

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



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Health Gateway Review
Review 0: Strategic assessment and Part Gate 1 Review

Version number: FINAL

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SRO: Stephen Eames

Organisation: County Durham & Darlington NHS Foundation Trust

Health Gateway Review dates: 20/04/2009 to 23/04/2009

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Background

The aims of the programme:

Trust clinicians have presented a compelling case for change, based on delivering safe services for patients and providing high quality specialist care in line with demanding new national guidance and best practice. Clinicians have been clear that County Durham & Darlington NHS Foundation Trust's (CDDFT) current service model is no longer sustainable with insufficient critical mass of patients to support specialist care, in particular, emergency care and paediatrics across three sites. This diagnosis was endorsed by the NCAT review carried out by Sir George Alberti in August 2008.

The driving force for the programme:

The key drivers for change are:

- Clinical safety and effectiveness
- Affordability
- Acceptability to patients, staff and public.

The procurement/delivery status:

Following an extensive consultation with the public the CDDFT Board decided in February 2009 on the preferred option for reconfiguring services. This was supported by NHS county Durham at its board meeting in March 2009.

They are now in the implementation phase. There are some capital projects needed to support these changes and they may be delivered through Procure 21 and minor works funding. Timescales for these are short and some phasing will be necessary.

Current position regarding Health Gateway Reviews:

A Gateway 0 was undertaken in July / August 2008.

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,

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departmental, NHS or organisational overall strategy. This review also contains some elements of a Gate 1.

Appendix A gives the full purposes statement for a Health Gateway Review 0 and Gate 1 – Business Justification

Conduct of the Health Gateway Review

This Health Gateway Review was carried out from 20 April 2009 to 23 April 2009 at Darlington Memorial Hospital, Hollyhurst Road, Darlington, County Durham DL3 6HX. 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. Special thanks also to Jayne Davies for all of the logistical support.

Conclusion and Delivery Confidence Assessment

Excellent progress has been made with "Seizing the Future" (StF) since the last Gateway review. This progress has included:

- an effective communications and consultation process with an emphasis on 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.

Although there has been no formalised business case for StF there have been comprehensive progress reports to the Board including supporting financial models. There are several projects under way or envisaged by the Trust. It would be beneficial that these were formed into an integrated programme of change. StF could act as the vehicle for this.

Overall, the Trust is now entering a tight and busy period of implementation. It will need to focus on "business as usual" results whilst delivering on the promises made as part of the consultation. We feel that added attention to the following areas will further support the success of the implementation:

- formulating an integrated change programme and clarifying roles, responsibilities and the structure of managing implementation

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- completing a “business case” which reflects all of the proposed changes and projects and helps people to see the wider context
- continuing effective management of communications with the PCT commissioning and provider arms, all other stakeholders, including focusing specifically on the overall benefits to be delivered to the local communities and setting the context for the wider health changes
- resolving key transport issues.

We would like to highlight the following areas of good practice:

- 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.

In conclusion therefore we rate the overall delivery confidence assessment as **Amber / Green**.

Colour	Criteria Description
 G	Successful delivery of the project/programme appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly
 AG	Successful delivery appears likely. However attention will be needed to ensure risks do not materialise into major issues threatening delivery
 A	Successful delivery appears feasible but issues require management attention. The issues appear resolvable at this stage of the programme/project if addressed promptly.
 AR	Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed.
 R	Successful delivery of the project/programme appears to be unachievable. There are major issues on project/programme definition, schedule, budget, required quality or benefits delivery, which at this stage do not appear to be manageable or resolvable. The project/programme may need re-baselining and/or overall viability re-assessed

A summary of recommendations can be found in Appendix C.

We are satisfied that the Trust has acted appropriately upon the recommendations of the previous Gateway recommendations in August 2008. We suggest however that more emphasis be placed on the change management process as part of the implementation programme.

