

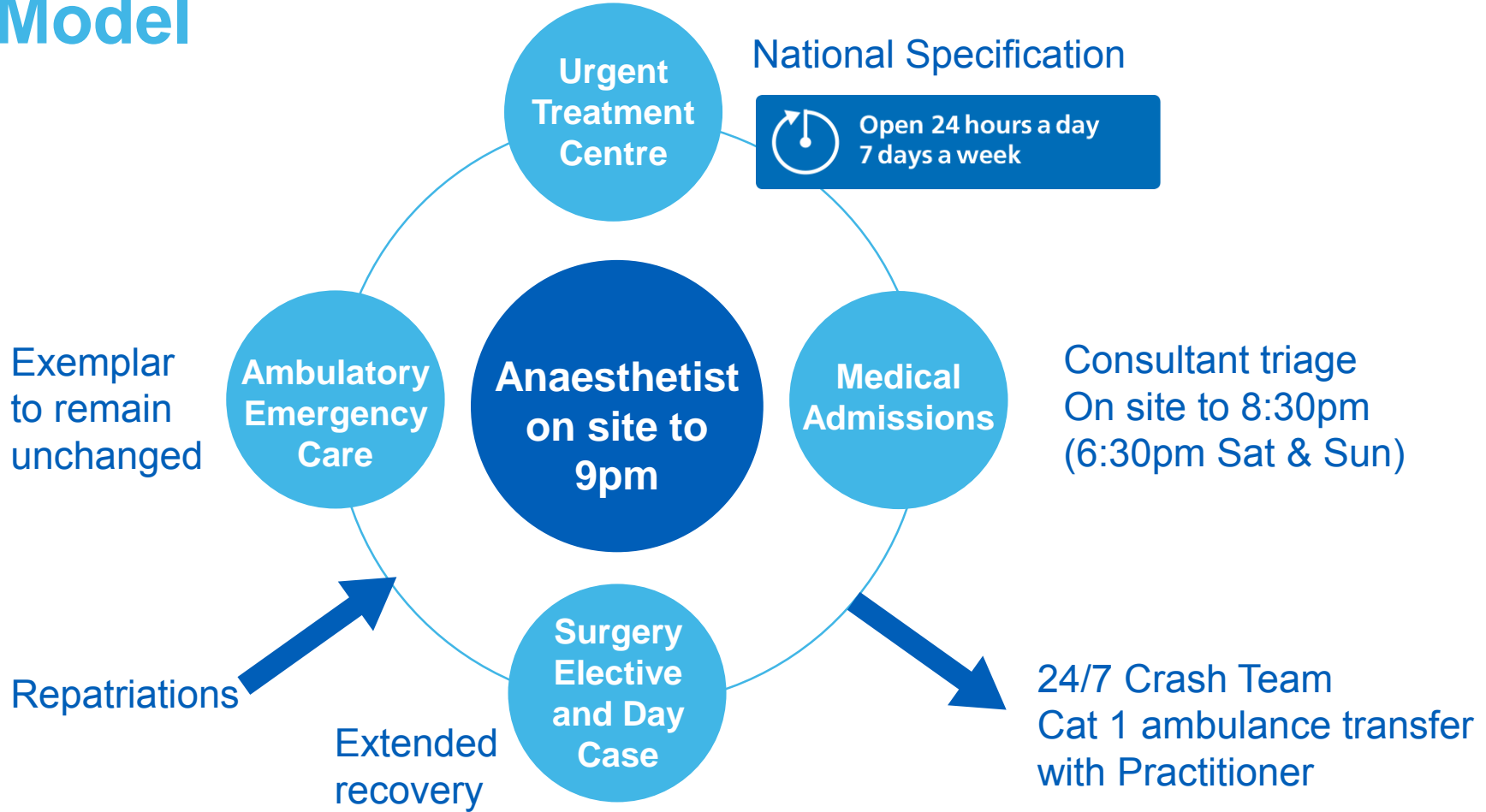
Building a sustainable future for the Friarage

NYCC Scrutiny of Health Committee

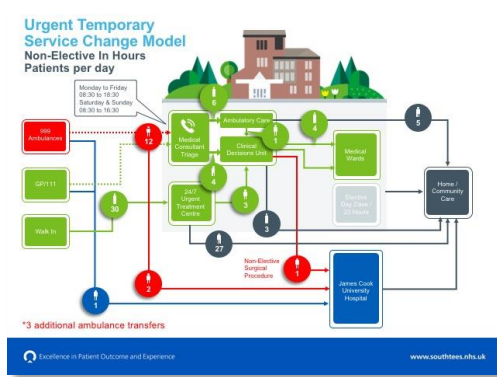
21 June 2019



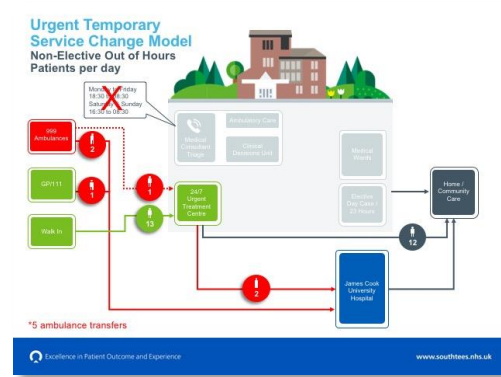
Friarage Hospital Temporary Urgent Change Model



