



## **Darlington Health and Partnerships Committee**

### **Trust Strategic Direction -**

#### **“Have Your Say” Events update:**

- **Improving unscheduled care**
- **How do we make a life changing difference to the health and wellbeing of our children?**
- **Excellence in Maternity, Obstetrics and Gynaecology**

## **Update Report**

February 2013

## 1. Introduction

County Durham and Darlington NHS Foundation Trust (CDDFT) is holding a series of “Have Your Say” events during 2012/13 as part of a programme of work to develop detailed actions to progress our strategic direction based on broad, systematic engagement. In this way we aim to develop a shared vision with partners and understand together the service improvements required to deliver that shared vision, based on a clear understanding of connections and inter-dependencies across the system of care.

This is a fundamental part of the delivery of the four “touchstones” for CDDFT:

### **Best Outcomes for Patients**

Ensuring best recovery or quality of life following treatment, measured by:

- Meeting best practice standards;
- Improving our performance compared with other organisations;
- Improving mortality rates;

### **Best Experience**

Ensuring our patients are treated with compassion and dignity and have a positive experience of care, measured by:

- Improving satisfaction in internal and external patient and carer surveys;
- Improving trends in complaints and incidents and ensuring learning is implemented;

### **Best Efficiency**

Making the best use of the resources provided to us by reducing waste, measured by:

- Improving numbers of patients seen or treated, for example, during theatre or diagnostic sessions;
- Improving performance compared with other clinical teams, internally and externally;
- Successful financial performance of departments against targets;

### **Best Employer**

Recruiting, motivating, retaining and rewarding the best staff to work for our organisation, measured by:

- Improving performance in the national staff survey;
- Reducing levels of staff sickness and stress;
- Conducting meaningful personal development appraisal;
- Acting upon what staff tell us about their experience at work;

County Durham and Darlington NHS Foundation Trust has committed, through its published “With you all the way – Our Strategic Direction 2012-15” four clear areas of focus:

**Unscheduled Care:**

- Becoming a truly 24/7
- service in the hospital and the community;
- Senior healthcare staff, including consultants and senior nurses, on the front line around the clock;
- Excellent diagnostic tests to support decision making and diagnosis;

**Integration and Care Closer to Home:**

- Supporting people with long term conditions to manage their own conditions and live independently;
- Reducing avoidable admissions and re-admissions to hospital;

**Sustaining and Developing Women's and Children's Services:**

- Services provided at Darlington Memorial Hospital and University Hospital North Durham;
- Meeting the needs and desires of our local communities;
- Consultant and midwife led care and emergency children's care;

**Developing Specialist Services and Centres of Excellence:**

- Providing the best care to the highest possible standards;
- Keeping services within County Durham and Darlington;

To aid the successful achievement of these ambitions a number of interactive summits have been held with key stakeholders from both within and outside the organisation. These summits have helped generate a range of opportunities for changing current practice along with a collective desire and enthusiasm to support improvement across the care pathways.

This report aims to update the Overview and Scrutiny Committee on the progress since the events which have been held to date:

- Improving unscheduled care
- How do we make a life changing difference to the health and wellbeing of our children?
- Excellence in Maternity, Obstetrics and Gynaecology

Two further events are yet to be held:

- Excellence in integration (5-6 February 2013)
- Developing centres of excellence (18-19 March 2013)

Major change programmes need to have the support of the local CCGs and other key partners such as Local Authorities and be aligned to their commissioning intentions and strategy. The planning for the "integration" event in Feb has involved the CCGs and they are supportive of our approach and are contributing to the event. Similarly the CCGs are hosting a clinical engagement event shortly after the CDDFT event and the outputs from the FT event will form part of the agenda and dialogue with the clinicians at the CCG event.

## 2. Update: Improving unscheduled care

The Trust held the first "Have your Say" event on 28 and 29 May. The two day event focused on care which is urgent, or provided in an emergency, and is therefore unplanned (unlike an outpatient appointment, or attending for a pre-arranged admission for surgery). This therefore covers urgent care, accident and emergency, and all the other services which support these services, including medical inpatient beds, intensive care, and some diagnostic tests.

Around 150 people attended the two day event to talk about how we could improve the way we provide care to patients who suddenly fall ill and require treatment promptly. Attendees also discussed ways of preventing health problems arising, so that fewer people become ill - for example by providing more planned care and support for patients with long term conditions.

Progress on a range of improvement initiatives has been made since the two day event held in May 2012. This includes:

- UHND Integration of Urgent Care with the Emergency Department;
- Integration of Darlington UCC workload from midnight to 8:00am into DMH;
- Extension of the Rapid Access Medical Assessment Centre (RAMAC);
- Implementation and further extension of the CREST model for the frail elderly;
- Extension of Surgical Clinical Decision Unit and replication at UHND on-going;
- On-going implementation of new IT software (Symphony across both sites);
- Implementation of single documentation within A&E;
- Phlebotomy 7 day service provision;
- Implementation of Physician of the Day 3 (POD3) arrangements;
- Improved Ambulance Handover protocols;
- Improved use of Advanced Nurse Practitioners from Urgent Care into the Emergency Department;
- Community Diabetes Clinics and improved access to senior clinicians;
- Pilot Paediatrics Front of House pathway re-design – being extended and fully evaluated;
- Same day access to Trauma Clinics;
- End of Life End Stage Liver disease pilot running with evaluation planned for March 2013;
- Continued development of the Re-Admission Avoidance Scheme (RAS);
- Implementation of the Care Home Admission Prevention Scheme (CHAPS);
- Development and implementation of piloted trials for Telehealth with associated intellectual property rights;
- Establishment of 7 day discharge management team and discharge co-ordinator;

The evaluation of each of these pieces of work is at varying stages and for some i.e. Paediatric front of house pilot the evaluation was inconclusive therefore it has been agreed to extend the period and site of the pilot to obtain more reliable data.