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Findings and recommendations

1: Policy and business context

StF is a 5 year strategy being developed by CDDFT in response to perceived needs of the population and advances in healthcare. This local strategy sits within the context of major national changes in policy as well as in medical care. *Our Health, Our Care, Our Say* in 2006 described the general principles of more care in the community and care as close to home as *safely* possible and *High Quality Care for All* emphasised the need for safe, high quality 24/7 emergency care with patients travelling further if this was required. Changes would need to benefit patients, to be clinically led and locally owned and would involve patients, carers and the public. There has also been the recognition that for some conditions, such as stroke, myocardial infarction, major trauma and specialist surgery it will no longer be possible to provide up to date optimal care in every hospital and that networks of care with specialist services will be required.

In response to these national and local drivers CDDFT has re-examined services across its 3 major hospital sites in Darlington, Durham and Bishops Auckland. There is a general clinical consensus that all services could not safely be provided everywhere and that resources and senior staff were spread too thinly. Following detailed work on patient flows and numerous options the Board endorsed proposals in September 2008 to proceed to public consultation on:

- concentrating acute services at Darlington Memorial Hospital (DMH) and University Hospital North Durham
- redeveloping Bishop Auckland as a centre for planned care with an additional option as a centre for rehabilitation and recovery
- continuing to provide a full range of outpatient and diagnostic services at all hospitals with community hospitals remaining unaffected.

The decision to proceed to consultation was supported by the Governing Council, and by NHS County Durham, the local commissioner, which has led the consultation. Public consultation began on 6 October 2008 and continued until 12 January 2009. Following consideration of the extensive views gathered CDDFT at its Board meeting in February 2009 decided recommend to adopt and implement the preferred option with the addition of some further services at Bishop Auckland General Hospital (BAGH). This decision was subsequently approved by NHS County Durham in March 2009.

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2: Business case and stakeholders

A report was prepared in September 2008 that was submitted to the Trust Board which sets out the main elements of a business case. The report sets out the case

for change, options appraisal, finance and a brief stakeholder section. The project has undertaken most of the requirements of a business case albeit in different documents. When this document is updated it might be helpful to follow the usual formal business case format, including a detailed benefits realisation plan.

The project has undertaken an extensive consultation programme with all relevant stakeholders. The consultation and the process have been praised by all interviewees. Staff feel the consultation was rigorous.

The Trust has taken into account the findings of the consultation in its finally agreed option (which includes exploring the viability of adding further services to this option B). The Trust will be required to deliver the commitments it has given following the OSC response to the consultation. We feel the Trust will deliver on these commitments as long as there is focus and the appropriate management capacity.

3: Management of intended outcomes

Now that the decision has been made on the future configuration, the FT and PCT need clear and robust management to deliver the intended outcomes. A good start has been made with the appointment of a programme director. The FT may need to acquire additional expertise by training of existing staff, recruitment and / or hiring of external consultancy support. The FT has done good work communicating StF. The Trust now needs to build on this by a programme and approach which communicates the benefits of the changes, the future location of services and the timelines. The Trust should engage local people and do so by taking advantage of existing networks and community groups.

During the consultation process the major issue for supporters and opponents was transport. We understand that the PCT has established the Integrated Transport Working Group to review transport provision and the impact any changes will have on patients and visitors. There is a transport pilot project in East Durham which may have wider application. The FT is also reviewing internal hospital transport issues. It is very important that appropriate changes in transport arrangements are implemented by the time relocation of clinical services takes place. These transport issues will require senior management involvement at both PCT and FT levels.

Recommendation 1: The FT with the PCT should agree a timetable and action plan to resolve the transport issues both in the short and longer term.

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The FT has begun to restructure its management arrangements for StF. This will be strengthened further when the Programme Director takes up post. The Clinical Overview Group (COG) is chaired by the Medical Director and its terms of reference include co-ordinating and monitoring the four Service Implementation Groups (SIGs).

