

Report of County Durham and Darlington NHS Foundation Trust, Durham Dales, Easington and Sedgefield Clinical Commissioning Group (CCG) and North Durham CCG.

Lisa Cole, Deputy Associate Director of Operations, CDDFT

Gillian Curry, Head of Communications, CDDFT

Rachel Rooney, Commissioning and Development Manager, CCG

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The purpose of the report is to outline to the County Durham Adults Wellbeing and Health Overview and Scrutiny Committee (AWHOSC):
 - (i) An update on the process undertaken to date
 - (ii) The proposed communications and engagement approach to support the development of options for a future model of care to be provided at Bishop Auckland Hospital (BAH)
 - (iii) Next steps in the process

Executive summary

- 2 The report details the process which has been undertaken to date and builds on the context and rationale set out in the report presented to AWHOSC on 15th November 2018. It outlines the work undertaken through a series of mini Rapid Process Improvement Workshops (RPIWs) and the intention to use the patient scenarios developed by staff from ward 6 for the RPIWs to now further support wider engagement activity.
- 3 The report sets out the intended engagement approach which includes a proposed workplan request to Healthwatch to support this engagement activity. It details how the feedback from this engagement activity will then be collated with the views and comments received through the County Durham and Darlington Foundation Trust (CDDFT) staff consultation process. In addition the information gathered through

the patient experience exercise conducted by CDDFT will inform future decision making.

- 4 This collective feedback will then be used to develop a series of proposed options based on staff and patient/public views. CDDFT's four strategic aims – Best Outcomes, Best Experience, Best Efficiency and Best Employer – will then be applied to the proposed options as evaluation criteria to refine the proposed options. It is then proposed that health representatives return to AWHOSC in April 2019 to present the refined and preferred option as part of an Outline Business Case (OBC).

Recommendation(s)

- 5 The committee is asked to consider the content of the report and support the engagement approach as outlined with a view to receiving a business case in April 2019.

Background

- 6 The AWHOSC received a report on the 15th November 2018 which provided;
 - (i) an overview on the current usage of ward 6,
 - (ii) Detail of the national and local policy context which highlighted the need for review of the current model of care,
 - (iii) Information with regards to the staff consultation that was ongoing.
- 7 CDDFT/CCG agreed to feedback the views from the staff consultation and return to AWHOSC with a future plan for patient and public engagement and the commitment to developing a business case based on clinical and public feedback.

Context

- 8 The focus of the local health system is on best meeting the needs of the populations we serve and on ensuring that they are benefiting from the best patient experience and outcomes. This includes ensuring that patients are benefitting locally from clinical practice which is based on national best practice and recommendations.
- 9 During November (26th, 27th, and 28th) three mini RPIWs were undertaken with staff, partners and stakeholders to further develop the internal engagement activity which had been undertaken through the CDDFT staff consultation.

The RPIWs were attended by members of ward 6 including nursing and AHP representatives alongside CDDFT colleagues from acute and community, CCG and local authority staff and commissioners. A presentation was delivered to attendees to set out the current pathways in and out of ward 6 and the staff consultation feedback was presented. Each day two patient scenarios, were brought to the workshops by ward 6 staff, they were analysed by the workshop teams, with a view to determining the best possible pathway, which included;

- (i) Identifying care needs
 - (ii) Patient /carer expectations and process issues impacting length of stay
 - (iii) What could have been done differently to improve the patient pathway
 - (iv) Highlighting any issues/barriers that may need addressing
- 10 The RPIWs and staff consultation identified a number of considerations, these are included in Appendix two- four but are summarised below:
- (i) A continued need for care in BAH
 - (ii) A need for therapy input for the patient cohort currently using Ward 6
 - (iii) The need to standardise the model of care in line with the other community hospitals in County Durham
 - (iv) Areas of service provision that are not operating in line with best practice
- 11 The RPIWs have provided real patient scenarios that CDDFT now plan, with partners, to use to engage with patients, carers and the public. CDDFT intends to submit a workplan request to Healthwatch for support in undertaking this work which would seek wider patient and public views and opinions to help shape options for the future model of care which would deliver the best possible patient experience and outcomes for our local populations.
- 12 In addition, as part of ongoing service evaluation, CDDFT carried out a patient experience evaluation of inpatient care on Ward 6, and transfer from an acute site base ward at either University Hospital of North Durham (UHND) or Darlington Memorial Hospital (DMH).

A questionnaire approach was used to gather patients' feedback on their experience and gain information to suggest and support service development in order to improve delivery of best patient experience. The sample size was identified with the assistance of the ward manager, to identify all patients able to participate and interviews were undertaken during October 2018.

Ward 6 Sample size:

Inpatients:	14
Recently discharged:	6

- 13 The full evaluation report can be seen in the attached Appendix three. In summary the majority of patients were very complimentary regarding care in all inpatient areas and their comments added value to the overall picture regarding their general experience during this episode of inpatient care. The main points from the analysis are:

- The majority of patients interviewed had been transferred from either DMH or UHND and while they were all complimentary about all care received, some did express a preference for Ward 6 and the majority found the transfer from one site to another either poor or satisfactory; only one patient rated the transfer experience as excellent.
- The majority of patients interviewed planned to go to their own home/went home following their inpatient stay and felt that that support from health and social care professionals was in place for those who required it. The majority were confident that there was a clear plan for their care needs following discharge.