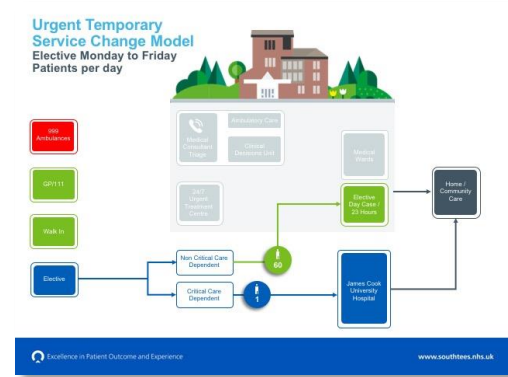
What does this mean for the population we serve? Modelled impact



3 patients per day treated elsewhere



5 Patients per night treated elsewhere



1 elective surgical patient at James Cook per day

90% of inpatients will still have their care delivered at the Friarage site

Implementation

- 27 March 08:00 Urgent Treatment Centre opened
- Consultant-delivered acute admission and repatriation pathways
- Complex elective surgery transferred to JCUH
- Critical care Level 2/3 flex beds in place
- Actively recruiting and training our workforce
- Communications plan



Activity comparison

	Expected Model	From 27-Mar to 08-Jun	2018 equivalent period	Actual Change 2019 vs 2018	Actual Change Vs Model
UTC attends	3658	3868	4156	-288	210
UTC attendances under 18s	518	993	730	263	475
FHN admits non-elective	962	1163	1577	-414	201
Repatriations to FHN	159	99	20	79	-60
Total: FHN NEL & Repats	1121	1262	1597	-335	141
FHN admits elective	3510	3466	3438	28	-44
NY occupied bed days JCUH	8605	6553	5799	754 (10 beds)	-2052
UTC to ED transfers	148	228	92	136	80
NY occupied bed days JCUH CC	680	702	531	171 (2 beds)	22



Activity comparison

- Change is in line with modelling, or reduced impact
- More admissions to Friarage than plan
- Also 17% increase in ambulatory care
- Friarage average midnight bed occupancy 85% (52/61)

Exceptions:

- Repatriations lower than plan: new processes to be embedded; at times insufficient capacity
- Transfers to JCUH ED: self-presenters at UTC out of scope; at times ED used to avoid delayed transfer to specialty ward



Patient pathways and learning

- Audit of 2 weeks' paediatric UTC attendances – no concerns
- New short stay mastectomy pathway
- Increased clinical scope of 23-hour unit
- Non-invasive ventilation and thrombolysis pathways
- Repatriation pathways from a wider range of specialties



Governance and reporting

- Established a Programme Board for oversight and assurance
- No patient safety issues
- Demonstrated compliance with SOPs
- Clinical case notes review of patient transfers
- Weekly activity report to NHS England
- Daily Friarage site meeting and exception reporting
- Twice daily Executive conference calls
- Weekly operational review meetings also involving partner organisations



Impact on County Durham & Darlington FT

- Early BI review with CDDFT reports activity changes at Darlington A&E being broadly consistent with planning assumptions.
- Expected increase in A&E attendances at Darlington was 3-4 per day. The actual value has been 4-5 per day (from postcodes DL7 – DL11 inclusive).
- There has been a small increase in emergency admissions and bed occupancy levels at Darlington Hospital from these patient postcodes, however emergency admissions at Darlington are up for all CCGs this year, so it may not be directly related to the Friarage Hospital changes.
- Some evidence of HRW patients being discharged to community beds in Darlington rather than being repatriated to North Yorkshire. Work now actioned with NYCC to try and address



Impact on Yorkshire Ambulance Service

- Additional 24/7 ambulance resource has been commissioned from YAS.
- Actual activity for patients diverted away from the Friarage to other hospitals and also for patients transferred from the Friarage site have broadly reflected the planning assumptions.
- No material operational issues or risks to patient safety identified.
- Consistent and timely response to the Friarage site when patient transfer requested by STHFT.
- Yorkshire Ambulance Service has demonstrated compliance with the agreed standard operating procedures and no issues have been raised or escalated to date.



Impact on the wider health economy

- Thus far the local health economy is absorbing the impact of the change well but we recognise that there is a significant system impact to also be considered.
- Specifically within the Cumbria and North East South ICP programme we are carefully considering the interdependencies and implications between the changes at the FHN and the wider acute services reconfiguration change programme which is currently on going.
- In particular we are closely reviewing the impact on Darlington Memorial Hospital, JCUH and YAS and any resultant capacity issues and understand and gain assurances on how these are addressed for all affected organisations and systems including any potential wider North Yorkshire displacement.
- Critical care strategy is already in place across the system and we will ensure that this includes assurance on capacity/occupancy levels and performance impact of the proposed changes.
- As part of the scrutiny process we will request explicit support and ICS leader confirmation of the ways in which proposals support strategic change across the ICP.
- We have already received support from the NHSE Armed Forces commissioning team for our proposals.



Summary

- The change has been safely implemented
- The local health economy is absorbing the impact of the change
- The change has leveraged improvements to patient pathways such as short stay surgery, ambulatory care
- Workforce and recruitment remains a partially mitigated risk
- The preferred clinical model is being tested, monitored and is supported
- Proceeding to Consultation and a formal decision on the service offer is a priority to secure the sustainability of the model