The progress of the SIGs has so far been mixed. The Medical Director and Programme Director should ensure that the SIGs have the resources to develop implementation plans and care pathways according to agreed timescales. This may need more clinician input with appropriate backfill arrangements. There needs to be a tight monitoring process which is applied rigorously.

The PCT has a performance monitoring group comprising key stakeholders as part of the overall governance process. Interviewees have made it clear that the Trust is expected to deliver its promises.

4: Risk management

The project has continued to maintain its risk register which is reviewed and updated by the COG. The risk register is being used actively with some risks being escalated to the Trust Chief Executive.

The project has taken into account some of the points made at the last Gateway review for example establishing risk owners. An updated risk register for StF has recently been shared with the PCT. However, there may still be merit in having a joint register which includes PCT and other risks.

5: Review of current outcomes

The project to date has been on track. This has been the result of a tremendous effort by those involved. StF is now moving to the implementation phase which will require more detailed planning and integration with other initiatives both within and outside the Trust's boundaries.

Regular reports have been made to the FT and PCT commissioner and provider Boards and the risk register has been debated at key decision points. There is no doubt that this project has senior support and a strong determination to succeed.

As such this first phase has delivered an effective public consultation with the PCT and FT working closely. It has also provided valuable lessons which can be incorporated into a well defined process for similar future consultations.

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6: Readiness for the next phase: Delivery of outcomes

Following the consultation phase, expectations of the public are high. Interviewees are positive about a successful implementation of the programme. In order to meet these expectations there is a continuing need for the StF programme. Several other projects are also under way or planned e.g. the new energy centre, major improvements at DMH and an integrated care organisation pilot. It would therefore be beneficial to establish an integrated programme of change. This would take account of the relevant projects and interdependencies such as those mentioned above. It would also give the flexibility to manage the dependencies which are outside the Trust's control. The StF initiative could act as the appropriate vehicle for this and future projects.

Recommendation 2: Formulate an integrated programme approach to cover StF and the other key initiatives for the Trust, ensuring a focus on delivering the promises made.

A Programme Director, due to start in June, has been recruited to drive these initiatives to completion, in co-operation with other senior Board members. This we believe will bring the desired experience and momentum required with change programmes such as this. However, it is important to ensure that there is clarity of roles, responsibilities and structure to deliver the outcomes.

Staff are aware of the tight timescales and working hard to achieve success. The SIGs are working at different paces and with some frustration being felt at COG. There are also a number of cross-SIG dependencies which need to be addressed and agreed. It may be beneficial in the short term for a small decision-making group e.g. the four SIG chairs, Medical Director and Project Manager, to resolve any inconsistencies or timescale issues.

Recommendation 3: Ensure clarity of roles, responsibilities, structure and timeliness of decision-making for managing the implementation of StF.

The programme needs to develop detailed plans, including resource, capacity, transition and change management plans, together with quality assurance to ensure robustness of delivery. Whilst there are initial plans in place for this next phase of activity there needs to be a process followed to ensure they fit within the wider context of change across the local communities.

It will be important to achieve some "quick wins" as part of this process and ensure communications continue to be effective for all key stakeholders. People will be watching to see if the promises made are being delivered, so a clear focus on managing the benefits and outcomes and selling the positive messages will be a vital

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part of the governance activity. The Trust should draw up a communication plan for this implementation phase.

Recommendation 4: Continue with comprehensive and effective communications to all key stakeholders. This should include focus on the wider picture of health initiatives across the community and emphasise the positive messages.

Next Gateway Review

The next Health Gateway Review should be a repeat programme review towards the end of 2009 plus project specific Gateways for any significant capital investments.

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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.

