Health and Wellbeing Board

11 March 2015

County Durham & Darlington NHS Foundation Trust Clinical Strategy - Right First Time, Every Time

Joint Report of Sue Jacques, Chief Executive, County Durham and Darlington NHS Foundation Trust & Diane Murphy, Clinical Director of Service Transformation, County Durham and Darlington NHS Foundation Trust

Purpose of the Report

1. The purpose of this report is to provide an update on the Trust's Clinical & Quality Strategy (C&Q) (attached at Appendix 2) to support the Health and Wellbeing Board in promoting integrated working between all relevant stakeholders for the purpose of advancing the health & wellbeing of the public and to support the future development of the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy.

Background

2. Following updates provided to the Health & Wellbeing Board in March 2014, the Trust welcomes the opportunity to provide this further update. The context behind the Trust's C&Q Strategy has previously been described to the Board. The following is a reminder of the principles on which the strategy is being developed:

    - Right person, right time, right place, *first time* 24/7;
    - Deliver *core* acute specialties across both acute sites;
    - Specialty departments co-located delivering care across two acute sites and beyond;
    - Consultant based (delivered) care;
    - Care closer to home where safe, effective and efficient;
    - Older person at the heart of service delivery.

3. The Trust's Strategy Steering Group continues to oversee the development of the strategy supported by three sub programmes and their respective breakthroughs:

    - Transforming Unscheduled Care – this is about reducing unnecessary attendances and admissions as well as improving the discharge process. Priorities include:

    - Improving medical and surgical assessment facilities and processes at the University Hospital of North Durham (UHND)
    - Creating a paediatric assessment service co-located with A&E
    - Co-location of A&E, Urgent Care and paediatric urgent assessment at DMH
    - Trust-wide peer review of medicine

- Integration & Care Closer to Home – making care as seamless as possible between hospital and community, primary care and local authority care. Priorities include:
    - Developing integrated services working with GPs and local authorities
    - Developing Locality Based Working, with a focus on care for frail elderly people
    - Better Care Fund

- Centres of Excellence – specialist services coming together to provide the best quality services for our population. Priorities include:
    - Orthopaedics centre
    - Reviewing Breast services
    - Reviewing Gastroenterology
    - Reviewing Gynaecology / Pregnancy Assessment

Current Position

4. The Trust's number one priority continues to be Unscheduled Care services with the older person at the heart of service delivery and supported in the community wherever possible and safe to do so.

5. As part of the Transforming Unscheduled Care sub programme a number of changes were implemented in September and October 2014 at the University Hospital of North Durham. The changes are all underpinned by the principles of the clinical strategy. The aim is to ensure access to senior decision makers early in the patient journey on arrival in hospital to ensure that decisions regarding appropriate care are timely, effective and efficient. The changes implemented include:

    - A new Surgical Clinical Decision Unit led by a new team of nurse practitioners who assess patients (generally GP referrals) ensuring a prompt start to agreed pathways of care. Although a very small unit (one examination room and a small waiting area), it has so far enabled a reduction in delays of patients referred by the GP but waiting at home for surgical assessment
    - Women's Health Unit established– this brings Gynaecological beds together with some (mostly elective) general female surgery and enabling closer working between the two specialities and more efficient use of beds.

- A new Acute Medical Unit (AMU). In September a number of wards at UHND were reconfigured to create additional bed and trolley space for the new unit. This increased overall Medical beds by 8 and reduce the number of Medical speciality base wards. From a previous establishment of 32 beds and 8 ambulatory care trolleys, the AMU now has 48 in-patient beds plus 16 trolleys. It now provides, assessment, in-patient care (short stay), and ambulatory care. All GP referrals are directed to the assessment area (principle of no diverts to the Emergency Department (ED). Any patients with medical conditions arriving at ED are quickly assessed and moved to AMU for senior physician assessment. The assessment and ambulatory care element of the unit is supported by a team of nurse practitioners who use advanced nursing skills to support early assessment and treatment with the support of a consultant physician from the AMU.

6. Despite a very challenging winter period and some of the process changes planned not yet delivered improvements in patient flow have been evidenced since the change and the number of boarded Medical patients has significantly reduced. Feedback from Staff on AMU has been positive about the changes and they can see the benefits in for patients and their own working environment. Patients have reported improved satisfaction especially in the assessment process.

7. The medical registrars – a group that consistently report excess work intensity – feel the changes have been positive. They are able to spend more time on AMU, rather than in ED, and this in turn means they can better support timely decision making and co-ordinate the care of the junior doctors in the team. One physician commented, “I was a sceptic, I didn’t believe in this but I’m a convert”.

8. Patients too have reported high levels of satisfaction and one patient was able to compare his experience three weeks previously when he felt he was admitted unnecessarily whilst after the changes were made he was seen immediately, assessed, treated and discharged home with his wife.

9. Further formal analysis of the anticipated improvements will be monitored.

10. Further engagement with our clinicians is crucial to developing the next stage of the C&Q strategy. On 12th September 2014 the Trust held an event for clinical staff to:

    - To inform clinicians on the on-going change programme
    - To engage in regard to key challenges in our clinical and quality strategy
    - To engage clinicians in supporting the process of service improvement

11. Over 120 staff (mainly senior clinicians) attended the event. The group reaffirmed that the Trust already have a case for change based on quality: safety, experience and effectiveness; they also restated and reaffirmed the principles described above.

12. Clinicians and others gathered around ten tables and each table was requested to consider up to two possible future models of service and the pros and cons of each. Alongside these there was recognition of the need for:

    - A stronger role for Bishop Auckland
    - A stronger role for community services
    - More networking with other trusts

13. The Clinical Reference Group, previously established and made up of clinicians from each of our Clinical Care Groups has considered the potential options and fed this back to an engagement event with our clinicians and external stakeholders (including our commissioners) on 27th November 2014. The recommendation was to maintain two acute sites. Each acute site will have an emergency department supported by a range of care services yet to be fully defined. The next steps are to define the core clinical services through the Clinical Reference Group working group with enhanced membership to included primary care and patient reps. This is due to be completed in February 2015 in preparation for wider discussion.

14. There are some key enablers that need to progress to support the strategy. Each Emergency Department requires significant investment to ensure they are fit for purpose in respect of the physical environment to support improved patient care. In addition, at Darlington investment is required in the theatre and mortuary suites to bring both areas up to current day standards

15. To support the above a clinical leader's development programme has been established, led by the Medical Director.

Recommendations

16. The Health and Wellbeing Board is recommended to:

    - Note the content of this report and receive further updates periodically.

Contact: Sue Jacques, Chief Executive, County Durham and Darlington NHS Foundation Trust Tel: 0191 3332333

Appendix 1: Implications

Finance
No implications at this stage

Staffing
No implications at this stage

Risk
No implications at this stage

Equality and Diversity / Public Sector Equality Duty
No implications at this stage

Accommodation
No implications at this stage

Crime and Disorder
No implications at this stage

Human Rights
No implications at this stage

Consultation
No implications at this stage

Procurement
No implications at this stage

Disability Issues
No implications at this stage

Legal Implications
No implications at this stage