



County Durham and Darlington

County Durham and Darlington 

NHS Foundation Trust



Seizing the Future

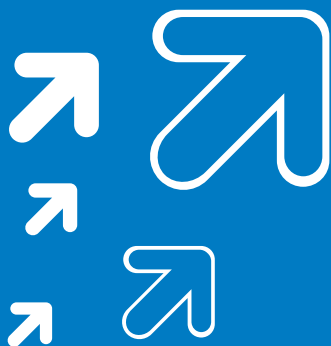
FINAL REPORT



Seizing the Future

Final Report

This report details the extensive process that County Durham and Darlington NHS Foundation Trust, NHS County Durham and Darlington and other partner organisations undertook to ensure that this major exercise in service redesign had a compelling clinical case, was achieved following full consultation with the public and key stakeholders and resulted in a safer, more sustainable clinical service for patients in County Durham and Darlington.



This report relates to the period
October 2009 – October 2010.
Report published in February 2011.



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Executive Summary

In November 2007, in response to the publication of two Department of Health White Papers outlining the desire to move care closer to home and the need for safe, high quality emergency care, County Durham & Darlington NHS Foundation Trust (the Trust) began a major review of its hospital services entitled Seizing the Future.

Following a major scoping exercise and the thorough, clinically-led, development of potential new clinical models, the Trust went out to extensive consultation on two main options that looked to move emergency and acute care onto the Trust's main sites in Durham and Darlington and to redevelop the hospital at Bishop Auckland as a centre for planned care and rehabilitation.

This report details the extensive process that the Trust, NHS County Durham and Darlington and other partner organisations undertook to ensure that this major exercise in service redesign had a compelling clinical case, was achieved following full consultation with the public and key stakeholders and resulted in a safer, more sustainable clinical service for patients in County Durham and Darlington.

The process was overseen by two independent bodies; a Department of Health Gateway Review Team and a locally established Stakeholder Implementation Oversight Board chaired by NHS County Durham and Darlington and including colleagues from Overview and Scrutiny and LINKs. The Review Team undertook a series of reviews

at key points during the process to initially review the outcomes and objectives for the programme and to confirm that they made the necessary contribution to government, departmental, NHS or organisational overall strategy. Latterly they assessed whether the anticipated benefits were being delivered and that any ongoing contractual arrangements met the business need. The Oversight Board monitored the implementation of the approved option against an agreed project plan, reviewed the plan at each Board meeting and tasked appropriate parties to complete the necessary reports within a defined timescale.

In making the decision to support the Seizing the Future proposals the NHS County Durham and NHS Darlington



The Seizing the Future programme has been a massive exercise in service redesign and has been deemed to have been successfully achieved by the Trust.

Boards were satisfied that the public consultation process had been fair and robust. Following this, NHS County Durham and Darlington worked with the Trust to look at next steps and recommended further and more detailed exploration of costs and affordability, ongoing involvement of the public, staff and patients, and in-depth work to ensure clinical safety across all services.

The Seizing the Future programme has been a massive exercise in service redesign and has been deemed to have been successfully achieved by the Trust, its partner organisations and those bodies tasked with overseeing its implementation. The success of Seizing the Future has given the Trust the necessary foundations to deal with the tough economic climate ahead and has ensured

that the Trust has the knowledge and experience of large scale change that will be necessary to meet the challenges that it will face in the future.

Both NHS County Durham and Darlington and County Durham & Darlington NHS Foundation Trust recognise that the local health economy will have to use resources more efficiently to deliver further improvements while at the same time meeting the growing needs and demands of our local population. To achieve this we continue to work together to develop new approaches to delivering services.

Yasmin Chaudhry

Chief Executive

NHS County Durham and NHS Darlington

Stephen Eames

Chief Executive

County Durham & Darlington
NHS Foundation Trust



Introduction

In November 2007, the County Durham & Darlington NHS Foundation Trust ("the Trust") began a major review of its hospitals to create a compelling clinical vision for safe, sustainable and high quality services. This review was entitled **Seizing the Future**.

The review was initiated following the publication of two major white papers; *Our Health, Our Care, Our Say* in 2006 (Department of Health, 2006) and *High Quality Care for All* (Department of Health, 2008), which outlined the general principles of care closer to home and the need for safe, high quality 24/7 emergency care with patients travelling further if this was necessary. There was a clear commitment that any resultant changes would be for the benefit of patients, would be clinically led and would involve patients,

carers and the public. It was however recognised that for some conditions, such as stroke, myocardial infarction, major trauma and specialist surgery it would no longer be possible to provide up to date optimal care in every hospital and that networks of care with specialist services would be required.

In light of this the Trust re-examined the services offered across its three main sites and concluded that services could no longer be safely provided on all sites and that resources and senior staff were spread too thinly. The main areas of concern for the Trust were the sustainability of specialist services at Bishop Auckland Hospital (BAH) including;

- Acute Medicine
- Urgent & Emergency Care
- Paediatrics
- Critical Care

The Trust set out a firm timetable for reviewing its services which was split into three main phases;

1. Scoping study (November 2007 – January 2008)

This phase included:

- Defining the scope of the review
- Discussions with key stakeholders
- Initial analysis of the impact of providing more care as close to homes as possible

2. Development of future service options (January – October 2008)

This phase included:

- Continued stakeholder involvement through workshops
- A Seizing the Future website
- Development of an evidence base



The main areas of concern for the Trust were the sustainability of specialist services at Bishop Auckland Hospital.

- Testing the options
- A decision on preferred options for consultation

3. Formal consultation on service options (October 2008 – January 2009)

The consultation was led by NHS County Durham and County Durham & Darlington NHS Foundation Trust and included:

- A dedicated website and email address
- A free phone consultation hotline
- Regular updates in the staff newsletter and on the Trust's intranet site
- Comment cards contained within the public consultation document and summary
- Foundation Trust member and public meetings and roadshows





Development of Options

The Trust appointed the **Associate Director of Nursing (Clinical Governance)**, to the role of **Project Manager** to oversee the consultation and implementation of the project and engaged with consultants **Matrix Insight** to support the review.

Matrix's role was to:

- Facilitate dialogue between clinical teams, users and stakeholders
- Develop a rigorous evidence base
- Support development of options
- Test options with a range of internal and external stakeholders
- Support the approach to public consultation
- Provide objectivity to the process

The project team established a clinically-led governance structure to drive the project

forward. This consisted of four Service Strategy Groups (SSG), representing Medicine, Surgery, Women & Children and Diagnostics, which were chaired by a senior consultant. Membership included key clinical directors and clinical leads, matrons, managers and publicly elected Governors of the Trust to represent the needs and views of the community. The SSGs reported through a Clinical Reference Group (CRG) to the Programme Steering Group.

In late February 2008, the Trust hosted a 'Clinical Summit' to launch the second phase of the Seizing the Future programme; the development of a number of options for delivering Trust services in the future. The event, facilitated by Matrix, brought together 125 clinicians, managers, governors and directors and provided an opportunity to discuss the current position with regard to service

provision and to debate the need for change.

The aims of the second phase were to;

- design and agree a series of objectives to underpin option discussions,
- continue work around the evidence base and to clearly establish and communicate the case for change,
- produce a series of options from each SSG
- develop hurdle criteria and test each option against these criteria.

The second phase of the project initially produced 49 different individual service options which were short listed and brought together into five 'cluster options'. To decide which of these options should go forward for further work the project's CRG, led by the Trust's Medical Director and including Governors, applied three hurdle criteria;



In late February 2008, the Trust hosted a 'Clinical Summit' to launch the second phase of the Seizing the Future programme.

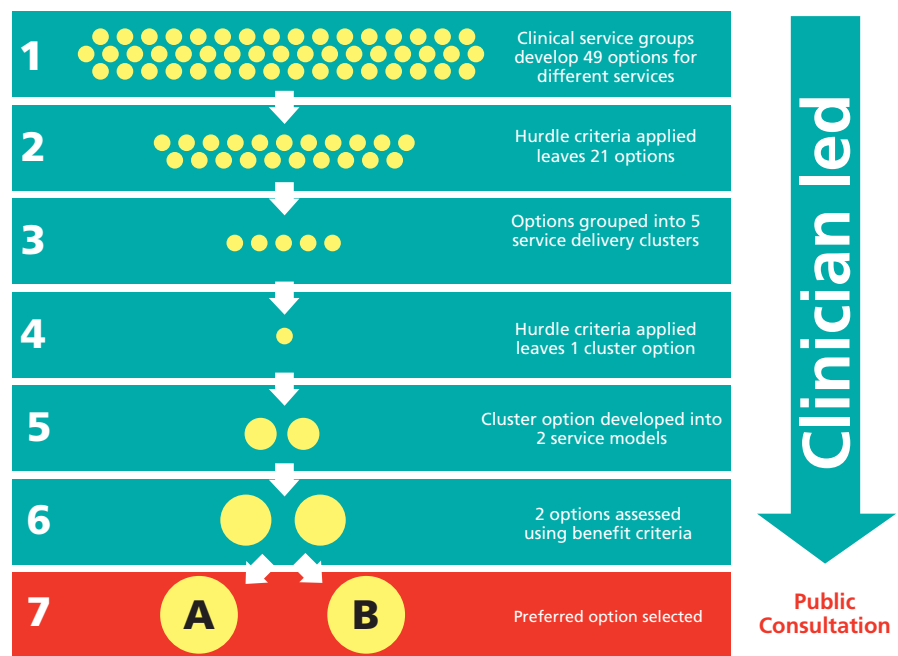
- Clinical safety
- Affordability
- Feasibility

The initial assessment by the CRG reduced the number of potential options to three. Following further detailed modelling work a second assessment stage was carried out which included feedback received from members during community events held in April and May 2008. The four appraisal criteria were;

- Patient experience
- Patient access
- Recruitment and retention
- Innovation

Ultimately two viable options were presented to the Trust Board at the end of July 2008 (options A and B as outlined below) plus a third 'Do Nothing' option. Although work completed as part of Seizing the Future had demonstrated that this option

Process for development of options



was not viable in the long term it was included as a basis for comparison.

