Health Gateway Review 0: Strategic assessment
Programme Title: Seizing The Future
Health Gateway ID: DH 402

Health Gateway Review
Review 0: Strategic assessment

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SRO: Stephen Eames

Organisation: County Durham and Darlington NHS Foundation Trust

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Background

The aims and the driving force of the programme:

The County Durham and Darlington Foundation NHS Trust is conducting a review of its service provision under the programme title of *Seizing the Future*. This review was initiated to ensure that the Trust adopts the best clinical solutions to those emerging issues which the Trust anticipates may develop into key challenges if not addressed proactively. Some services, which are currently hard pressed, are more vulnerable to the additional impact of policy changes such as the European Working Time Directive. Safe and high quality care remains a priority for the Trust, and it will be important to take action in three key areas to guarantee that this is not in any way compromised as this and other policies take effect:

- Provision of effective and safe emergency and critical care across all existing sites, including emergency surgery;
- Provision of children's services;
- Availability of 24/7 diagnostics.

The need for a strategic review of services was identified as an important part of the selection process for the new Chief Executive, and the "Seizing the Future" review was launched soon after his arrival in November 2007.

This is a change programme to deliver the Trust's strategic direction for the next five years supported by major clinical service reviews, including:

- Examination of current services
- Assessment of how services compare to best practice in clinical outcomes
- Review of achievement of national standards across services
- Development of future service options.

The Trust views this programme as a major opportunity to develop centres of excellence for the provision of high quality services

The programme has so far identified three distinct phases prior to a final decision being reached on the preferred option:

1. Phase 1 - the initial scoping
2. Phase 2 - development of service options
3. Phase 3 - formal consultation on service options

The programme is currently nearing completion of its second phase.

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The procurement/delivery status:
No procurement has yet taken place except for consultancy services.

Current position regarding Health Gateway Reviews:
This is the first Health Gateway.

Purposes and conduct of the Health Gateway Review

Purposes of the Health Gateway Review

The primary purposes of a Health Gateway Review 0: Strategic assessment, are to review the outcomes and objectives for the programme (and the way they fit together) and confirm that they make the necessary contribution to government, departmental, NHS or organisational overall strategy.

Appendix A gives the full purposes statement for a Health Gateway Review 0.

Conduct of the Health Gateway Review

This Health Gateway Review was carried out from 29th July 2008 to 1st August 2008 at Darlington Memorial Hospital. The team members are listed on the front cover. The people interviewed are listed in Appendix B.

The review team would like to thank all those interviewed for their support and openness which contributed to the review team's understanding of the programme and the outcome of this review. We would also wish to thank the programme team for all of the logistical support during the review. Our special thanks go to Jayne Davies.

Conclusion

The 'Seizing the Future' programme has made sound progress, culminating in a discussion at a Trust Board meeting on 30th July 2008 of the preferred options for consultation. There are plans to take it forward to the commissioning PCT Board on 2nd September 2008.

There is clear evidence from those we interviewed of good stakeholder and communications management. This is particularly so with secondary care clinicians and wider staff groups, the commissioning Primary Care Trust (Durham PCT), Governors and members of the Foundation Trust (FT) and Overview and Scrutiny Committees (OSCs). It is also evident that the consultation phase planning is receiving the attention it requires. It will be lead by the commissioning PCT, in line with best practice. There is a good working relationship in place between the FT and PCT. Visits have taken place to other trusts that have undergone consultation

activities in order to learn lessons. Legal advice is also being sought early on to minimise the chances of any judicial review.

All of these points indicate a professional approach to the tasks to date. However, it is acknowledged that more detailed work is still required in order to achieve the timescales.

The stakeholder involvement must now widen to involve GPs, Practice Based Commissioners and Social Services in addition to continuing the effective process to date.

We have also heard a number of comments concerning the current options. It may not be completely clear to all those involved why certain options were discounted and this needs to be rectified. Some interviewees have also raised the point of how the intended infrastructure upgrade to Darlington Memorial Hospital fits with the 'Seizing the Future' vision. Overall it is important to be absolutely clear on what will be consulted on with the necessary supporting arguments and documentation.

The implementation phase requires detailed planning. It is a major change management task which will require resourcing plans and transition plans aimed at achieving the targeted benefits including performance aspirations of being in the top 25% quartile and then top 10% over a twenty four month period.

