Appendix A

Transforming for Excellence

Briefing Paper for Social Care, Health and Housing Overview and Scrutiny Committee Members

March 2012

Introduction

This briefing paper provides members with an overview of Bedford Hospital NHS Trust's Transforming for Excellence Programme.

The programme introduces changes and improvements in medical and nursing working practices, which means patients avoiding hospital admission where possible, being treated more efficiently, staying in hospital for less time and being discharged, with support, more effectively. As a result, the hospital will be able to treat the same number of patients in fewer inpatient beds, as patients stay in hospital for less time.

These improvements provide the hospital with the opportunity to look at how it can best use its wards to maximise benefits to patients.

The briefing also provides information on the proposed ward reconfiguration as a result of improving our services.

The Transforming for Excellence Programme

Bedford Hospital launched its Transforming for Excellence Programme in January 2012. The programme aims to ensure the Trust is meeting the health needs of local people in providing high quality care and services, efficiently and sustainably, based on best practice.

The programme was also designed to help the Trust meet its £20m savings target (to 2014 in line with the national QIPP programme) by improving clinical and operational performance to the levels of the top ten per cent of NHS Foundation Trusts in the country.

In designing and implementing the Transforming for Excellence Programme, the Trust sought external expertise and additional operational management capacity from Ernst and Young.

The programme comprises 20 project groups under three workstreams (clinical effectiveness; workforce and operational support; and business unit delivery). Each group is led by a clinician (doctor or nurse) or has significant clinical input. The eight clinical effectiveness project groups are all clinically led.

Three of the eight clinical effectiveness project groups – acute models of care, readmission avoidance, and ward management – have driven the ward reconfiguration through their recommendations to change clinical working practices.

Drivers for change

A key objective for the Trust is to provide better care and services to patients by improving performance in a number of areas, all of which will have a direct impact on the number of beds that we need.

Those improvements mean we will be treating people more quickly, treating more patients as day cases and will be working towards more supportive discharge to enable patients to go home sooner. These areas of work to improve care are explained in more detail below:

1. **Treating patients more efficiently reducing length of stay).** We are working to reduce lengths of stay by increasing senior medical review, reducing delays in accessing diagnostics and starting patients' treatment more quickly
2. **Keeping people healthy at home (reducing readmissions).** We are developing new discharge pathways and increasing post-discharge support to ensure patients are not readmitted to hospital with an avoidable complication or reoccurrence of their condition
3. **Better discharge processes (developing community and outreach services).** We are working more closely with community health and social care providers to improve patient pathways and enable patients to be discharged more quickly with appropriate supportive community care packages
4. **Fewer emergency admissions.** We are planning to increase our capacity and ability to treat more emergency patients as day cases (ambulatory emergency care), so more patients will be assessed, treated and discharged on the same day

These improvements mean that we will need fewer beds, and also that we will need to use beds differently to meet changing health needs and make sure we are delivering the best standards of care.

Ward reconfiguration

Whilst we improve and develop services, we also want to ensure we are using our estate in the best way possible. We currently have some wards that do not have adequate space for their services and so are not fit for purpose. Changing how we use beds as a result of improvements in care will also create space to allow us to move the physical location of some wards to provide better space and facilities for patients long-term.

The changes proposed support and are supported by the following ten principles:

1. All changes to services are clinically led and supported, and help Bedford Hospital to deliver better care to patients
2. Patients care should be reviewed by a senior doctor at least once a day
3. Patients should spend as little time in hospital as possible
4. Patients should be discharged, with appropriate support, as soon as they are medically fit
5. Patients should not be readmitted with an avoidable complication or reoccurrence of their condition
6. Patients should be treated as day cases wherever possible
7. The Trust's main acute wards should all be located in the main ward block for ease of access to senior medical staff in emergency situations and close proximity to theatres
8. Services should be based in wards that are fit for purpose now and in the future
9. Changes to the configuration of wards allow flexibility to deal with peaks in demand for acute care
10. Changes and new developments will meet all mandatory requirements (e.g. single sex compliant)

A lot of work has been taking place, looking at how our current bed base is used and how it could change to better meet the needs of patients. This includes:

- Looking at which wards need to change their physical location in order for them to expand and develop
- Changing the function of other wards by locating specialties together
- Creating space through better care pathways, so we are able to develop new services on site to meet local health needs

New services linked to changes in how we use our beds are also being developed now. These include:

- The creation of a Surgical Assessment Unit
- A new model of care for the Acute Assessment Unit
- (Potentially), the creation of a discharge lounge

As a result of this work, clinical staff (nursing and medical) developed a number of options on how wards and beds could change to accommodate new service developments and reflect improvements in the care we deliver.

Those options were tested with senior nursing and medical staff as well as senior operational managers, and one option was identified by all groups as offering the best solution for clinical services.