The North East SHA had requested a clinical review of the options by the National Clinical Advisory Team (NCAT) to provide clinical quality assurance of the suggested reconfiguration of hospital

services, particularly those provided at Bishop Auckland. Professor KGMM Alberti, supported by Mr Patrick Garner, visited the Trust on the 31st July and 1st August 2008 and met a range of senior staff and clinicians to discuss the clinical aspects of the plans. The report produced by



The case for change and the options available were outlined in a full public consultation document and an executive summary.

Professor Alberti (Appendix 1) concluded that 'No Change' was not an option, broadly supported Option B (as outlined below) and recommended some modifications and refinements of the plans for the BAH site.

In addition to the NCAT review, the Trust also invited the Department of Health to review the Seizing the Future programme using the Gateway Review Process developed by the Office of Government Commerce (OGC). The Gateway Review Process is designed to give the Trust the assurance that:

- people with appropriate skills and experience are deployed on the project
- all the stakeholders covered by the project fully understand the project status and the issues involved
- the project is ready to progress to the next stage of development or implementation

- there is visibility of realistic time and cost targets for projects
- there is improvement of knowledge and skills amongst DH and NHS staff through participation in Gateway Project Review teams.

The Gateway Project Review Process looks at the readiness of a programme to progress to the next phase at six key stages in the life of the project and comprises a series of short, focussed, independent peer reviews at key stages of a programme. The reviews are undertaken in partnership with the project team and all stakeholders and are designed to highlight risks and issues, which if not addressed, would threaten the successful delivery of the programme. A Gate 0 review was undertaken in July 2008 and a partial Gate 1 in April 2009. The review team returned in April 2010 to

undertake a Gate 5 post implementation review.

Following the outcome of the NCAT review and the initial Gateway review, the Trust proceeded to make a case to NHS County Durham, the commissioners of health and healthcare services for County Durham and Darlington, to change the way the Trust provided services from their hospitals. In October 2008, NHS County Durham, in partnership with the Trust, went out to public consultation on the two proposed options. The case for change and the options available were outlined in a full public consultation document (Appendix 2a) and an executive summary (Appendix 2b).



Consultation Process

A 14-week public consultation process ran from 6 October 2008 to 12 January 2009. The two proposals that were consulted upon were;

- Option A:

Bishop Auckland General Hospital

Redeveloping Bishop Auckland as a planned care centre serving the whole Trust including:

- day case and inpatient surgery
- cataract centre
- hip and knee surgery
- midwifery-led unit
- colorectal screening centre.

Hospital services for the local community including:

- a full range of outpatient clinics in medicine, surgery and women and children's services
- diagnostic tests, including X-ray, CT scanning and MRI

- an urgent care centre operating 24 hours a day
- intermediate care inpatient beds for the local population.

Darlington Memorial Hospital and University Hospital of North Durham

Concentrating main acute services for the whole of County Durham and Darlington at Darlington Memorial Hospital and University Hospital of North Durham including:

- accident and emergency
- acute medicine
- emergency surgery
- planned surgery
- obstetrics
- gynaecology
- paediatrics
- outpatients
- diagnostics (e.g. X-ray, CT scanning and MRI).
- Option B: the service changes outlined in Option A, plus additional services at Bishop Auckland to include:

- A Trust-wide rehabilitation centre of excellence – a completely new service for the area
- Intermediate care inpatient beds serving the whole of the Trust
- Rapid medical assessment centre for GPs to refer patients for an urgent consultant opinion
- Paediatric rapid access clinic – where GPs may refer children for an urgent consultant opinion.

Under the principle of 'centralised where necessary, localised where possible', all outpatient clinics and diagnostic tests would still be provided at all three sites, community hospital services would continue at Chester-le-Street and Shotley Bridge and both options proposed an increase in day surgery at Shotley Bridge, securing the future of the day case unit.



Service Reconfiguration

Following the approval for the implementation of option B by NHS County Durham in March 2009, the Trust began the process of detailed planning for the overall implementation of the redesigned services.

In June 2009 a Project Director was appointed to support the Project Team and to take overall responsibility for implementing all of the changes associated with Seizing the Future to ensure comprehensive and careful delivery of high quality safe services on all Trust sites.

Acute & Emergency Medicine

A careful and stepwise approach was taken to ensure that seriously ill patients, who would normally be seen at the Accident & Emergency department in BAH, were appropriately directed to the A&E departments on the two main acute sites.

- From July 2009: BAH A&E was redesignated as an urgent care centre (UCC) with a 24/7 service for minor illnesses and injuries.
- Blue light ambulances continued to take patients to BAH from 8am – 12 midnight only.
- From 07 September: Rapid access medical assessment centre (RAMAC) was established at BAH to enable acute medical patients to be assessed, investigated and treated without the need for admission.
- From 18 September: A&E ambulance admissions were redirected to DMH & UHND only, direct admissions into CCU and Stroke continued into BAH.
- From 25 September: All stroke admissions were moved to UHND & DMH.

- From 28 September: All chest pain admissions were moved to UHND & DMH.
- From 01 October: All seriously ill & injured were directed to UHND and DMH only.

General Medicine

To support the reconfiguration of the acute medical beds on to the two main sites two new facilities were established at BAH. The 'step down' ward provides an appropriate environment for patients who are well enough to leave hospital but are not yet well enough to go home. A brand new centre for specialist rehabilitation provides high quality facilities, highly skilled nursing staff and experienced therapists to aid recovery after illness or surgery.

Stroke services were reconfigured to provide two centres for the treatment of patients in the hyper-acute



Stroke services were reconfigured to provide two centres for the treatment of patients in the hyper-acute phase, immediately post stroke, at Darlington and Durham.

phase, immediately post stroke, at DMH and UHND. These facilities are supported by the rehabilitation centre which provides specialist longer term support for patients who have suffered a stroke to maximise their potential quality of life.

To maintain standards of care on the Bishop Auckland site the medical staff are supported by a team of highly skilled advanced nurse practitioners (ANPs). The team consists of 5 full time nurses that come from critical care and acute medical backgrounds. All of the ANPs have undergone further training to prepare them for the role and are supported by a nurse consultant.

The team work alongside consultant physicians and junior doctors to provide comprehensive medical cover for patients on the Bishop Auckland site and have

extended skills and knowledge to manage emergency situations should they arise.

A patient flow team was established whose objective was to improve site management, bed coordination and discharge planning and to facilitate a reduction in Trust's average length of stay in Medicine to within the top ten per cent of national performance. This team also supports elective admissions and the flow of patients from surgical specialties to home, the rehabilitation centre or other suitable levels of non acute care.

These dedicated roles for trust wide site management ensure the Trust is proactive rather than reactive to bed management and patient flow with the aim of ensuring that the right patient is in the right bed at the right time.

Surgery

Bishop Auckland Hospital was designated the main centre within the Trust for elective day case surgery and for primary lower limb arthroplasty (hip and knee joints). In addition, a new ophthalmology unit opened in Sept 2009 at BAH which was to be the Trust's main centre for cataract surgery using a dedicated operating theatre.

A sub-regional colorectal screening centre had already been established at Bishop Auckland Hospital as part of the NHS Bowel Cancer Screening Programme.

Women & Children's Services

The main driver within the Women & Children's Division was the inability to sustain consultant cover across three sites. The decision was therefore taken that all



As part of Seizing the Future, the Trust committed to retaining the full range of outpatient services and diagnostics on the Bishop Auckland site.

inpatient acute children's services were based at UHND and DMH only.

Child health clinics with the ability to rapidly assess children remained at BAH. In addition, the Midwife-led maternity unit was also retained on the BAH site.

Clinical Support Services

As part of Seizing the Future, the Trust committed to retaining the full range of outpatient services and diagnostics on the BAH site. The main area of concern for Clinical Support Services was the ability to maintain consultant anaesthetist cover for the critical care unit at BAH.

In alignment with the loss of acute medical admissions to BAH, the critical care unit at BAH was closed in October 2009 and services transferred

to DMH and UHND. To facilitate this service reconfiguration the Trust approved the co-location of the High Dependency Unit and the Intensive Care Unit at DMH and an increase in the number of critical care beds across the Trust.

Transport

Interim arrangements to support patients and visitors who may have had to travel further as a result of Seizing the Future were put in place by NHS County Durham and Durham County Council with effect from 01 October 2009.

The service included a small minibus service in Weardale, volunteer drivers and shared taxi arrangements in Teesdale, and a minibus service operating between the three main sites.

The service, which is similar to one in place in East Durham,

was accessed through Durham County Council's Travel Response Centre and was marketed through GP surgeries, hospitals and other local community groups as well as the normal transport information services.

This interim service enabled the development of a longer term service to be planned and put into operation. A review of the interim service is currently being undertaken before any decision is made with regard to a permanent service.

Capital Programme

To accommodate the significant service redesign required as part of Seizing the Future a significant capital programme was initiated with a budget of £9.626m. At this time the majority of the capital programme has been delivered on time and on budget.



£5.5 million investment at Darlington Memorial Hospital will provide two additional beds and result in a new purpose built Intensive Care Unit.

Critical Care – to facilitate the closure of the Critical Care facility at BAH it was necessary to provide additional bed space on the two units at UHND and DMH.

The £5.5 million investment at DMH will provide two additional beds and result in a new purpose built 8 bedded Intensive Care Unit situated on the first floor adjacent to the High Dependency Unit. The unit has been specifically designed for infection prevention and control with isolation rooms, ventilation systems and hand washing provision. A fully integrated monitoring system provides clinical staff with information and results at each bed side.

Construction is scheduled to be completed on budget and on time at the end of 2010.

At UHND, the existing Critical Care unit has been extended to

create an additional 2 single bedded ITU rooms along with the refurbishment of the existing department. The benefits include increased Critical Care capacity and improvements to the patient environment. The project was completed on budget and on time.

