



Seizing the Future

Staff briefings June/July 2008

County Durham and Darlington



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Purpose of session

- To update staff on Seizing the Future progress
- To explain next steps
- To seek views/comments and answer questions

Seizing the Future

- Compelling clinical vision
- 5-year strategic plan
- High quality clinical standards and outcomes for the future
- Decision on way forward for hospitals over next 5-years

How are we doing this?

- Phase 1 Scoping study (Jan 2008)
- **Phase 2 Development of future service options (May-July 2008)**
- Phase 3 Formal consultation (October 2008)

Clinically led - four key areas

- Medicine
- Surgery
- Women and Children
- Diagnostics and clinical support

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Stakeholder engagement

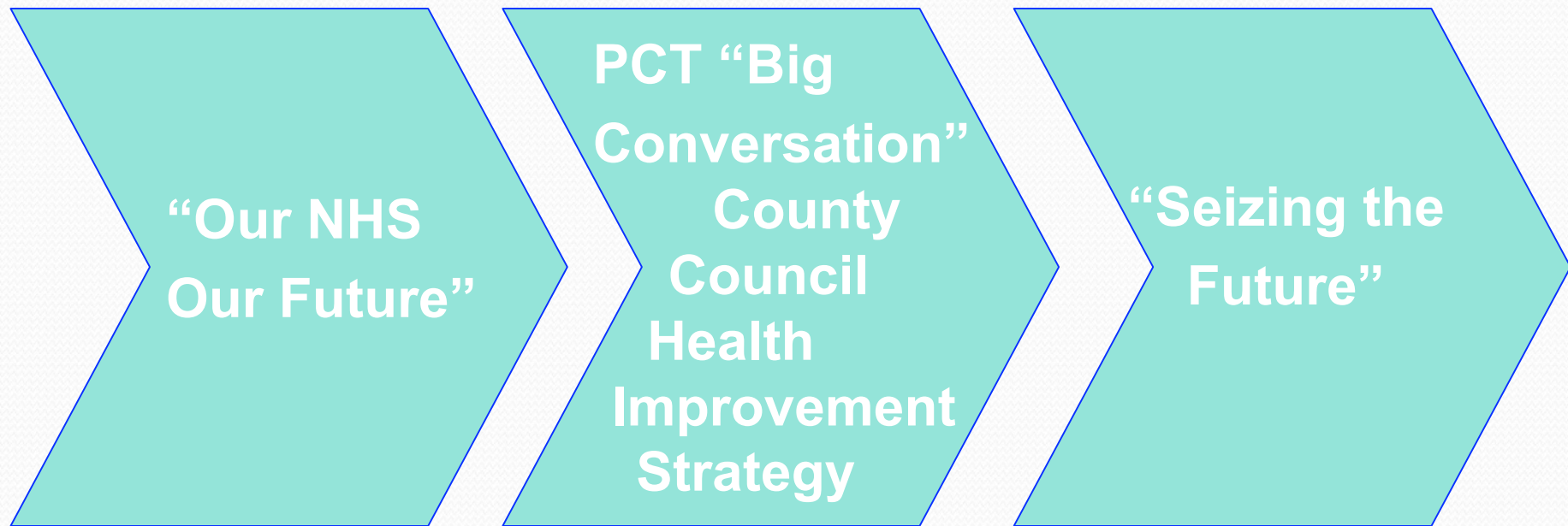
- Clinical staff/wider staff groups
 - Service strategy groups
 - Clinical summits
 - Staff meetings
 - Seizing the future website
- Governors & Members
 - Governors involvement in service strategy groups
 - Member events
- External Stakeholders
 - Local NHS/SHA
 - Local politicians
 - Overview & Scrutiny committees

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Joined-up approach



National Darzi review

PCT Commissioning plans

Trust vision

Adult & Community
Services Plans 2008/2011

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Objectives

- Positive patient experiences
- Accessible services
- Effective care
- Meet national and local performance standards
- On-going improvement
- Support care closer to home
- Efficient use of resources
- Affordable services

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AND

- A front door to health care services from all existing acute hospital sites
- An environment which maintains and improves the organisation as a venue for staff training and teaching
- Maximise well-being within available resources in particular address health inequalities
- An environment which attracts and retains the best staff

2 Stage process to assess options

Hurdles

- Clinical safety
- Affordability
- “do-ability”

Weighted criteria

- Integrated models of care and patient focus
- Access
- Workforce staffing
- Sustainability

“Cluster options”

- Option 1: No change / Status Quo
- Option 2: Two sites leading on acute hospital care
- Option 3: Two sites leading on acute hospital care, plus proposals for the third site including
 - elective surgery,
 - midwife led maternity care,
 - specialist rehabilitation,
 - selective inpatients.
 - 24 hour emergency provision
- Option 4: one acute site, one elective site and one community hospital
- Option 5: one acute site, two community facilities/polyclinics and midwife led unit(s)

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Next steps

- Further analysis and modelling – including
 - Feasibility
 - Travel and transport implications
 - Role of each site
- “Gateway” review
- Further engagement with GPs, social care and the ambulance service
- Option appraisal – including clinical staff, governors and stakeholders
- Formal consultation, from October 2008.

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NHS next stage review - Darzi

- Change will always be to the benefit of patients
- Change will be clinically driven
- All change will be locally-led
- You will be involved
- You will see the difference first

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Questions and comments

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