An overview of the proposed ward changes

1. Whitbread Sub Acute Ward transfers patients to Russell Ward on a temporary basis. Russell Ward opens to become the temporary Sub Acute Ward
2. The Day Treatment Unit moves to Arnold Whitchurch Ward on a temporary basis. Arnold Whitchurch Ward becomes the temporary Day Treatment Unit
3. Richard Wells Ward transfers patients to Whitbread Ward. Whitbread Ward becomes the respiratory ward
4. Reginald Hart Ward transfer patients to Richard Wells Ward. Richard Wells Ward becomes the Trauma Ward
5. Howard Ward and Orchard Gynae transfer patients to Reginald Hart Ward. Reginald Hart Ward becomes the cold orthopaedic breast and gynaecology ward. Orchard Gynae closes
6. Victoria Stroke Unit transfers patients to Howard Ward. Howard Ward becomes the stroke unit
7. The Surgical Assessment Unit is established on Victoria Ward
8. Elizabeth Ward transfers gastroenterology patients onto Shuttleworth Ward. Shuttleworth Ward becomes the gastroenterology/ colorectal ward. Elizabeth Ward closes
9. The Fracture Clinic moves patients to Victoria Ward
10. The Day Treatment Unit moves patients to Victoria Ward

The majority of the proposed ward changes are about moving location rather than function, but for Orchard Gynae, Shuttleworth, Elizabeth and Howard wards the changes proposed are significant because the function of the wards would change.

The proposed option means Orchard Gynae and Howard Ward patients transfer to Reginald Hart Ward, which becomes the cold orthopaedic, breast and gynaecology ward. Orchard Ward would close and Howard Ward would become the stroke unit. Elizabeth Ward patients would transfer to Shuttleworth Ward, which would become the gastroenterology and colorectal ward. Elizabeth Ward would close.

No services are stopping – the services will be re-provided in different ward locations.

How the changes will affect staff

Because of these functional changes and closures, the 94 staff on these four wards would be placed at risk of redundancy. Staff on other wards changing location but not function (Stroke Unit, Whitbread Ward, Richard Wells Ward, Reginald Hart Ward, Fracture Clinic, Day Treatment Unit) will not be placed at risk of redundancy.

The Trust has already put in measures to limit the potential for compulsory redundancies. This includes a targeted vacancy freeze, the redeployment of staff into new services (like the Surgical Assessment Unit), work with community partners (Milton Keynes Community Health Services) and the planned introduction of the Mutually Agreed Resignation Scheme (MARS) across the organisation as a whole. The Trust began its formal consultation with the 94 affected staff following a meeting of the Joint Staff Management Committee on Tuesday 13 March.

How the changes will affect patients

All patients will receive better, more efficient care as a result of changes to clinical working practices. For example:

- There will be a new service with the introduction of a Surgical Assessment Unit, which will mean better urgent surgical assessment for patients attending A&E.
- The stroke ward will be in the main block in a modern environment.
- There will be fewer readmissions.

There will be no reduction in the services the Trust provides as a result of the ward reconfiguration.

Staff engagement

The Transforming for Excellence programme is clinically led and driven and directly involves the majority of the Trust's medical and nursing leadership team.

The Trust has engaged extensively with all staff throughout the programme, with updates and information published weekly. As part of our internal engagement programme, we are doing the following:

1. Publishing information and updates through The Week (weekly internal CEO bulletin)
2. Briefing managers and professional service leads monthly through Team Brief, with an onward cascade to teams
3. Holding CEO-led Time to Talk staff roadshows once a month (as a minimum – these are now usually held more frequently)
4. Briefing the Joint Staff Management Committee (Trade Union) members at the same time as senior managers and seeking feedback and comment
5. Updating the Medical Staff Committee, Nursing Advisory Board, Medical Advisory Board and other professional forums, to seek feedback and comment
6. Using anonymous feedback forms so staff can ask questions anonymously, with answers published through weekly and monthly bulletins
7. Holding a Staff Council meeting once a month, with 40 staff councillors from across all professions (councillors are not managers). Councillors act as communication ambassadors and also provide challenge and feedback on the programme projects and workstreams

8. Open-door policy for executives and board members for staff across the organisation to seek additional information or clarification

Public engagement

We have been open and transparent about the Transforming for Excellence Programme and proposed ward reconfiguration, publishing all information proactively through our website/ Twitter and direct to local media, commissioners, MPs, LINKs and other stakeholders.

The Trust is also:

1. Writing to more than 250 GPs to advise them on the proposals and invite comment (GP Matters magazine – March edition)
2. Writing to 6,000 local residents who have signed up to our membership scheme to advise them on the proposals and invite comment (Members Matters magazine – spring edition published in March)
3. Launching a Patient Council to involve local people in changes and developments (invitations sent to 6,000 members, plus online and through local media)
4. Meeting with LINKs and local charities
5. Updating patient and carer groups and inviting comment and feedback on the proposals

We have also sought advice on using the Citizens' Panels, which will form part of our engagement plan. Further advice on appropriate engagement from members would be most welcome.

Next steps

The Trust would welcome informal feedback, comments and questions on the programme and specifically the proposed changes to wards to communications@bedfordhospital.nhs.uk