Accident & Emergency – to accommodate the anticipated additional activity through the A&E department at DMH, the department has been remodelled to include 4 additional treatment rooms and a dedicated paediatric area with resuscitation room.

The new facilities were delivered four weeks ahead of programme and under budget.

In UHND, the conversion of two existing major treatment rooms into a new Resuscitation Area and the formation of a 6

bedded Acute Observation Area by refurbishment of the existing 4 bay resuscitation room has delivered additional capacity and flexibility within the department.

The project was completed on budget and on time.

Mortuary – To cope with the expected increase in mortuary requirements due to the move of acute medicine plans are underway to provide additional capacity on DMH site. This work will be completed in October 2010.

General Medicine – A number of additional schemes were undertaken to facilitate the move of acute medicine on to the DMH site. These include;

- Conversion of part of Ward 52 into a Stroke Unit. This project provided an



As part of the reconfiguration process the Trust recognised that it was vitally important to collect and monitor important measures of success of the project.

enhanced facility for Stroke patients, including single rooms and upgraded sanitary facilities.

- Conversion and upgrading of existing Ward 14 to provide a Medical Admissions Unit including modernisation of engineering services.
- Relocation and re-planning of office accommodation on Wards 53 and 54 to allow the construction of a Discharge Lounge and Medical Day Unit.
- A scheme to provide an additional 3 coronary care beds in the existing 5 bedded unit and adjacent day unit with a complete refurbishment and remodelling of the department.

General Surgery – Minor works on the third floor at DMH involved the relocation

of consultant's offices and the provision of two new additional en-suite rooms and the upgrading of other areas on wards 32 and 33.

Bishop Auckland – A new gymnasium area and associated works were carried out at BAH to support the work of the Rehabilitation Centre of Excellence.

Equipment – New equipment was provided for all the above projects to support the delivery of first class care.

Information Monitoring

As part of the reconfiguration process the Trust recognised that it was vitally important to collect and monitor important measures of success of the project. The Information department was tasked with producing a Seizing the Future Project Evaluation and

Performance Report that could be used by the Trust Board and the Oversight Board to monitor the progress of the project towards meeting its stated operational objectives.

The report detailed specific indicators under the following broad headings;

- Accident & Emergency
- Bed Utilisation / Patient Flow
- Stroke Care
- Surgery / Theatres
- Use of BAH Theatres
- Use of BAH
- Healthcare-Acquired Infections



Communications Strategy

Pre-consultation & Consultation Period

The importance of stakeholder engagement was recognised early in the consultation process by the Trust.

Under Section 244 of the NHS Act 2006, local NHS bodies have a duty to consult local Overview and Scrutiny Committees (OSC) on proposals for any substantial development of the health services, or substantial variation in health provision, in their areas. From the earliest stage the Trust ensured that the OSCs in Durham and Darlington were advised of the development of the proposals and the upcoming consultation process.

During the consultation period the Trust actively provided input to an in-depth scrutiny review, undertaken by the Durham OSC, which was carried out throughout the

length of the statutory consultation period. This review involved significant Trust senior management input at OSC meetings and the facilitation of OSC site visits to ensure that the committee members developed, and ultimately achieved, understanding for the case for change.

To inform the public about the Seizing the Future project the core project team attended over 100 meetings during the pre-consultation period and an additional 46 meetings during the formal consultation period. These meetings were a combination of public meetings, targeted groups and requested meetings from other groups. In addition, 14 open staff meetings were held, 19 workshops involving Foundation Trust Members and Governors occurred during 2008 and road shows were

held in shopping centres and supermarkets in Bishop Auckland, Barnard Castle, Durham and Darlington.

To further raise the public's awareness of the proposals, local and regional press and radio were used. This included half page adverts in the Advertiser series and the Wear Valley Mercury and Teesdale Mercury and a four-page summary leaflet distribution campaign featuring an option for postal reply via Freepost to encourage and maximise responses. A consultation leaflet was sent to over 300,000 households in two tranches – 261,000 during October to homes across the Trust's catchment area and a further 43,000 during December focused specifically on the Bishop Auckland area.

The www.seizingthefuture.org.uk website was set up to supply



The local general practitioners were identified key stakeholders for engagement and communication during the Seizing the Future programme.

background information to the consultation and to host an online questionnaire. Within the Trust a specific Seizing the Future intranet site was also established.

The local general practitioners (GPs) were identified key stakeholders for engagement and communication during the Seizing the Future programme. As such a range of specific communication activities were implemented including a bi-monthly GP newsletter featuring the latest updates and developments and signposting to the Seizing the Future website. The newsletter was directly emailed to GPs and their practice managers and each GP practice received copies of the consultation document. In addition, the Seizing the Future project manager and one of the lead clinicians from the programme

attended meetings of the Practice Based Commissioning groups to make presentations and answer questions. The GPs were also invited to attend two large Clinical Summit events and there was representation from the Local Medical Committee on the Oversight Board and the Clinical Reference Group.

Following this extensive consultation with the public and staff the Trust Board decided in February 2009 that Option B was the preferred option for reconfiguring services. This was supported by NHS County Durham at its board meeting in March 2009. The Trust also agreed to review a number of other proposals, which had been raised during the consultation process, for potential implementation as part of the Seizing the Future programme. These were

additional services at BAH including;

- GP Ward
- Sleep Centre
- Medical Simulation Centre
- Moving Trust HQ

Implementation Period

To try to facilitate wide engagement and scrutiny of the project an Implementation Oversight Board was established that brought together representatives from NHS County Durham, Darlington Borough Council and Durham County Council Scrutiny Committees, Darlington and County Durham Local Involvement Networks and the Trust. The terms of reference for the Board are included in Appendix 3. The main aims of the Oversight Board were to monitor and ensure delivery of the overall



Even after the services changes had been implemented communications with staff and public, especially in Bishop Auckland, continued.

plan and to ensure that patient safety and clinical quality were built into and delivered by the plan. The Oversight Board has also played a key role in monitoring the success of the programme since its implementation in October 2009 and has been very satisfied with the commitment of the Trust, and other stakeholders, to provide reports and evidence where necessary. The completed Implementation Review – Project Plan is attached as Appendix 4.

Engagement with the public and staff continued after the decision to implement Option B had been taken. During July 2009 when the first changes to Accident and Emergency services at Bishop Auckland Hospital (BAH) occurred the communications team produced over 50,000 leaflets for door-to-door distribution

explaining the proposed changes. This was supported by press adverts, poster and leaflets sent to local GP practices and posters and signage displayed within BAH.

The majority of service changes as a consequence of Seizing the Future were implemented in October 2009. These changes were supported by an extensive communications strategy including;

- Adverts placed in Darlington Borough Council magazine (Town Crier) and in Durham County Council – Durham County News
- Two adverts placed in the Advertiser, the Wear Valley Mercury & Teesdale Mercury
- Life Channel advert running in GP practices
- Bus side winder adverts booked to run through Bishop Auckland

- Two 1 day public road show events held in Tesco and Morrison in Bishop Auckland
- A5 leaflet produced and mailed door to door across the county (approx 90,000)
- School Mailing (85 schools, 25,000 letters mailed)
- Proactive PR
- Continued stakeholder briefings, meetings & visits

Post implementation Period

Even after the services changes had been implemented communications with staff and public, especially in Bishop Auckland, continued. This took the form of a bus side winder campaign, a 4 page wrap around in the Advertiser newspaper and a supplement in Trust's internal magazine Newsround which was mailed to 6,000 Trust members.



Gateway Review of Service Reconfiguration

The Gateway Review team undertook a review of the Seizing the Future programme at key points throughout the consultation and implementation process.

An initial assessment by the review team was undertaken in August 2008 to review the outcomes and objectives of the programme, the way they fitted together and to confirm that they made the necessary contribution to government, departmental, NHS or organisational overall strategy (Appendix 5).

The team concluded that the Seizing the Future programme had made sound progress, culminating in a discussion at a Trust Board meeting of the preferred options for consultation.

The review team found clear evidence of good stakeholder and communications

management; particularly so with secondary care clinicians and wider staff groups, the commissioning Primary Care Trust, Governors and members of the Foundation Trust and Overview and Scrutiny Committees. It was also evident that the consultation phase planning was receiving the attention it required.

Overall the review team felt that the Trust had a good strategic grasp of the issues and workload ahead and, because of the strong and close relationship with the commissioning PCT, they were confident that the Trust would be able to successfully complete the next phase of activity.

In April 2009, the review team returned to undertake an additional Gate 0 and a partial Gate 1 strategic assessment of the programme (Appendix 6).

The team concluded at this point that excellent progress had been made since the last Gateway review. This progress had included:

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

Overall, the review concluded that the Trust was entering a tight and busy period of implementation and that it would need to focus on “business as usual” results whilst delivering on the promises made as part of the consultation.



The Gateway Review Team's report notes that nearly all of the planned changes have now been implemented and are operational.

Areas of good practice were highlighted by the review team, including:

- 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.

The main conclusion of the review team was that the overall delivery confidence assessment of the programme be rated as Amber / Green – 'Successful delivery appears likely. However attention will be needed to ensure risks do not materialise into major issues threatening delivery.'

The Trust sought a further Gateway Review in April 2010. The primary purpose of a Health Gateway Review 5: Operations Review & Benefits Realisation is to assess whether the anticipated benefits are being delivered.

The Gateway Review Team's report (Appendix 7) notes that nearly all of the planned changes have now been implemented and are operational. The changes to the Intensive Therapy Unit (ITU) at UHND were completed in July 2010 whilst the changes to ITU at DMH are due for completion in December 2010 with the first patients being admitted early in 2011.

During interviews conducted as part of the review process, the Review Team heard differing views regarding the complete effectiveness of all changes; although the team

acknowledged that many of the schemes were still 'bedding down' and that more adjustments may be necessary. Those interviewed did however feel that much had been accomplished by the Seizing the Future Programme and that despite some teething problems it had been the right move and successfully implemented. The Review Team endorsed this view.

