

**Seizing the Future – Final Report
Appendix 7**

**Health Gateway Review 5: Operations review & benefits realisation
Project Title: Seizing the Future – Darlington & County Durham
Health Gateway ID: DH402**



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**Health Gateway Review
Review 5: Operations review & benefits realisation**

Version number: Final Draft

Date of issue to SRO: 15 April 2010

SRO: Stephen Eames

Organisation: County Durham & Darlington NHS Foundation Trust

Health Gateway Review dates: 13 / 14 / 15 April 2010

**Health Gateway Review Team Leader:
Alan Fellows**

**Health Gateway Review Team Members:
Steve Brown
Roger Evans
David Lawson**

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Background

The aims of the programme:

Trust clinicians presented a compelling case for change, based on delivering safe services for patients and providing high quality specialist care in line with demanding new national guidance and best practice. Clinicians were clear that County Durham & Darlington NHS Foundation Trust's (CDDFT) current service model was no longer sustainable with insufficient critical mass of patients to support specialist care, in particular, emergency care and paediatrics across three sites. This diagnosis was endorsed by the NCAT review carried out by Sir George Alberti in August 2008. A number of the planned changes have now been implemented, with others underway. The Programme is keen to ensure that as much as possible is integrated and handled as 'Business as Usual' whilst still accepting that further changes will be necessary as part of the continuing 'Towards 2014 (T14) Programme'. This Gate 5 is arranged to review the progress so far and to highlight other areas for consideration.

The driving force for the Programme:

The key drivers for change are:

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

The procurement/delivery status:

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

A number of changes have now been implemented with others forming steps within 'Business as Usual' and/or the T14 Programme.

Current position regarding Health Gateway Reviews:

A Gateway 0 was undertaken in July/August 2008 and a repeat Gateway 0 carried out in April 2009.

Purposes and conduct of the Health Gateway Review

Purposes of the Health Gateway Review

The primary purposes of a Health Gateway Review 5: Operations review & benefits realisation, are to assess whether the anticipated benefits are being delivered and that any ongoing contractual arrangements meet the business need.

Appendix A gives the full purposes statement for a Health Gateway Review 5.

Conduct of the Health Gateway Review

This Health Gateway Review was carried out from 13th to 15th April at Darlington Memorial Hospital, Hollyhurst Road, Darlington D13 6HX. The team members are listed on the front cover.

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The people interviewed are listed in Appendix B.

The review team would like to thank all those interviewed for their support and openness, which contributed to the review team's understanding of the programme and the outcome of this review. Special thanks also to Jackie Walton and the other administration staff for their logistical support and help.

Conclusion and Delivery Confidence Assessment

Nearly all of the planned changes have now been implemented and are operational. The Intensive Therapy Units (ITUs) are scheduled to be completed during the summer of 2010 and early in 2011 and these continue to be run as projects. From those interviewed we have heard differing views regarding the completed effectiveness of all changes. It is accepted, however, that many are still 'bedding down' and that more adjustments may be necessary. There is agreement that this is an appropriate time to formally close Seizing the Future (StF) as a programme.

Those interviewed feel that much has been accomplished by the StF Programme, and despite some teething problems it has been the right move and successful. We would endorse this.

Since the implementation period the following has been reported:

- A&E continue to achieve the 4 hour wait target
- The average length of stay of 5.5 days continues to be achieved in Medicine
- Changes at Bishop Auckland Hospital (BAH) have had no material negative effect on safety
- Day of surgery admissions in General Surgery continues to improve
- BAH theatre utilisation/session provision is exceeding set targets

There are also a number of issues that require further work:

- Productivity of General Surgery and Plastic Surgery lists at BAH
- Impact on patient movement as a result of the patient flow team
- Establishment of Rapid Access Medical Assessment Centres (RAMAC) across all sites

Although financial savings targets were never part of the consultation process there is disappointment that these have not materialized. They have been absorbed, with other key activities, into a more challenging T14 Programme.