Outline Plan

- 14 The key steps to developing proposed options for the future model of care at BAH will include;
- (i) The development of a communications and engagement timeline (Appendix five) with further detailed plan to follow.
 - (ii) The Trust and CCGs met with County Durham Healthwatch to discuss an approach for engagement activity. Healthwatch were encouraged to hear that a thorough engagement process would be planned and implemented. There is a potential opportunity to work with Healthwatch which the Trust and CCG are pursuing.

- (iii) Building on the feedback received from staff and that which was gathered as part of the patient experience evaluation.
- (iv) Utilising patient scenarios to engage with members of the public, patients and carers by demonstrating tangible potential changes to patient experience and outcomes.
- (v) The development of a case for change based on public, staff and stakeholder involvement, clinical guidelines and expert clinical opinion.
- (vi) Assessing the impact of any proposed service change on the public, using an equality impact assessment methodology.
- (vii) Using the Trust's four touchstones as evaluation criteria to refine a series of options and preferred option based on staff and public views to present to AWHOSC.

Patient, Public and Carer Engagement

- 15 CCGs and provider organisations have a duty to engage and consult on any potential major service change (NHS Act 2006).
- 16 The Government has set out four key tests (below) in relation to major service change which are fundamental to any proposed transformation;
 - (i) Strong public and patient engagement.
 - (ii) Consistency with current and prospective need for patient choice.
 - (iii) Clear, clinical evidence base.
 - (iv) Support for proposals from clinical commissioners.
- 17 A fifth test relates to any transformation which affects bed configuration;

Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it.

Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories

of admissions.

Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

- 18 CCGs and provider organisations are also bound by the duties set out as part of the Equality Act 2010.
- 19 The local health system is aware of the need to develop a longer term strategic narrative on modernising the NHS and what this might look like for the local population. It is believed this would help to develop the public's thinking and understanding about potential reviews, such as this, which all form part of the overall wider plan.
- 20 The CCGs and Trust are working in partnership to develop a robust communications and engagement plan which sets out the content and mechanisms for engagement in relation to this service review.
- 21 The content of engagement is twofold and will consist of both drawing on people's experiences as well as testing out the considerations for future service delivery which emerged through the RPIWs and staff consultation.
- 22 In terms of learning from patient experience, the system can utilise existing data sources including the Friends and Family Test (FFT), complaints, compliments. As well as requesting some dedicated resource to have more qualitative conversations with both current and previous patients and carers on the ward about their experience.
- 23 It is intended to develop an approach through requesting support from Healthwatch which will involve and engage with the general public. Through engagement, organisations will share relevant and accurate information with the public to seek their views and opinions on any potential future service change.

- 24 CCGs and the Trust will utilise existing forums i.e. patient reference groups to encourage people to feed into the process. A wide range of communication mechanisms will also be used including face to face discussions, social media and surveys.
- 25 Information gathered from engagement will be used to;
- (i) Help inform decision making criteria particularly in relation to achieving the best experience and best outcomes (two of the Trust's touchstones) for patients.
 - (ii) As part of the overall information fed into the options appraisal process.

Timescales

Task	Timescale
Collation of information gathered during staff consultation	Complete (see Appendix two)
Patient, public and carer engagement	January – March 2019
Development of options	March 2019
Options appraisal	March 2019
Development of outline Business Case with preferred option	March 2019
Presentation to AWHOSC outlining engagement activity and feedback and the development of preferred option	April 2019

Appendix 1: Implications

Legal Implications

Statutory duty of CCGs to engage and consult as outlined within the Equality Act 2010 and NHS Act 2006.

Finance

Financial implications in terms of effective use of public money

Consultation

Duty to consult on major service change

Equality and Diversity / Public Sector Equality Duty

The duties set out in the Equality Act 2010 will be followed throughout engagement and consultation and focus will be paid to the nine protected characteristic groups to ensure fair access to engage.

Human Rights

N/A.

Crime and Disorder

N/A

Staffing

Staff will be formally engaged and consulted as part of this process.

Accommodation

Unknown at this stage

Risk

Risks and mitigations have been documented as part of the overall project but also in relation to communications and engagement.

Procurement

N/A

Appendix 2: STAFF CONSULTATION FEEDBACK

The following presentation was used to feedback to staff on the general themes and ideas emerging from the recent staff consultation process. Some of the themes also take into account informal wider staff commentary.

Appendix 3: PATIENT EXPERIENCE REPORT

The following report outlines the key findings from a recent patient experience exercise for those who have used services based on ward 6 at BAH. The report includes the methodology used, the sample size, limitations and an analysis of the findings. Appendix one within the report outlines the questionnaire utilised. Further patient experience will be captured as part of the communications and engagement plan to take place during January and March 2019. All of the information collated as part of this and any future experience exercise will be considered as part of the overall service review process.

Appendix 4: Overview of RPIWs

The following overview of the RPIWs is based on the staff, partner and stakeholder feedback and experience following during the RPIWs.

Appendix 5: Outline Communications and Engagement Timeline