The Review Team noted that a number of issues required further work and, whilst not a specific aim of the project, were disappointed that financial savings had not been realised. It was noted that these issues were being picked up by the more challenging Towards 2014 programme.

A number of positive points expressed during the interviews were acknowledged by the Review Team including:



Areas of good practice were highlighted by the review team.

- The Seizing the Future Programme has been implemented
- Successful implementation of the Cataract Unit, Rehabilitation Centre and the Nurse-led services at BAH
- Accolades regarding the implementation team
- The foundations for a good shuttle bus service
- Consensus that this is the right time to close the Programme
- The Oversight Steering Board worked well

Acknowledging the progress made the Review Team concluded that the delivery confidence assessment was 'Amber/Green', successful delivery appears likely, and that March 2010 was an appropriate time to formally close Seizing the Future as a programme.





Post Project Evaluation

Following the implementation of the service changes in October 2009 regular update papers have been submitted to the Trust Board and the Oversight Board, based on the Project Evaluation and Performance Report, which detail the ongoing performance of the different services affected by the reconfiguration. The latest report covering the period from October 2009 to September 2010 is attached in Appendix 8.

Acute & Emergency Medicine

The Performance Report provides details of attendees at the Trust's Accident and Emergency Departments pre and post Seizing the Future. The Trust modelled the potential impact the changes at BAH would have upon the remaining two accident and emergency departments. It was assumed that of the 30,000

attendees at the original BAH A&E departments approximately 20,000 would still be seen in the Urgent Care Centre and the remaining 10,000 would migrate to UHND and DMH by a ratio of 40/60 respectively based on travelling distances for the patient cohort identified.

With the exception of a couple of months on either site, between October 2009 and April 2010, the actual number of attendees at DMH was less than modelled with an overall average reduction of 5%. In contrast the actual number of patients seen at UHND was 6% more than modelled.

The report also highlights, to the end of September 2010, the Trust's performance against the 98% 4 hour wait target in Accident and Emergency during 2009/10; which is an important indicator of

sustained performance during the service reconfiguration process.

- The Trust's overall performance exceeded the target in the three months after the implementation of Seizing the Future and has only failed to meet the 98% target in two out of the 12 months since October (January – 97.77% and April – 97.98%).
- The performance at DMH has exceeded the target for 10 out of the 12 months post Seizing the Future; only failing during the busy winter months in December and January.
- The performance at UHND has exceeded the target for all but one of the 12 months post Seizing the Future.



The average length of stay has reduced from being in the region of 6 days in early 2009 to being consistently around 4 days since July 2010.

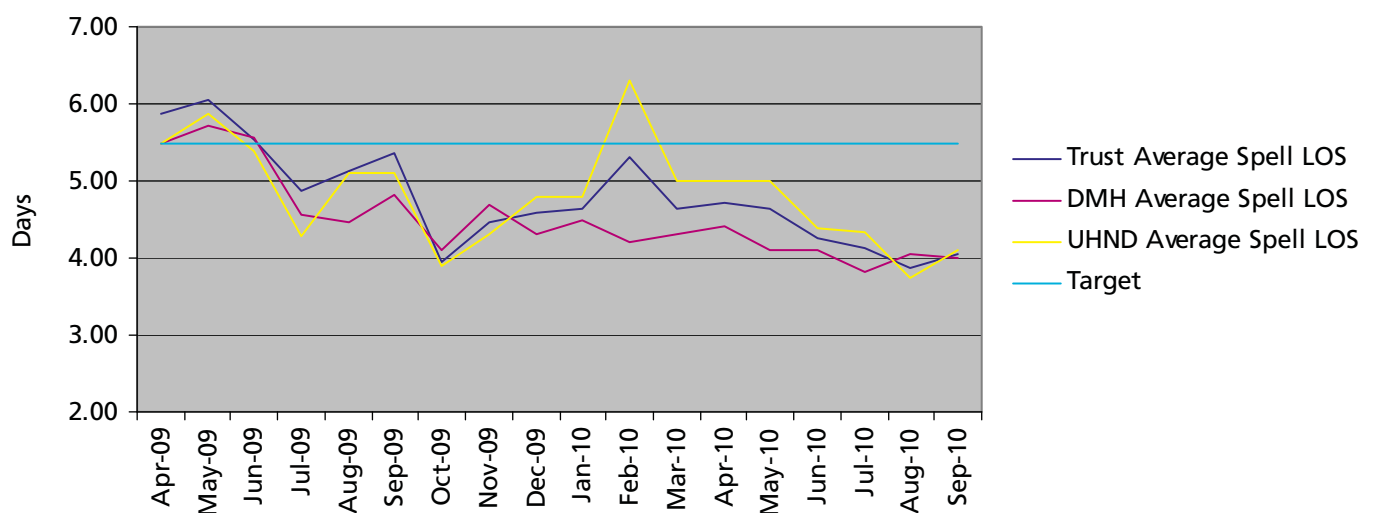
General Medicine

The need to keep average length of stay below 5.5 days remains central to the delivery of the non elective work. The graph below, taken from the information on the performance report, shows that the Division of Medicine

has consistently achieved this target across the Trust since October 2009 with the exception of February 2010 at UHND. Indeed the average LOS has reduced from being in the region of 6 days in early 2009 to being consistently around 4 days since July 2010.

Another key area for Medicine and the Trust is the performance in relation to Stroke care. It can be seen that the Trust scores consistently well against the 'Stroke care' indicator and was making significant progress towards meeting

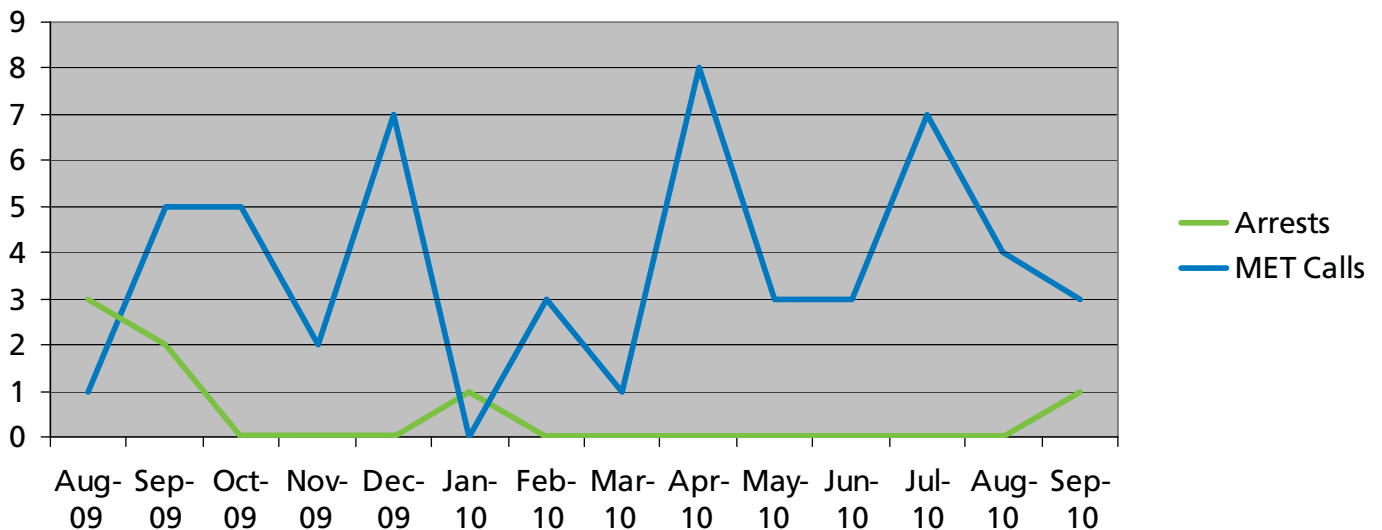
Average Length of Stay (Division of Medicine)





Since October 2009 there have only been two cardiac arrests at Bishop Auckland Hospital and the number of calls to the Medical Emergency Team is appropriate for the level of care provided.

Cardiac Arrests / Medical Emergency Team calls at Bishop Auckland Hospital



the target for all stroke admissions to have access to a CT scan within 24 hours; although this has slipped in recent months.

The new role for Bishop Auckland Hospital as a centre for excellence for rehabilitation and to provide 'step down'

care did initially raise some concerns by clinical staff due to the lack of acute medical cover on site. Key performance indicators looking specifically at this issue were developed.

Two of the parameters for measuring success of the medical cover at BAH were;

- Number of MET (Medical Emergency Team) calls
- Number of cardiac arrests

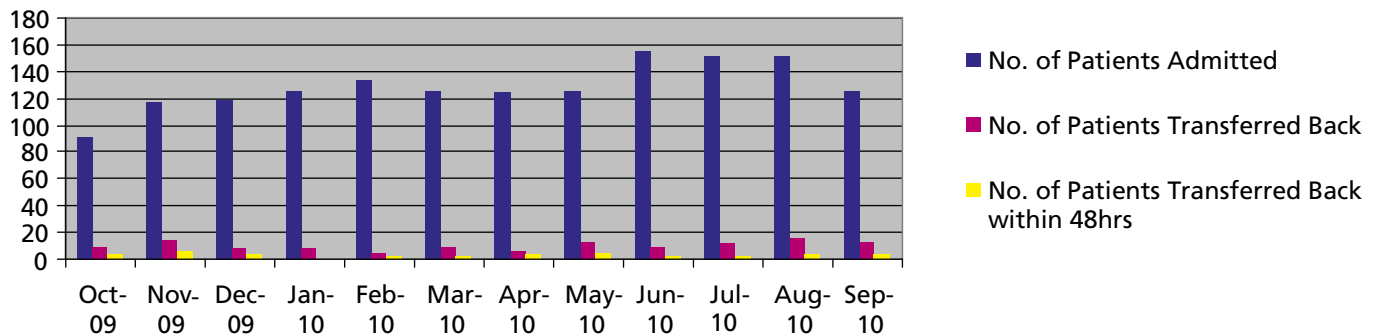
These are represented in the graph above.