We feel that the following areas, given more focus, will both complete the StF work and support the T14 Programme workstreams:

- Carry out a formal 'close down' process for StF including reconciliation with the public consultation commitments
- Put in place improved patient experience capture processes

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- Clear any outstanding issues regarding stroke services and continue to bed in the A&E changes
- For the T14 Programme, ensure that effective quality assurance processes are in place, learning from the lessons of StF. These should cover, for example:
 - Financial and Performance Management
 - Relationship, Stakeholder and Communications Management
 - Capacity and capability for the T14 Programme and Transforming Community Services (TCS)
 - TCS strategy and contingency planning
 - Cultural and Behavioural change






We would like to acknowledge a number of positive points experienced during the interviews:

- The StF Programme has been implemented
- Successful implementation of the Cataract Unit, Rehabilitation Centre and the Nurse-led services at BAH
- Accolades regarding Diane Murphy and Bill Headley
- 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

It will be very important to ensure effective motivation and communication across the Trust to deliver the objectives of the T14 Programme.

Acknowledging the progress made and accepting that the financial targets have not yet been achieved (but are now part of a wider integrated T14 Programme) we conclude that the delivery confidence assessment is **Amber/Green**.

The delivery confidence assessment status should use the definitions below.

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

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Findings and recommendations

1: Review of operating phase

Following a focused and committed effort by all staff involved the implementation phase of the Programme is nearing completion. Building works remain outstanding at both Durham and Darlington Hospitals but are considered to be on time and within budget.

The change has seen BAH become the centre for rehabilitation, elective/planned care with the main acute services for County Durham and Darlington provided at University Hospital North Durham (UHND) and Darlington Memorial (DMH). Despite some teething problems and some staff shortage issues, the changes have been successfully implemented. The high level of support and dedication of all staff involved has been widely mentioned by those interviewed.

Nearly all of the objectives set out in the Public Consultation document have now been achieved. A number of issues remain, including:

- Transport, which has developed a good service, but is in need of refinement and a review of service provision times
- Local stroke service model in the context of the developing Regional stroke plans
- Establishment of a GP Ward at BAH
- A number of other suggested changes that were made during the consultation, which require closure

Recommendation 1: Clarify and action any remaining issues around the stroke strategy and model of care.

2: Business case and benefits management

The StF Programme did not have a consolidated Business Case. The service change expectations were recorded through the consultation and options process, whilst financial targets were set as part of the corporate performance and financial management regime of the Trust. However, throughout the StF Programme, progress reports to the Trust Board have been made on a regular basis as part of the agreed governance framework.

Detailed performance analysis has been supported with a Performance Scorecard across a number of key areas that were the objectives of the programme. These covered, for example:

- Accident and Emergency / Urgent Care Centre
- Bed Utilisation / Patient Flow
- Length of stay

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- Day of surgery admissions
- Theatre usage
- New role of BAH

Comprehensive reports of performance on these and other areas have taken place. Most are now part of the corporate management process within the Trust and as such are treated as 'business as usual'.

There is also a Patient Satisfaction survey and Complaints process that helps to track patient experience. It is accepted that more could be done to track patient experience.

The anticipated out turn for the StF programme budget is on track. The financial savings projected at this stage have not been achieved. This has been viewed with some disappointment by those interviewed. A new T14 Programme has been formulated that sets financial savings targets, which reflects the current economic position. A Business Case, we understand, will be formulated for the T14 Programme and we support this approach.

3: Plans for ongoing improvements in value for money

As part of implementing the StF Programme, revised transport arrangements were introduced to support the transfer and movement of patients between sites and to assist patients in accessing services on all 3 main hospital sites. The use or uptake of these services to date has been sporadic and it may now be appropriate to review whether the existing arrangements represent the best use of the funds that have been invested. Input from the Ambulance service in planning any proposed changes should be seen as a positive driver for change.

Healthcare is delivered from numerous sites across the health economy. A full collation and sharing of all estate information that is currently used for the delivery of service could enable some re-planning of the location and number of bases that need to be used in the future.