We believe additional focus on the following areas would add to the programme's existing strengths:

- Capitalise upon the third site as a major, vibrant service facility
- Enhancing key stakeholder involvement with GPs, Practice Based Commissioners and Social Services.
- Ensuring clarity on the options for consultation and the supporting evidence.
- Detailing first cut implementation and transition plans.
- Working through a 'devil's advocate' approach for the consultation phase.
- Developing a Business Case including the wider context of Darlington Memorial Hospital capital investment.

We would like to acknowledge areas of good practice:

- Involvement with clinicians, other staff, governors, members, OSCs, PCT and the local MPs
- Effective communications
- Good working relationships with County Durham PCT and OSCs on the consultation preparation.

Overall we feel that the FT has a good strategic grasp of the issues and workload ahead. Together with a strong and close relationship with the commissioning PCT, we are confident that the Trusts will be able to complete successfully the next phase of activity.

A summary of recommendations can be found in Appendix C.

Health Gateway Review RAG Status

The overall RAG status of the programme is Amber.

RED – To achieve success the programme should take remedial action immediately, ie within two to three weeks.

AMBER – The programme should go forward with actions on recommendations to be carried out within two to three months or before the next key decision point or by a specified date.

GREEN – The programme is on target to succeed but may benefit from the uptake of the recommendations.

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Findings and recommendations

1: Policy and business context

The Foundation Trust was established in 2007. The Board is now considering how services should be delivered in 2012. A clinically led review has been undertaken over the last year and the intention is that Durham PCT will launch a consultation process in September 2008 “Seizing the Future”.

The Review is taking into consideration the national review of the NHS, led by Lord Darzi, including the five pledges, that change will:

- always be to the benefit of patients
- clinically driven
- locally led
- involve the general public
- take place only when new and better services available.

Acute services are currently delivered on three sites:

- Bishop Auckland Hospital rebuilt through Private Finance Initiative (PFI)
- Darlington Memorial Hospital
- University Hospital of Durham, a new build PFI.

The Foundation Trust Board is committed to delivering services which meet the five Darzi pledges and are in the best interests of the population it serves. With changes in clinical practices and the commitment to provide care closer to home, the Foundation Trust anticipates that there will be an opportunity to redevelop acute hospital facilities and attract further high quality clinical staff.

The Foundation Trust has a strong Governance process for “Seizing the Future”. A Steering Group, chaired by the Chief Executive, is overseeing the process and it reports to the Trust Board. A Clinical Reference Group, chaired by the Medical Director, has been examining the wide range of options, against agreed criteria, and identified three preferred options. There are four Strategic Service Groups in place: Medicine, Surgery, Women and Children and Diagnostics. They are chaired by clinical directors.

The governance process has strong Governor and general public involvement. The Primary Care Trust is represented at a senior level. There is general satisfaction of, and praise for, the process.

2: Business case and stakeholders

A considerable amount of work has been undertaken. This has included a long list of options, the development of assessment criteria and an agreed shortlist of options. At the same time extensive modelling of the shortlisted options is nearing completion. This has resulted in a full report to the Trust Board at the end of July in which the policy drivers as described above are well set out. Two options are considered in addition to the do nothing option. Whilst one option is to bring all acute and emergency care on to two sites from the current three with a range of non-acute services on the third site, the preferred option (Option C) adds to the third site the management of urgent medical cases, urgent paediatric assessment and rehabilitation facilities.

Whilst the sites are not specified in the report to the Board, we were told by many interviewees that it would be helpful to specify the sites in readiness for the consultation. We strongly endorse this. In addition we believe it is essential that the evidence supporting the selection of the options should be clearly visible during the consultation phase.

We suggest that the development of the formal business case takes into account the wider site issues and anticipated capital investment required across the Trust. For example it is not clear how or whether an emerging separate business case for the expenditure of £25m on the infrastructure of DMH fits into the overall programme.

Stakeholder engagement has been good. Staff involvement has been effective especially through the clinical reference group, clinical workstreams and two clinical summits. Several interviewees spoke of the benefit of governor support and public member input. There is a recognition that more work is needed on GP and social care engagement.

Recommendation 1: Ensure that the evidence supporting the options is made transparent in the consultation document.

Recommendation 2: The Trust should produce an integrated business case which takes into account the wider capital expenditure initiatives.

3: Management of intended outcomes

The intended outcome of the current phase is to develop a new strategic direction for strengthening clinical services across the Trust.