Since October 2009 there have only been two cardiac arrests at BAH and the number of calls



The number of patients transferred back to an acute site within the first 48 hours has remained fairly steady.

Patients Transferred to BAH



to the Medical Emergency Team is appropriate for the level of care provided.

Two further indicators that were monitored were; the number of patients transferred to BAH that had to be transferred back to an acute ward and the time between admission to BAH and the transfer back.

Initially post implementation the percentage of patients

transferred back peaked at just over 12% in November but has fallen since then and on average just over the last 12 months almost 8% of admissions to BAH are transferred back to an acute site. The number of patients transferred back to an acute site within the first 48 hours has remained fairly steady. Of the small number of patients that are transferred

back about 1 in 3 of them are transferred within the first 48 hours. All occurrences of a patient having to be transferred back to an acute site is reported as an incident and the Trust constantly monitors these reports to identify trends. This monitoring will continue as part of the Trust's ongoing governance arrangements.



Seizing the Future has ensured the Paediatric service was able to redesign its service in a planned manner with minimal impact on patient experience.

Surgery

Day of surgery admission (DOSA) remains a key enabler to the efficient use of surgical beds. The performance report shows that the percentage of patients admitted on day of surgery remains fairly stable and was reported as 88.5% for September 2010 (against a target of 95%). DOSA for orthopaedic patients, which is reported separately, continues to outperform their target (87.1% vs. 70%).

Theatres at BAH remain a key resource for the surgical specialties. Most of the specialties are currently achieving the targeted number of sessions per week being provided at Bishop Auckland and the number of patients being treated per week. Challenges however still remain within General Surgery to maximise the use of this facility.

Women & Children's Services

One of the main reasons for embarking on this programme of service redesign was the issue of sustainability of the Paediatric services across three acute sites. The Care Quality Commission had raised concerns in relation to the number of cases per consultants at BAH being too low to maintain adequate services. Seizing the Future has ensured that the Paediatric service was able to redesign its service in a planned manner with minimal impact on patient experience. The service has been able to recruit two replacement consultants and two new acute consultants that would not have been possible if the service had not been redesigned. The alternative would have been crisis management with a potential impact on patient safety.

Clinical Support Services

Cancelled operations remain a challenge for the Trust and are currently performance managed jointly by the Division of Clinical Support Services and Surgery. Analysis of data indicates that the average number of reportable cancelled operations for the winter 09/10 is significantly less than the same period last year (63 cancelled ops/month in 08/09 vs. 54 cancelled ops/month in 09/10). The national target for cancelled operations is less than 0.8% cancelled for non-clinical reasons which proved challenging immediately prior to the introduction of Seizing the Future. However through concerted effort the Trust has met this target since April 2010 and reported a cancelled operation rate of 0.42% in September 2010.



The Trust continues to report an excellent record on healthcare acquired infections.

The number of cancelled operations due to lack of beds or non medical reasons remains comparable with pre-Seizing the Future figures and this should be viewed positively when winter pressures are factored in.

The impact of the transfer of BAH critical care beds can be measured by the number of patients who needed to be transferred out of a Critical Care unit for non-clinical reasons. In the six months prior to the implementation of Seizing the Future there were 9 patients transferred for non-clinical reasons; this compares to 2 patients for the year since implementation.

The Division is also achieving its targets in relation to the surgical activity that it is undertaking at BAH in relation to Community Dental and Chronic Pain patients.

General

Other indicators that were monitored as part of the evaluation to ensure no deterioration in patient safety or satisfaction were;

- **Healthcare Associated Infections**

The Trust continues to report an excellent record on healthcare acquired infections. As at the end of September 2010, the number of MRSA infections for the year since the introduction of Seizing the Future was 6 (with none at BAH) and for C Diff the figure was 79 (with 12 at BAH). In this respect the service changes resulting from Seizing the Future have had no obvious effect on this measure.

- **Patient Satisfaction Survey**

The Trust captures patient satisfaction information from

a number of different sources. The National Inpatient Survey was undertaken in September 2009 and therefore covers the period before the implementation of Seizing the Future. This will provide a baseline that the Trust can use to compare the results of the 2010 inpatient survey against and therefore understand the impact of Seizing the Future on patient satisfaction.

In the interim, the Trust undertakes ongoing patient satisfaction surveys as part of the ward performance framework. Matrons undertake a face-to-face interview with 5 patients on each ward on a monthly basis. The Matrons use pre-set questions to structure the interview but there is also opportunity for patients to discuss other issues as necessary. This is a recognised acceptable methodology for



The North East Stroke Association was commissioned to obtain patient and carer feedback in order to ensure objectivity and impartiality throughout.

undertaking continuous patient satisfaction surveys.

Analysis of the results from the patient satisfaction surveys pre and post Seizing the Future indicates that no significant change have occurred in the measures since the introduction of Seizing the Future.

The Trust has also undertaken a specific piece of work to evaluate the patient experience of stroke rehabilitation patients before and after the implementation of Seizing the Future. A partnership approach was taken to planning and implementing the patient experience evaluation exercise. The Trust led the exercise with significant input from the North of England Cardiovascular Network (NECVN) to satisfy mutual organisational aims. NHS County Durham and Darlington provided patient, carer and public engagement guidance,

support and resources. The North East Stroke Association (NESA) was commissioned to obtain patient and carer feedback in order to ensure objectivity and impartiality throughout.

The aims of the patient experience evaluation were to:

- Evaluate the impact of hospital-based stroke rehabilitation service changes on patients' and carers' experience, from their perspective, establishing an initial baseline and evaluating performance thereafter
- Identify potential areas of stroke rehabilitation services requiring further improvement
- Inform the development of the North of England Cardiovascular Network's (NECVN) top ten priorities for stroke rehabilitation services

- Recruit patients and carers to service user engagement forums being developed by the Trust and the NECVN

The complete evaluation of stroke rehabilitation services using patient and carer experiences has been detailed in three separate and comprehensive reports.

- Phase 1 Report – Patient experience evaluation pre-Seizing the Future (Appendix 9a)
- Phase 2 Report – Patient experience evaluation post-Seizing the Future (Appendix 9b)
- Comparison Report – Comparison of phase 1 and phase 2 reports (Appendix 9c)



The evaluation included all patients, and their carers, who experienced the stroke service across CDDFT during the evaluation period.

The evaluation included all patients, and their carers, who experienced the stroke service across the Trust during the evaluation period. In total 226 patients or carers were eligible with an overall response rate of 21%. The outcomes of the report have been split into six categories and compare patient and carer experiences before and after the service changes. These are summarised below;

- **First 24 hours**

Improvement -

- An improvement in the speed of action taken by professionals when they were contacted by patients experiencing stroke symptoms; thus improving timing of assessment and treatment.
- More participants experienced faster transfer from ED to the stroke unit.

- Greater opportunity to ask questions and patients who did ask questions were happy with the responses provided.

Lack of Improvement –

- No improvement in pro-active information sharing

- **Therapies**

Improvement –

- There is an increase in participants receiving seven day therapy services at BAH.
- There is an increase in the explanation of the benefits of therapies to patients at BAH and DMH.
- There is improved flexibility of times of physiotherapy sessions agreed with the patient and therapist. No cancellations were reported throughout phase two.

- There are higher levels of satisfaction with the amount of physiotherapy received.

- There is more involvement in establishing therapy goals with patients at BAH and DMH.

- Nursing staff encourage patients to carry out skills identified by therapists at BAH and DMH.

Lack of Improvement –

- No improvement in carer or family involvement in therapy sessions.

- Continued identification of a lack of skill and knowledge in support of families and patients emotional needs.

- **Professionalism**

Improvement –

- Praise in team work, professional manner, opportunity to ask questions



In no area was there deterioration in service provision; although any specific issues raised will be fed back to the appropriate teams.

and use of listening skills were maintained at DMH and extended to all aspects of care at BAH.

Lack of Improvement –

- No improvement in clarity of roles and responsibilities of professionals based at UHND.

• **Involvement in own care**

Improvement –

- More participants were aware of and involved in their care plans at BAH.

Lack of Improvement –

- No improvement in participants having a choice in their treatment plans; although this was not linked to dissatisfaction as staff were perceived to be the experts.
- Continuing issue around participants consent to aspects of their care.

• **Leaving Hospital**

Improvement –

- Participants reported positively about discharge arrangements and degree of choice available at DMH, believing their stay to be just right.
- UHND participants were aware of the discharge process although more than half felt they had no choice in the discharge arrangements.
- No concerns were raised regarding short notice for discharge.
- Explanations were provided to participants when delays were experienced at time of discharge.

Lack of Improvement –

- No improvement in many areas relating to information provision at the time of discharge.

• **Information and communication**

Improvement –

- More patients across the county recounted receiving information packs from the Stroke Association and all found them to be relevant and most helpful.

Lack of Improvement –

- No improvement in pro active information sharing across the county.

In conclusion the reports give a clear picture of the changes in patient and carer experience of stroke services within the Trust as a result of the service changes implemented through Seizing the Future. In no area was there deterioration in service provision; although any specific issues raised will be fed back to the appropriate teams. It can be seen that in the areas of 'Involvement in Care' and



The Delivery Oversight Board has reflected that despite the initial concern over transport needs the actual demand does not appear to be there.

information provision there has been little or no improvement and these areas will be addressed proactively through appropriate action plans. Significant improvements however were seen especially in the areas of 'First 24 hours' and 'Therapies' which are critical areas in the care of stroke patients.

The reports demonstrate that the service changes resulting from Seizing the Future had, in general, a positive effect on patient and carer experience and gives the Trust confidence that a quality stroke service continues to be provided.