### **3. Update: How do we make a life changing difference to the health and wellbeing of our children?**

This event was held in September 2012, focussing on Alex's story and journey through the system. A report and delivery plan was agreed by attendees across agencies within two weeks of the event. The update below is profiled to match the delivery plan.

#### **Relationships and engagement**

One of the key elements of Alex's story was the disjointed nature of the care received, leading to the conclusion that the performance of the system is dependent upon the quality of the relationships within it.

- We have agreed to extend the "poorly child pathway steering group" (a group with clinical membership across the three Clinical Commissioning Groups we serve and CDDFT) to cover the local authorities and public health to focus on building relationships across the system to drive the delivery of the improvements outlined in the delivery plan
- We have redeveloped the Trust's decision making system to include a focus on building relationships across the system of care
- We have developed an approach to patient engagement based on the NHS Institute for Improvement engagement cycle and we are currently recruiting patients to co-design our approach, ensuring we build on existing engagement within the Trust

#### **Development of a model of care**

Alex's story showed that senior level decision making at the earliest point of contact for the patient would prevent many of the hand offs experienced.

- We have piloted a "front of house" model for paediatrics at Darlington Memorial Hospital (DMH), using advanced paediatric nurse practitioners in the emergency department. We are building on lessons learnt from that pilot to extend the model to the University Hospital of North Durham (UHND).
- We are looking to extend the front of house concept across all emergency services to deliver an integrated model of care
- We have developed rapid access clinics at UHND, DMH and Bishop Auckland General Hospital (BAGH) to enable access to a specialist opinion within 48 hours of referral

#### **Development of common symptom pathways**

- We have developed common symptom pathways covering fever, bronchiolitis, gastroenterology and asthma/wheezing. These tools focus on the symptoms and aim to inform the health professional of the most appropriate action based on a traffic light system.
- Use of these tools has been disappointing in the pilot (across Durham Dales), further emphasising the need to develop a more involved network approach to raising clinical standards across the system of care

#### **Education and development**

- Common Childhood Illness booklets have been piloted in Darlington, with the trial period due to run to February 2013.
- E-Learning packages for GPs and practice nurses have been developed, however as described above, we are looking to develop a more involved network approach to raising clinical standards

## **Technology**

- Work is continuing to develop a shared IT platform to support information sharing (with consent) across services

## **4. Update: Excellence in Maternity, Obstetrics and Gynaecology**

This event was held in November 2012, focussing on a number of patient stories and journeys through the system. A report outlining a series of pledges was agreed by attendees across agencies within two weeks of the event.

### **24 hour Pregnancy Assessment Unit with relocation to better facilities and 7 day a week Early Pregnancy Assessment Clinic Develop a model for co-location of midwifery-led units**

The Department of Health made available £25M capital funding nationally under the banner of “improving birthing environments”. We have bid for funding to help us deliver the right environment and estate configuration for a pregnancy assessment unit and co-location of midwifery led care at DMH, along with other improvements to the environment.

We were able to secure additional funding for a birthing pool at UHND, but unfortunately were unsuccessful in our other bids. We have not yet had feedback on those unsuccessful bids.

### **Commence gynaecology diagnostic services at Chester le Street in January 2013**

Gynae Diagnostics moved into the designated unit at Chester le Street Hospital on Friday 18 January and the first colposcopy clinic was held on Monday 21 January. All initial feedback from patients and staff has been positive.

### **Align meetings (across sectors) to improve the development of shared agenda's and work out issues in partnership**

There is a “clinical summit” planned for February with the three CCGs in the area to develop a process to improve joint planning, improvement and operational working; and to improve clinician to clinician engagement.

As described above we have also redeveloped the Trust's decision making system to include a focus on building relationships across the system of care.

### **Sort out the information systems across sectors to facilitate information sharing**

This is part of a broader programme of work looking to build our relationships with GPs and Clinical Commissioning Groups. We have linked events in February looking at integration across the health system and how we develop clinical engagement across GPs and hospital consultants.

### **Review access in light of modern day working and lifestyles of service users**

Delivery of this pledge is wrapped up in the move towards 24 hour pregnancy assessment and 7 day a week early pregnancy assessment units to increase the availability of services at times

to suit our patients. This pledge will also be further developed to deliver aspirations identified through our engagement programme (see above).

The pledges (including those not outlined above, but detailed below) will be developed further over the coming months.

- Strengthen use of volunteers and peer mentoring (to join up great care with great service)
- 7 day week Early Pregnancy Assessment Units across Durham & Darlington
- Align consultant job plans to the needs of the service
- Invest in non-medical staff

All pledges will require further work up to determine service, financial and workforce implications. The final report will be discussed at the Care Closer to Home Assurance Group for sign off and agreement of next steps required to oversee implementation. It is intended to develop a governance framework to take this forward across partners, linking into the framework outlined above (extension of the “poorly child pathway steering group”).

## **5. Recommendations**

**The Overview and Scrutiny Committee is asked to note the report and encourage the full engagement of the Council in this work programme.**