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Purposes of the Health Review 1: Business justification

- Confirm that the business case is robust – that is, in principle it meets business need, is affordable, achievable, with appropriate options explored and likely to achieve value for money.
- Confirm that appropriate expert advice has been obtained as necessary to identify and/or analyse potential options.
- Establish that the feasibility study has been completed satisfactorily and that there is a preferred way forward, developed in dialogue with the market where appropriate.
- Confirm that the market's likely interest has been considered.
- Ensure that there is internal and external authority, if required, and support for the project.
- Ensure that the major risks have been identified and outline risk management plans have been developed.
- Establish that the project is likely to deliver its business goals and that it supports wider business change, where applicable.
- Confirm that the scope and requirements specifications are realistic, clear and unambiguous.
- Ensure that the full scale, intended outcomes, timescales and impact of relevant external issues have been considered.
- Ensure that the desired benefits have been clearly identified at a high level, together with measures of success and a measurement approach.
- Ensure that there are plans for the next stage.
- Confirm planning assumptions and that the project team can deliver the next stage.
- Confirm that overarching and internal business and technical strategies have been taken into account.
- Establish that appropriate quality assurance processes for the project and its deliverables are in place.
- Confirm that the project is still aligned with the objectives and deliverables of the programme and/or the organisational business strategy to which it contributes, if appropriate.

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APPENDIX B

Interviewees

Name	Role
Ahmed Ali	Divisional CD Women & Children/COG member
Bill Headley	[Project Director joining CDDFT 08/-6/09]
Bob Aitken	PD/Executive Medical Director
Carol Robinson	Rehab SIG Chair / COG member
Cllr Marian Swift	Chair of HWBSC, Darlington BC
Colin Morris	Chief Executive, NHS Darlington
David Gallagher	NHS Co. Durham
Debbie Anderson	Associate Director of Information
Diane Lax	Darlington LINK
Diane Murphy	Project Manager
Dr. Stewart Findlay	Chair of PBC – Dales Cluster
Edmund Lovell	Associate Director, Corporate Affairs
Feisal Jassat and Jeremy Brock	Durham County Council OSC
Gill Findley	Staff Governor rep / SG member
Hilary Armstrong MP	MP for Durham North West
Iain Bain	Clinical Divisional Director – Surgery
Janet Brown	Elected Governor rep – SG
Jim Rochester	LINK Durham
Kath Fawcett	SG member / JCC Chair
Kath Toward	Elected Governor rep / COG member
Laura Robson	Executive Director of Nursing
Marion Usher	Durham CC – Adult & Community Care
Martin Wilson and Tony Baldasera	NE SHA
Neil Munro	Divisional Clinical Director – Medicine & Emergency Care
Pat Keane	NHS Co. Durham
Paul Cummings	Head of Workforce
Paul Liversidge	NEAS/SG member
Paul Walton	GP / Stakeholder rep / COG member
Peter Dawson	Deputy CEO
Robin Mitchell	Divisional CD / COG member

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Stephen Eames	SRO / Chief Executive
Sue Jacques	Executive FD
Tony Waites	Chairman
Tony Wolfe	Non-Exec Director / SG
Tracey Hardy	Senior Associate Director – Estates & Facilities
Warren Tweed	Joint Commissioning Manager for Older & Disabled People, Darlington Borough Council
Yasmin Chaudhry	Chief Executive, NHS County Durham

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APPENDIX C

Summary of recommendations

The suggested timing for implementation of recommendations is as follows:-

Do Now – To increase the likelihood of a successful outcome it is of the greatest importance that the programme/project should take action immediately.

Do By – To increase the likelihood of a successful outcome the programme/project should take action by the date defined.

Ref. No.	Recommendation	Timing
1.	The FT with the PCT should agree a timetable and action plan to resolve the transport issues both in the short and longer term.	Do by June 2009
2.	Formulate an integrated programme approach to cover StF and the other key initiatives for the Trust, ensuring a focus on delivering the promises made.	Do by September 2009
3.	Ensure clarity of roles, responsibilities, structure and timeliness of decision-making for managing the implementation of StF	Do by July / August 2009
4.	Continue with comprehensive and effective communications to all key stakeholders. This should include focus on the wider picture of health initiatives across the community and emphasise the positive messages	Do by June 2009