• **Complaints**

A total of 468 formal complaints were made to the Trust between October 2009 and end of June 2010. Of these 22 (5%) made reference to, or were attributed to, the changes to service delivery

following Seizing the Future. The majority of these complaints occurred between Oct 2009 and Jan 2010 when the Trust saw a general increase in complaints. Since April 2010 the Trust has only received 3 complaints that appear to be attributable to Seizing the Future changes.

• **Transport**

The Trust continues to monitor the use of the newly introduced bus and taxi services. The use of the Teesdale service has remained fairly low for the last three months whilst the use of the Weardale service remains steady. The Delivery Oversight Board has reflected that despite the initial concern over transport needs pre-Seizing the Future the actual demand does not appear to be there and there are now questions over the value for money of the

service. Both the PCT and the Trust are exploring the economic viability of running these services in the future due to the current economic circumstances. A decision will be taken in the near future.

The inter-site shuttle services remains well used with the numbers of staff and visitors using the service increasing month on month. The service is also increasingly being used for the movement of patient notes and specimens. The Trust continues to work up the feasibility of introducing an extended shuttle service that would be specifically targeted at staff.

Other Services

A number of other services changes were consulted upon during Seizing the Future but have not yet been fully delivered. An update on each of these schemes is detailed below;



The review felt that the ward was a useful facility for some categories of patients and an excellent way of bridging and building links between hospital and GP care.

- **GP Ward** – The general practitioners (GPs) within the Bishop Auckland locality raised the issue during consultation of the possibility of establishing a GP ward at BAH. Patients admitted by GPs to this ward would be under the direct medical care of a named GP. A three month pilot to test the implementation of GP beds in BAH, under the auspices of the Durham Dales Integrated Care Organisation (ICO), started in June 2010 and was reviewed by the ICO in late September.

The review found that in general, although the uptake of the beds was lower than anticipated, admissions were appropriate and the nursing staff felt well supported by the GPs who were diligent in their review and medical treatment of the patients. The review felt that the ward was a useful facility for some categories of patients and an excellent way of bridging and building links between hospital and GP care. It was agreed that the pilot would continue on the basis that the beds were not ring-fenced for GPs but instead were to be used for the most clinically urgent patients. Discussions continue with local GPs, the GPs who run the Urgent Care Centre at Bishop Auckland and the Trust on further integrating urgent care, GP beds and the RAMAC services.
- **Medical Simulation Centre** – The development of a state of the art medical simulation centre at BAH is being considered as part of the Trust's 7 year capital strategy and is currently being worked up as part of the overall estates strategy. Although in the current economic climate this will require a full business case to be developed.
- **Trust HQ** – During the consultation stage the Trust had been requested to consider the relocation of the Trust's headquarters to BAH. This has been considered by the Trust Board but for the present it had been decided that headquarters should remain at Darlington Memorial Hospital as it was felt that it was more appropriate for the Trust's headquarters to be located on one of the acute sites.
- **Sleep Centre** – It looks increasingly likely that new monitoring equipment, that will allow patients to go home with a device attached for monitoring sleep patterns and return the following day for the information to be assessed, may negate the need for a dedicated Sleep Centre. Assessment of the equipment and the need for a centre is currently ongoing.



The Trust has learnt a number of valuable lessons from the Seizing the Future programme that it can apply to similar programmes of change in the future.

Lessons Learnt

The Trust has learnt a number of valuable lessons from the Seizing the Future programme that it can apply to similar programmes of change in the future. In addition, the local PCTs have also learned a number of important lessons from both Seizing the Future and other local service reconfiguration proposals.

These lessons included;

Proposed Service Changes

- The demonstration of clinical rather than organisational drivers for change is more likely to be persuasive.
- Open and up front discussion of the drivers for change of a well thought through proposal is more likely to engender support amongst key decision makers for the proposals.

- Service changes should be clinically led – clinicians should be involved at the heart of the action
- Consultation proposals should contain an adequate amount of evidence on which a lay person would be able to make an informed comment.
- Consultation proposals should offer a genuine choice.
- Commissioners and providers must acknowledge that the provision of service must be related to the communities being served, that is, the location of a service is not separate to the needs of those who will be using it.
- The impact of service changes in relation to key policy drivers must be clearly demonstrated e.g. in relation to providing care closer to home.
- The impact of the proposals on other agencies such as local authority social care provision or the voluntary sector should form part of the proposal where possible or should explicitly be sought as part of the consultation process.
- It has been noted that Health Impact Assessments may be most useful if developed as part of the evidence in the case for change.
- Large scale change should be managed using a formal Programme Management approach.

Engagement

- It is important to engage with stakeholders early in the process.
- Clear early engagement with overview and scrutiny committees is very important.



- Adequate notice should be given, before a consultation commences, that it is about to begin.
 - Engagement with stakeholders and partner organisations needs to be undertaken in a meaningful way
 - It is critical to gain the support of public and other key stakeholders through investment in the consultation process.
 - Pre-consultation engagement with stakeholders by commissioners or providers needs to be strong.
 - Consultations should ensure that communities concerned are consulted.
 - Language used should be easy to understand.
 - Consultation plans and approaches (models of engagement) need to link in with existing local networks.
 - Opportunities for key stakeholders to undertake visits to sites or locations affected by the proposals for change have proved invaluable.
- Oversight**
- Ensure the Trust is held to account by its governors and members. Support from these groups gives the necessary legitimacy to make the service changes required.
 - Ensure that the programme is externally monitored through peer review including Gateway Review and Oversight Board.
- A huge amount of effort was put in to planned consultation events across the Trust area which required the collation of contact lists for sending out consultation materials. Despite the effort put in there was ultimately low levels of turn out at these events.

A learning point for commissioners and providers would be to utilise existing and extensive networks on the ground that already exist, e.g. Area Action Partnerships or the Council for Voluntary Services, to try and get messages distributed in a more cost effective manner.

As a result of the lessons learnt from Seizing the Future and other local service reconfiguration proposals NHS County Durham and Darlington have prepared process guidance for stakeholder engagement in service reconfiguration (Appendix 10).



The success of Seizing the Future has given the Trust the necessary foundations from which to meet the anticipated financial difficulties.

Conclusion

Seizing the Future has been a massive exercise in service redesign and is an exemplary model of how such large scale change can be successfully achieved. The key reasons for the success of Seizing the Future were;

- It was clinically led from the start
- A clear vision of the future service design was developed
- There was full and honest stakeholder engagement
- There was significant external scrutiny and peer review

The transformational savings that were anticipated out of Seizing the Future were not realised as planned within 2009/10. This was partly due

to allowing a period of bedding in of the changes implemented and the need to cope over the winter period.

The Trust has recently announced its strategic programme of service review for the next four years under the title Towards 2014. The Trust has therefore rolled the proposed revenue savings associated with Seizing the Future into the Towards 2014 workstreams.

The legacy of Seizing the Future can be summarised as;

- The strategic direction of the Trust is clearly aligned with an agreed clinical vision.
- There is increased clinical engagement for service changes that will be necessary going forward.

- Improved opportunity to build further relations with members and governors.
- Improved relations with stakeholders and partner organisations due to having a history of change with external scrutiny.
- The Trust is in a better position to meet the challenges ahead.

The success of Seizing the Future has given the Trust the necessary foundations from which to meet the anticipated financial difficulties and ensures that the Trust has the knowledge and experience of large scale change that will be necessary to deliver the challenges that it will face in the future.

Further copies of this report and all appendices are available at www.seizingthefuture.org.uk/finalreport