This has been achieved with a high degree of clinical leadership and broad engagement of key stakeholders within secondary care. The outcome is contained within a new service model with options for delivery, and covers all clinical specialties the Trust provides.

Close working relationships have been developed with PCT colleagues and the Trust is contributing the outcome of this work to the consultation being led by the PCT. There is a great deal of enthusiasm and also concern about managing the consultation process effectively. Interviewees have expressed comments such as 'must have a whole system context', 'the language must be simple and easy to understand', 'benefits to all the community must be well articulated', 'there must be sound and rigorous evidence of the options adopted', 'the process has to be squeaky clean', 'don't use beds as currency', 'we have to win hearts and minds', 'we need to sort out transport infrastructure', 'we have to come clean on the sites', ' how do the plans for refurbishing Darlington Memorial Hospital fit' and many more.

The Trust is now in a position to start more detailed work with colleagues in linked health and social care services to understand the wider impact and complete whole systems modelling to inform the business case. This particularly applies to GPs and Social Services.

Recommendation 3: Ensure that the consultation strategy and plans being developed set the proposals in a whole systems context and is comprehensive in covering all segments of the community affected.

4: Risk management

The Trust has a risk register for this project in which risks have been logged. The current version shows their impact and probability of occurrence but not for all risks. Many of the risks identified have related to external stakeholders such as Members of Parliament, GPs and the PCT. More internal risks might be expected on a programme of this kind. It is not clear how well, or frequently, the register is used and updated nor how actively the mitigating actions are reviewed. We also believe it is critical to show responsible owners of the risks, timescales and contingencies.

As the programme moves forward a more rigorous approach should be adopted to risk management including the consideration of a joint PCT / FT risk register.

Recommendation 4: Review the current risk and issues process in terms of rigour and scope and consider the adoption of a joint risk register with the PCT.

5: Review of current outcomes

The process to date has evolved to meet the growing demands of the programme and there is now a core team in place with a programme manager who is widely respected, and key supporting roles. External expertise has been brought in as required and has been well targeted. The team have a positive attitude, both learning the lessons from elsewhere and from reviewing their roles. This provides a good platform for meeting the programme demands.

The challenges of the next phase are being considered. Additional resources will be required including programme and project management support.

We heard a variety of views covering the speed of the process. Whilst some thought that it was too fast and may have had consequences on certain activities, others felt that the pace was right.

The need for a strategy and detailed plan for consultation is understood. There is strong opinion that the focus needs to be on the benefits, using simple and clear language.

6: Readiness for the next phase: Delivery of outcomes

The programme continues to address the key drivers mentioned earlier in this report and is critical in supporting the overall vision.

The 'Seizing the Future' programme is at a crucial stage in its lifecycle. Together with County Durham PCT, plans are being formulated for the consultation phase, resource and skill requirements. Budget provision has been made for the overall programme and models exist for the estimating of income, expenditure and capital implications.

Given that the necessary strategies and plans are developed in detail over the next two months for the consultation phase, the next most important task is to look ahead at implementation.

There will be a substantial change management process to be undertaken following the consultation phase and subsequent decisions. There are changes which can start earlier and now is the time to develop the first cut transition plans. These will need to be supported by releasing staff from their substantive work and appropriate cover organised. Training plans will need to be set out. There is no doubt that the clinical input to date has been excellent. This will increase significantly during future phases, especially during implementation. The Trust should not underestimate the effort and amount of resource required.

The programme will also require additional management disciplines as it moves through the consultative and implementation stages. This will include allocation of roles and responsibilities for various projects within the programme. Necessary quality assurance mechanisms to monitor progress and achievement of anticipated benefits will also need to be agreed with the key stakeholders / partners involved.

Recommendation 5: Develop a Change Management Plan for handling the implementation. This will become more detailed during the consultation process.

The next Health Gateway Review

A repeat programme 0 review should ideally take place after consultation and before finalisation of the business case. This is likely to be around the first quarter of 2009.