The current distribution of services across the footprint may present both commissioners and providers of primary, community and secondary services to seek a complementary and cost-effective model for service provision that aims to support the T14 underpinning principles.

4: Plans for ongoing improvements in performance and innovation

There is a general recognition amongst the interviewees that the StF Programme is completed and that the Trust is moving on to the T14 Programme. There are some outstanding issues which either need to be closed or transferred to the mainstream work of the Trust. In particular:

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- A final review of the Risk Register and the transfer of any outstanding issues to the Trust's Risk Management process
- The management of the ongoing works in the A&E and ITU areas
- Transport services

The PCT and the Trust should undertake a review of the utilisation of the transport systems which were introduced in response to the service reconfiguration.

Four other issues relating to BAH were included in the Trust's StF consultation document for subsequent action:

- Establishing a GP-staffed ward
- Education Centre
- Sleep service
- Location of the Trust HQ

The Trust should communicate their updated intentions with regard to these to the Overview and Scrutiny Committee and the general public, perhaps through its Annual Report for 2009 or other publicity material.

Once these actions have been taken the Trust should formally close the StF Programme.

Recommendation 2: Ensure that any outstanding StF issues are addressed and then formally close the Programme.

The StF Programme has successfully reconfigured the location of clinical services in the Trust. There is still work to be done to ensure maximum benefits accrue to users of the services. This will be enhanced by a greater appreciation by staff of the intentions of the Trust. Senior management is well aware of this and is addressing this issue as part of the "normal business" of the Trust.

Since the launch of StF in 2008 the financial landscape for the NHS locally and nationally has changed significantly. This poses challenges and opportunities for the Trust and for the full Benefits Realisation of StF. These are being addressed through T14 and its performance monitoring process.

The Review Team suggests that the completion of the Programme would be enhanced by proactive communications with key stakeholders, including staff, the general public, Governors, the local media and the Overview and Scrutiny Committee. This should include success stories which have arisen from the implementation of StF. The SRO should identify whether there are any residual issues arising from the service changes at BAH with staff and general public. If so, appropriate communications should be initiated.

Recommendation 3: Review communications processes in light of feedback from the StF implementation and put in place any necessary enhancements.

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5: Review of organisational learning and maturity targets

StF has been very successful; the SRO and the StF Programme Team have been very skilful, with their clinical and management colleagues, in bringing the Programme to a conclusion.

An initial lessons learned workshop has already been undertaken, post-StF programme implementation. The Programme would also benefit if a review of patient experience since the implementation of StF was undertaken.

The future performance of the Trust would be enhanced by using this as a learning experience, with a retrospective analysis of the process. Such a review may also be beneficial to a much wider audience in the NHS and social care environment.

6: Readiness for the future – Plans for future service provision

A number of interviewees have raised with the team issues regarding the capacity of the clinical and business management team during the planning and implementation of StF. The Trust may want to assure itself that sufficient capacity exists and appropriate leadership & project management skills are in place, before T14 development plans are finalised.

Several interviewees have raised concerns regarding the current nature and provision of stroke services. The Trust may wish to consider what next steps are required for the rehabilitation service to be developed into a true centre of excellence.

If the establishment of a GP-led Ward at BAH is considered, then it is suggested that the role of this service is fully discussed, clarified and that the responsibility for management is agreed. It is acknowledged that some initial discussions have already been scheduled.

A number of issues relating to the development of clinical care pathways have been raised with the Review Team. We understand that central to the T14 Programme, will be the development of further care pathways and this work will be of particular importance in relation to the potential vertical integration of community services as part of the Transforming Community Services agenda. Proposals for TCS are currently being developed for consideration by the PCT. Decisions on the selected strategy are expected over the next two months. Relevant actions will then be integrated into the T14 Programme.

It will be important to ensure that all of the lessons from the StF Programme are taken into account as the T14 Programme develops. It will be critical that effective quality assurance processes are in place to support the delivery of T14 objectives.