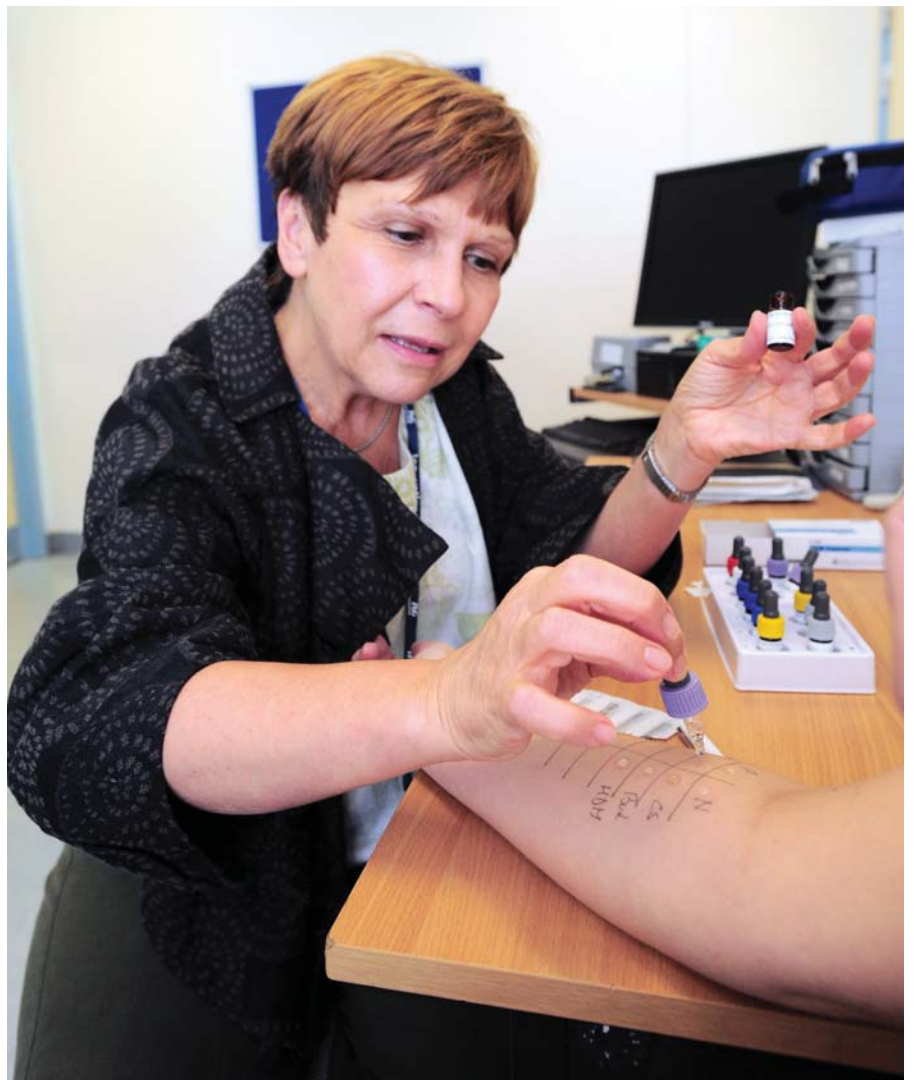
References

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Appendices

- Appendix 1** 'Seizing the Future' – report by Professor KGMM Alberti on behalf of the national Clinical Advisory Team
Available online
- Appendix 2a** 'Seizing the Future' – A public consultation document
Available online
- Appendix 2b** 'Seizing the Future' – A public consultation document: Executive Summary
Available online
- Appendix 3** Seizing the Future Stakeholder Implementation Oversight Board - Terms of Reference
Attached
- Appendix 4** Seizing the Future Stakeholder Implementation Oversight Board – Project Plan
Attached
- Appendix 5** Health Gateway Review – August 2008
Available online
- Appendix 6** Health Gateway Review – April 2009
Available online
- Appendix 7** Health Gateway Review – April 2010
Available online
- Appendix 8** STF Post project Evaluation & Performance Report – Abridged Version (September 2010)
Attached
- Appendix 9a** Stroke Rehabilitation Service - Patient experience evaluation pre-Seizing the Future
Available online
- Appendix 9b** Stroke Rehabilitation Service - Patient experience evaluation post-Seizing the Future
Available online
- Appendix 9c** Stroke Rehabilitation Service - Comparison report
Available online
- Appendix 10** A process for stakeholder engagement in service reconfiguration for NHS County Durham and Darlington
Available online

Appendices are available online at www.seizingthefuture.org.uk/finalreport



Appendix 3

Seizing the Future Stakeholder Implementation Oversight Board

Terms of Reference

Purpose

The Seizing the Future stakeholder implementation oversight board exists to provide public stakeholder oversight of the County Durham and Darlington NHS Foundation Trust's reconfiguration plan known as Seizing the Future.

Roles

The group will:

- Oversee delivery of the detailed implementation plan for Seizing the Future
- Monitor and ensure delivery of the plan, including ensuring that its delivery does not negatively impact upon the FT's performance against key performance indicators, especially those relating to patient experience (e.g.

healthcare acquired infections, 18 weeks, A&E waiting times)

- Ensure that patient safety and clinical quality is built into and delivered by Seizing the Future.
- Ensure that recommendations made as part of the Seizing the Future consultation process are incorporated into the plan and implemented to agreed timescales.
- Consider and advise on any proposed changes to the plans
- Advise on, agree and monitor the delivery of a detailed supporting communications and engagement plan
- Report back to and represent the views of member organisations

- To ensure the actions agreed with the OSC's are delivered
- To ensure effective and co-ordinated communications with key stakeholders, the public and media

Membership

The board will be chaired by NHS County Durham.

Membership will include:

- NHS County Durham Director of Partnerships and Services (Chair), supported by:
- NHS County Durham OSC Liaison Manager.
- Darlington Borough Council Health and Wellbeing Scrutiny Committee (3 members + 1 officer)
- Durham County Council Health and Well Being



- Overview and Scrutiny Committee (3 members + 1 officer)
- Darlington Local Involvement Network (LINK) – (3 members)
- County Durham LINK – (3 members)
- NHS County Durham Head of Elective Care
- NHS County Durham Head of Communications
- NHS County Durham clinical reference group member
- NHS County Durham PBC representative
- NHS County Durham Non Executive Director
- NHS County Durham Acting Associate Director of Nursing and Clinical Governance
- CDDFT Programme Director
- CDDFT Medical Director

- CDDFT Deputy Director of Nursing
- CDDFT Associate Director of Communications and Marketing

Deputies will be welcomed to cover for absence. Where this is necessary it is the responsibility of the substantive members to ensure they are fully briefed.

Other members will be co-opted onto the group for topic specific issues as deemed necessary.

Governance

Individual members are accountable to their own organisation and will be expected to provide two way communications between the board and their individual organisation's management structures.

Minutes of the meeting will be shared with the CDDFT Seizing the Future Steering Group and issues fed back to it through individuals on both groups.

The board as a whole will report to the NHS County Durham Management Group.

Any media liaison will be undertaken by the chair.

The group is deemed quorate if fourteen stakeholder members are present at each meeting.

Meetings

The group will meet every month throughout the duration of the implementation plan.

Papers will be circulated one week prior to the meeting.

Minutes of the meeting will be available within one week of the meeting.

23 June 2009.



Appendix 4

Seizing the Future Stakeholder Implementation Oversight Board

Project Plan: Implementation Review - September 2010

ISSUES				Status
Source of issue:	Ref	How Addressed (Action Required)	Lead Organism ⁿ	
Overview and Scrutiny	OSC			
National Clinical Advisory Team	NCAT			
NHS County Durham	NHS CD			
Oversight Board	OB			
GENERAL:				
Progress report to stakeholders on extent to which implementation issues have been completed (Stakeholder Brief)	OB	Report	NHSCD	Completed – reported in Sept 2010
Information required on the capacity of the hospitals to meet demand for services taking into account future trends.	OSC	Report	NHSCD/ CDDFT	Completed – reported in July 2010
The frequency with which capacity for emergency admissions is reached at each of the Trusts hospitals; and how often hospitals are closed to emergency admissions.	OSC	Report	CDDFT	Completed – reported in Feb 2010

Has StF financial envelope been exceeded? Have additional resources (from elsewhere) been required?	OSC	Report	CDDFT NHSCD	Completed – reported in May 2010
SERVICES:				
Risk Assessment of service changes	OB	Report	NHSCD	Completed – reported periodically
Performance Management of StF implementation: progress on agreed set of indicators (including patient experience)	OB	Progress Reports	CDDFT	Completed – reported in July 2010
Transport for health - interim solution	OSC/ NCAT	Assessment of impact	NHSCD	Completed – ongoing reports received.
Transport for health - long term solution	OSC/ NCAT	Map out process for procurement of LT solution	NHSCD	Completed – reported in Sept 2010
RAMAC opened 7th Sept	OB/ NCAT	Assessment of impact/ do opening hours meet NCAT?	CDDFT	Completed – reported in Dec 2009
Impact of A&E changes	OB	Assessment of impact	CDDFT	Completed – reported in Dec 2009
Opening of Urgent Care Centre: 1st Oct 09	OB	Assessment of impact (opened 25/9/09)	NHSCD	Completed – reported in Nov 2009
Monitoring of risks from increased ambulance journey times and reporting to OSC	OSC	Report assessing impact	NHSCD NEAS	Completed – reported in Dec 2009
GP Ward at BAGH	OSC/ NCAT	Progress report	CDDFT	Completed – reported in July 2010
Investing in BAGH to provide a minor injuries and medical emergency service that meets needs of local communities	OSC	Report on delivery/ performance on the UCC	CDDFT	Completed – reported in Feb 2010
Outpatient services should be expanded to meet the needs of the local population and follow-up appointments for local people after admission to the acute sites should be organised for BAGH wherever possible	NCAT	Status report	CDDFT	Completed – reported in July 2010

Stroke services	OB/ OSC	Report on implementation of acute and rehabilitation services	CDDFT	Completed – reported periodically
	OB	Monitor frequency of use of 'dedicated' space at DMH and UHND	CDDFT	Completed – reported periodically
	OSC	Consideration of future investment after current configuration maximised	NHSCD	Completed – reported periodically
Haematology and pathology services – trust-wide service from BAGH (accepting local provision also)	OSC	Report on position	CCDFT	Completed – reported in July 2010
BAGH – New GYM (Stroke Rehab)	OB	Assessment of impact (in place)	CDDFT	Completed – reported in May 2010
BAGH – Cataract Centre	OB	Assessment of impact (opened 25/9/09)	CDDFT	Completed – reported in July 2010
Stroke patients to DMH/UHND from 25th Sept (acute to rehab – ongoing transfer)	OB	Assessment of impact (Risk Asses)	CCDFT	Completed – reported in May 2010
Chest pains' to DMH/UHND from 28th Sept (ongoing transfer)	OB	Assessment of impact (Risk Asses)	CDDFT	Completed Nov/Dec 2009
o/s medical patients to DMH/UHND	OB	Assessment of impact	CDDFT	Complete – reported in November 2009
Non elective arrangements (New patient pathways/Stroke/Step Down)	OB	Assessment of impact	CDDFT	Complete – reported in May 2010
Elective surgery arrangements (General, orthopedic, gynae, childrens dental)	OB	Assessment of impact (Risk Asses)	CDDFT	Complete – reported in May 2010
Rehab/Step Down arrangements (speech/language/physio?)	OB	Progress Report/ Assessment of impact	CDDFT	Complete – reported in May 2010

