Council for Voluntary Services, to try and get messages distributed in a more cost effective manner.

As a result of the lessons learnt from *Seizing the Future* and other local service reconfiguration proposals NHS County Durham and Darlington have prepared process guidance for stakeholder engagement in service reconfiguration – see Appendix 9.

Conclusion

Seizing the Future has been a massive exercise in service redesign and is an exemplary model of how such large scale change can be successfully achieved. The key reasons for the success of *Seizing the Future* were;

- It was clinically led from the start
- A clear vision of the future service design was developed
- There was full and honest stakeholder engagement
- There was significant external scrutiny and peer review

The transformational savings that were anticipated out of *Seizing the Future* were not realised as planned within 2009/10. This was partly due to allowing a period of bedding in of the changes implemented and the need to cope over the winter period.

The Trust has recently announced its strategic programme of service review for the next four years under the title *Towards 2014.* The Trust has therefore rolled the proposed revenue savings associated with *Seizing the Future* into the *Towards 2014* workstreams.

The legacy of *Seizing the Future* can be summarised as;

- The strategic direction of the Trust is clearly aligned with an agreed clinical vision.

- There is increased clinical engagement for service changes that will be necessary going forward.
- Improved opportunity to build further relations with members and governors.
- Improved relations with stakeholders and partner organisations due to having a history of change with external scrutiny.
- The Trust is in a better position to meet the challenges ahead.

The success of *Seizing the Future* has given the Trust the necessary foundations from which to meet the anticipated financial difficulties and ensures that the Trust has the knowledge and experience of large scale change that will be necessary to deliver the challenges that it will face in the future.

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