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Recommendation 4: In the development of proposals for Transforming Community Services, the Trust strategy should cover the implications of all possible outcomes.

Recommendation 5: Ensure there is clarity around the objectives and measures for the T14 Programme.

Recommendation 6: Learn the lessons from the StF Programme and ensure there are effective Quality Assurance mechanisms in place for the Towards 2014 programme.

The next Health Gateway Review is expected in the Autumn of 2010 (September/October). This should be a Gate 0 review of the T14 Programme. This review can also examine the residual issues from StF.

APPENDIX A

Purpose of Health Gateway Review 5: Operations review & benefits realisation

- Assess whether the Business Case justification for the project at Health Gateway Project Review 3: Investment decision was realistic.
- Confirm that there is still a business need for the investment
- Assess whether the benefits anticipated at this stage are actually being delivered.
- Assess the effectiveness of the ongoing contract management processes.
- Confirm that the client side continues to have the necessary resources to manage the contract successfully.
- Confirm continuity of key personnel involved in contract management/'intelligent customer' roles.
- Where changes have been agreed, check that they do not compromise the original delivery strategy.
- Assess the ongoing requirement for the contract to meet business need. Ensure that if circumstances have changed, the service delivery and contract are adapting to the new situation. Changing circumstances could affect: partner management; relationship management; service management; change management; contract management; benefits management; performance management.
- Check that there is ongoing contract development to improve value for money.
- Confirm that there are plans to manage the contract to its conclusion.
- Where applicable, confirm the validity of exit strategy and arrangements for re-competition.
- Evaluation of actions taken to implement recommendations made in any earlier assessment of deliverability.

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APPENDIX B

Interviewees

Name	Role
Alan McCulloch	Associate Medical Director – Clinical Governance
Annie Dolphin	NHS CD&D Non Executive
Bill Headley	Director of Programmes & Facilities
Bob Haslam	Associate Director of Workforce
Carol Robinson	Head of Physiotherapy
Cllr Heather Scott	Darlington BC – Leader of the Conservative Group DBC and member of Health Scrutiny Committee
Cllr Robin Todd	Chair of Adults Wellbeing & Health Overview & Scrutiny DCC
David Gallagher	Director of Partnerships and Services NHS County Durham
Debbie Anderson	Associate Director of Information
Debra Kennedy	A&E Consultant at UHND
Diane Murphy	Deputy Director of Nursing
Dr. Stewart Findlay	Chair of PBC – Dales Cluster
Feisal Jassat	Overview Scrutiny Manager DCC
George Marley	Head of Clinical Care & Patient Safety, NEA
Gill Findley	Divisional Manager for Medicine
Gillian Parsons	Communications Manager
Iain Bain	Consultant, Surgery
Janet Brown	Elected Governor
Kath Fawcett	Sister General Medicine
Keith Atkinson	Governor
Laura Robson	Director of Nursing
Marilyn Weerasinghe	Durham LINK Volunteer
Martin Wilson	Director of Transformation, NHS North East
Neil Munro	Respiratory Medicine Consultant
Paul Cummings	Head of Workforce
Peter Dawson	Senior Associate Director of Finance
Stephen Eames	SRO
Terry Taylor	Darlington LINK Volunteer
Tony Wolfe	Non-Executive Director, CDDFT

APPENDIX C

Summary of recommendations

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

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

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

Ref. No.	Recommendation	Timing
1	Clarify and action any remaining issues around the stroke strategy and model of care.	Now
2	Ensure that any outstanding StF issues are addressed and then formally close the Programme.	Now
3	Review communications processes in light of feedback from the StF implementation and put in place any necessary enhancements.	July 2010
4	In the development of proposals for Transforming Community Services, the Trust strategy should cover the implications of all possible outcomes.	July 2010
5	Ensure there is clarity around the objectives and measures for the T14 Programme.	July 2010
6	Learn the lessons from the StF Programme and ensure there are effective Quality Assurance mechanisms in place for the Towards 2014 programme.	July 2010