ESTATES:				
Risk Assessment of estates changes	OB	Report	NHSCD	Completed – reported in July 2010
Parking at DMH	OSC	Progress report	CDDFT	Completed – reported in July 2010
New facilities in place before services are withdrawn	OSC	Services are currently in place - remain capacity issues to be addressed		Complete – reported in November 2009
Consider basing Trust HQ at BAGH	OSC	Paper to be prepared	CDDFT	Complete – reported in May 2010
DMH additional paediatric resuscitation bay and treatment rooms	OB	Progress report/ Risk Assessment	CDDFT	Completed – reported in July 2010
DMH - increased ITU capacity	OB	Completion due Dec 2010) (Risk Assessment)	CDDFT	Completed – reported in July 2010
DMH - increased HDU capacity	OB	Risk Assessment	CDDFT	Completed – reported in July 2010
DMH - Surgical floor (incl emergency admissions - 5 addnl beds)	OB	Risk Assessment	CDDFT	Completed – reported in July 2010
DMH - Addnl bed capacity: CCU/Stroke Unit/Discharge Lounge/Medical Day Unit	OB	Risk Assessment	CDDFT	Completed – reported in July 2010
UHND - Expansion of A&E	OB	Completion due April 2010 (Risk Assess)	CDDFT	Complete – reported in May 2010
UHND - Expansion of ITU	OB	Completion due August 2010 (Risk Assess)	CDDFT	Completed – reported in July 2010
COMMUNICATIONS/ENGAGEMENT:				
Informing and engaging with communities about services that are being/to be provided in primary, secondary and tertiary settings	OSC	Report of Communications & Engagement Sub Group	NHSCD	Completed – reported in July 2010

Model of community engagement that enables close working with patient groups, communities of interest etc in next stages of business planning and service design	OSC	Report of Communications & Engagement Sub Group	NHSCD	Completed – reported in July 2010
Evaluation of consultation exercise on StF / lessons learned	OSC	Report on evaluation of consultation	NHSCD	Completed – reported in July 2010
Communications Plan	OB	Progress report from Comms & Engagement Sub Group	NHSCD	Completed – reported in July 2010

BROADER STRATEGIC:

Whole systems considerations addressed?	NCAT/ OSC	5 Year Strategic Plan	NHSCD	Completed – May 2010
Care closer to home considerations	OSC	Primary Care strategy & 5 Year Strategic Plan	NHSCD	Completed – May 2010
Consideration of health inequalities issues/Health Impact Assessments for service proposals (CDDFT committed to participate - NHSCD Board)	OSC	Retrospective HIA	NHSCD	Completed – reported in Sept 2010
StF 'fit' with Community hospitals strategy (expanding services) and network of Urgent Care Centres	OSC/ NCAT	Community Hospitals Strategy Urgent Care Strategy	NHSCD	Completed – Urgent Care Strategy reported in May 2010
Formation of Urgent Care Advisory Board (Social services/NEAS/FT/PCT etc)	NCAT	To link to delivery of Urgent Care Strategy	NHSCD	Completed – Urgent Care Strategy reported in May 2010
Rebalancing of health care systems	OSC	5 Year Strategic Plan	NHSCD	Completed – May 2010 (Five Year Strategic Plan)
Links with Adult & Social Care	OSC	Joint Commissioning Strategies	NHSCD	Completed – May 2010 (Five Year Strategic Plan)

Assurances given at NHSCD Board (not covered above):

There will be increased activity levels at BAGH	NHS CD	Evidence of increased capacity	CDDFT	Completed – reported in July 2010
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Emergency admissions are more likely to go home sooner	NHS CD	Length of Stay data	CDDFT	Completed – reported in July 2010
Further discussions will take place about the future financial viability of the midwife-led unit	NHS CD		CDDFT	Compete - as part of midwife services review
There is a commitment to assess ongoing impact of StF changes on social care and wider health economy (in context of revenue neutral proposals)	NHS CD	Evidence of impact	NHSCD DCC	Completed – reported in Sept 2010
NHS CD would be seeking financial contributions to transport solutions	NHS CD	Outcome of discussions for post 1/04/10 solution	NHSCD	Ongoing reports received regarding financing the interim transport solution.
Further work/clarification on financial model and 'unbundling' issues	NHS CD	Underway and ongoing	NHSCD	Completed – May 2010 (Finance report)
A full range of appropriate pathology services would be provided at BAGH	NHS CD	Discussions pending	CDDFT	Completed – reported in Nov 2009
Clinicians are willing to meet concerns of communities and discuss provision of community based specialist services	NHS CD	Ongoing		Completed – May 2010 (Five Year Strategic Plan report)
StF would result in fewer cancelled operations e.g. re: Orthopaedics	NHS CD	Metrics: monitoring ongoing	CDDFT	Completed – May 2010
There will be a positive impact on HCAI	NHS CD	Metrics: monitoring ongoing	CDDFT	Completed – reported in July 2010

Appendix 8

County Durham & Darlington NHS Foundation Trust - Operational Performance Report STF Post project Evaluation & Performance Report – Abridged Version (September 2010)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep		
Accident & Emergency																				
2,383	2,362	2,426	2,174	1,922	1,832															
STF GO Live																				
1,603	3,206	4,809	6,412	8,015	9,618	11,221	12,824	14,427	16,030	17,633	19,236									
1,319	2,279	3,783	4,842	6,054	7,406	8,790	10,662	12,521												
3,550	6,282	10,381	12,841	15,882	19,246	23,053	25,976	28,007												
4,869	8,561	14,164	17,683	21,936	26,652	31,843	36,638	40,528												
526	988	1,513	1,960	2,537	2,800	3,248	3,710	4,262	4,766	5,267	5,729									
474	948	1,422	1,896	2,370	2,844															
131	253	388	527	640	778	905	1,038	1,172	1,316	1,445	1,588									
379	758	1,137	1,516	1,895	2,274															
99.42%	99.30%	99.57%	98.90%	99.49%	99.17%															
98.92%	99.08%	99.18%	97.75%	98.18%	98.31%															
99.86%	99.26%	99.83%	99.49%	99.60%	99.64%															
98.0	98.0	98.0	98.0	98.0	98.0															
2,366	2,356	2,419	2,169	1,919	1,829															
99.29%	99.75%	99.71%	99.77%	99.84%	99.84%															
98.0	98.0	98.0	98.0	98.0	98.0															
Bed Utilisation / Patient Flow																				
5.88	6.04	5.54	4.87	5.12	5.36															
5.5	5.5	5.5	5.5	5.5	5.5															
5.5	5.7	5.6	4.6	4.5	4.8															
5.5	5.5	5.5	5.5	5.5	5.5															
5.5	5.9	5.4	4.3	5.1	5.1															
5.5	5.5	5.5	5.5	5.5	5.5															
7.5	9.1	8.9	8.1	12.2	9.3	14.8	10.2	11.3	11.0	10.1	9.9									
10.6	14.4	12.6	15.0	16.8	13.8	17.7	15.5	16.0	13.8	14.3	12.8									
95.5	94.1	94.0	94.1	95.1	96.0	93.6	94.9	95.6	95.8	95.3	95.7	94.8								
90	90	90	90	90	90	90	90	90	90	90	90	90								
58.8	69.3	60.0	86.0	65.5	72.1															
75.0	75.0	75.0	75.0	75.0	75.0															
N/A	N/A	N/A	N/A	N/A	N/A															
70	70	70	70	70	70															
71.9	65.6	92.4	88.3	85.5	88.9	79.5	91.3	85.7	79.7	86.4										
75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0
69.4	66.2	81.2	78.7	74.6	76.9	75.6	73.7	64.6	67.1	64.9										
70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
94%	87%	98%	85%	81%	79%	95%	89%	85%	90%	81%										
95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
61	127	174	243	287	344	393	445	512	587	642										
86	172	252	338	424	509	595	681	767	852	938										
161	292	441	590	730	913	1063	1206	1371	1534	1639										
119	238	354	475	594	713	832	950	1069	1188	1307										
36	82	113	146	169	204	225	254	279	321	356										
46	92	132	178	224	270	316	362	408	454	500										
77%	71%	64%	65%	74%	76%	78%	82%	84%	84%	74%										
95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
16	15	16	15	16	15															
95	95	95	95	95	95															
4	3	4	3	4	3															
7	7	7	7	7	7															
Stroke Care																				
58.8	69.3	60.0	86.0	65.5	72.1															
75.0	75.0	75.0	75.0	75.0	75.0															
N/A	N/A	N/A	N/A	N/A	N/A															
70	70	70	70	70	70															
71.9	65.6	92.4	88.3	85.5	88.9	79.5	91.3	85.7	79.7	86.4										
75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0
69.4	66.2	81.2	78.7	74.6	76.9	75.6	73.7	64.6	67.1	64.9										
70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
94%	87%	98%	85%	81%	79%	95%	89%	85%	90%	81%										
95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
61	127	174	243	287	344	393	445	512	587	642										
86	172	252	338	424	509	595	681	767	852	938										
161	292	441	590	730	913	1063	1206	1371	1534	1639										
119	238	354	475	594	713	832	950	1069	1188	1307										
36	82	113	146	169	204	225	254	279	321	356										
46	92	132	178	224	270	316	362	408	454	500										
77%	71%	64%	65%	74%	76%	78%	82%	84%	84%	74%										
95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95	95
16	15	16	15	16	15															
95	95	95	95	95	95															
4	3	4	3	4	3															
7	7	7	7	7	7															
Use of BAH Theatres																				
Use of BAH Theatres - sessions (Surgery)																				
Target: 95% within session Utilisation																				
Use of BAH Theatres - No Patients per week (General Surgery)																				
Target: 3.5 per list (3.5 * No Sessions) Cumulative																				
Use of BAH Theatres - No Patients per week (Orthopaedics)																				
Target: 2.2 per list (2.2 * No Sessions)																				
Use of BAH Theatres - No Patients per week (Plastics)																				
Target: 4 per list (4.0 * No Sessions)																				
Use of BAH Theatres - sessions (Women & Children & SH)																				
Target: 95% within session Utilisation																				
Use of BAH Theatres - No Session per week (Gynaecology)																				
Target: 4.5 per week (15/16 per month based on 4 week month and annual throughput of 187)																				
Use of BAH Theatres - sessions (Clinic Support)																				
Target: 95% within session Utilisation																				
Use of BAH Theatres - No Session per week (Community Dental)																				
Target: 1 per week (3/4 per month based on 4 week month and annual throughput of 42)																				
Use of BAH Theatres - No Session per week (Pain)																				
Target: 2 per week (7 per month based on 4 week month and annual throughput of 84)																				

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