APPENDIX A

Purposes of Health Gateway Project Review 0: Strategic assessment

- Review the outcomes and objectives for the programme (and the way they fit together) and confirm that they make the necessary contribution to the overall strategy of the organisation and its senior management.
- Ensure that the programme is supported by key stakeholders.
- Confirm that the programme's potential to succeed has been considered in the wider context of the organisation's delivery plans and change programmes, and any interdependencies with other programmes or projects in the organisation's portfolio and, where relevant, those of other organisations.
- Review the arrangements for leading, managing and monitoring the programme as a whole and the links to individual parts of it (e.g. to any existing projects in the programme's portfolio).
- Review the arrangements for identifying and managing the main programme risks (and the individual project risks), including external risks such as changing business priorities.
- Check that provision for financial and other resources has been made for the programme (initially identified at programme initiation and committed later) and that plans for the work to be done through to the next stage are realistic, properly resourced with sufficient people of appropriate experience, and authorised.
- After the initial review, check progress against plans and the expected achievement of outcomes.
- Check that there is engagement with the market as appropriate on the feasibility of achieving the required outcome.
- Where relevant, check that the programme takes account of joining up with other programmes, internal and external.

APPENDIX B

Interviewees

Name	Role
Ahmed Ali	Clinical Director Women & Children/W&C SSG Lead
Andrew Cottrell	Consultant Paediatrician, Bishop Auckland
Bob Aitken	Medical Director / Project Director
Cliff Brown	Director of Community Services, Darlington BC
Cllr Joseph Armstrong	Chair of Overview & Scrutiny Committee, Durham CC.
Cllr Newall,	D'ton BC: Vice-Chair of OSC
Cllr Scott,	D'ton BC: Member of Health & Wellbeing SC
Cllr Swift	D'ton BC: Chair of Overview & Scrutiny Committee
David Gallagher	Dir. Of Corporate Services, Strategies & Relations, County Durham PCT
Debbie Anderson	Associate Director of Information /Project Mod. Grp member
Diane Murphy	Programme Manager
Edmund Lovell	Head of Corporate Affairs / member of Steering Grp & Clinical Reference Group
Feisal Jassat	Head of Overview & Scrutiny, Durham CC
Gill Findlay	Clinical Governance. Staff Governor rep on Steering Grp / member of Surgery SSG
Janet Brown	Elected Governor Rep on Steering Group
Janet Sedgwick	Divisional Manager, Surgery (Surgery SSG lead)
Kath Fawcett	Deputy Ward Sister, Elderly/Steering Grp member. Chair of Joint Staff Consultative Committee
Kath Toward	Elected Governor rep, Clinical Reference Group
Keith Atkinson	Elected Governor rep on Clinical Reference Group
Laura Robson	Director of Nursing/Steering Grp & Clinical Ref Group
Martin Wilson	Strategic Head, Planning & Performance NE Strategic Health Authority
Neil Munro	Clinical Director for Medicine / member of Clin. Ref Grp / Medicine SSG lead

Nichola Fairless	Service Dvlpt Manager, NE Ambulance Service NHS Trust
Pat Keane	Director of Strategy, Planning & Involvement, Co. Durham PCT
Paul Cummings	Head of Employment Services / member of Project Mod. Grp
Peter Dawson	Assoc. Director of Finance/ Project Modelling Group
Rachael Shimmin	Corporate Director of Adult & Community Serv, Durham CC
Robin Mitchell	Clinical Director Diagnostics & Support Services / D&SS SSG Lead
Sarah Pearce	Consultant in Thoracic & General Medicine / Chair of Strat Cttee
Sir George Alberti	Clinical Review NCAT
Stephen Eames	Chief Exec./ SRO
Sue Jacques	Director of Finance / Deputy Chief Executive
Tony Waites	Chairman
Tony Wolfe	Non Exec Director/ member of Steering Group
Tracey Hardy	Senior Associate Director, Estates & Facilities / Project Modelling Group member
Yasmin Chaudhry	Chief Executive Durham PCT

APPENDIX C

Summary of recommendations

Red – Take action immediately, 2-3 weeks.

Amber – Take action within 2-3 months or take action within an agreed timeline

Green – Take action as required.

		Status
Ref. No.	**Recommendation**	**R/A/G**
1.	Ensure that the evidence supporting the options is made transparent in the consultation document	A
2.	The Trust should produce an integrated business case which takes into account the wider capital expenditure initiatives	A
3.	Ensure that the consultation strategy and plans being developed set the proposals in a whole systems context and is comprehensive in covering all segments of the community affected	A
4.	Review the current risk and issues process in terms of rigour and scope and consider the adoption of a joint risk register with the PCT	A
5.	Develop a Change Management Plan for handling the implementation. This will become more detailed during the consultation process	A

NB: Full RAG definitions can be found in the 'Health Gateway Review RAG status' section.