Special Adults, Wellbeing and Health Overview and Scrutiny Committee

Date	**Tuesday 4 December 2018**
Time	**9.30 am**
Venue	**Council Chamber - County Hall, Durham**

Business

Part A

Items during which the Press and Public are welcome to attend. Members of the Public can ask questions with the Chairman's agreement.

1. Apologies
2. Substitute Members
3. Declarations of Interest, if any
4. Any Items from Co-opted Members or Interested Parties
5. Skerne Medical Group - Report of the Director of Transformation and Partnerships and verbal update by representatives of Skerne Medical Group (Pages 3 - 10)
6. Shotley Bridge Hospital Update - Report by Rachel Rooney, Commissioning and Development Manager, North Durham Clinical Commissioning Group (Pages 11 - 30)
7. NHS Quality Accounts 2017/18: Progress against 2018/19 priorities - Reports of (Pages 31 - 56)
    (i) North East Ambulance Service NHS FT;
    (ii) County Durham and Darlington NHS FT and
    (iii) Tees Esk and Wear Valleys NHS FT.
8. North Durham and DDES CCGs 2 year Operational Plans - Report by Stewart Findlay, Chief Clinical Officer - Durham Dales, Easington and Sedgefield CCG (Pages 57 - 82)

9. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration

Helen Lynch
Head of Legal and Democratic Services

County Hall
Durham
26 November 2018

To: **The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee**

Councillor J Robinson (Chairman)
Councillor J Chaplow (Vice-Chairman)

Councillors R Bell, P Crathorne, R Crute, G Darkes, J Grant, T Henderson, A Hopgood, E Huntington, P Jopling, C Kay, K Liddell, A Patterson, S Quinn, A Savory, M Simmons, H Smith, L Taylor, O Temple and C Wilson

Co-opted Members: Mrs R Hassoon and Mr D J Taylor Gooby

Contact: Jackie Graham **Email: 03000 269704**

Special Adults Wellbeing and Health Overview and Scrutiny Committee

4 December 2018

Skerne Medical Group

Report of Corporate Management Team

Lorraine O'Donnell, Director of Transformation and Partnerships

Electoral division(s) affected:

Bishop Middleham and Cornforth; Sedgefield; Trimdon and Thornley

Purpose of the Report

1 To update the Adults Wellbeing and Health Overview and Scrutiny Committee in respect of the initial findings and feedback from the patient and stakeholder engagement undertaken by the Skerne Medical Group regarding future service provision across the practice locality.

Executive summary

2 At its meeting held on 15 November 2018 the Adults Wellbeing and Health Overview and Scrutiny Committee receive a report from representatives of the Skerne Medical Group detailing problems facing the group in respect of the recruitment, retention and current GP staffing capacity.

3 The Committee were advised that the practice had commenced a patient and stakeholder engagement process on 5 November 2018 and written to all patients advising them of the problems facing Skerne Medical Group and plans for a series of public meetings to enable patients to discuss these issues.

4 The Committee indicated that no option should be discounted within the proposed service review that the Skerne Group propose to undertake. To this end, the Committee recommended that the potential for continued GP provision within Trimdon Village should form a key part of the practice's proposed review and any option for future services developed as part of the review.

5 The Committee also asked the group to report back to the Committee with the initial findings from the engagement activity prior to any decision being made.

Recommendation

6 Members of the Adults Wellbeing and Health Overview and Scrutiny Committee are requested to receive this report and consider and comment on the report and the information gathered from the patient and stakeholder engagement activity.

Background

7 At its meeting held on 15 November 2018 the Adults Wellbeing and Health Overview and Scrutiny Committee during consideration of media relations items members noted recent press coverage of plans to reduce service provision across the Skerne Medical Group, specifically the potential reduction in the number of branch sites served by the practice.

8 The Committee receive a report from representatives of the Skerne Medical Group detailing problems facing the group in respect of the recruitment, retention and current GP staffing capacity.

9 The Committee were advised by Dr Hearman, one of the practice GPs, that despite the practice's best efforts in respect of the recruitment of GPs, it faces a reduction of 35% in GP manpower compared to October 2016 due to resignations, retirements and sickness which will reduce GP available appointment time by 40% in February 2019.

10 The practice commenced a patient and stakeholder engagement process on 5 November 2018 and have written to all patients advising them of the problems facing Skerne Medical Group and have held a series of public meetings to enable patients to discuss these issues.

11 The Committee heard representations from a number of local Councillors which expressed concerns at the public engagement process, especially the lack of detail in respect of the dates, times and locations of the public meetings in the letter sent to patients.

12 The practice has declared its intention to start a review of all four surgeries from which they currently provide services; Sedgefield, Fishburn, Trimdon Village and Trimdon Colliery, commencing with a review of whether Trimdon Village surgery and one additional site, to be determined after the engagement period, can remain open from 2019 on the current and projected staffing levels.

13 In view of this the Committee at its meeting on 15 November 2018 recommended that the potential for continued GP provision within Trimdon Village should form a key part of this proposed review and any option for future services developed as part of the review.

Considerations

14 Representatives of Skerne Group will report to the Committee upon the initial findings of the patient and stakeholder engagement activity.

15 A special meeting of the Durham Dales, Easington and Sedgefield Clinical Commissioning Group Primary Care Commissioning Committee is scheduled for 19 December 2018 to discuss the Skerne Group and the Committee may wish to submit representations to that meeting following today's meeting.

Main implications

Consultation

16 Skerne Medical Group has undertaken formal patient and stakeholder engagement and the practice will report the findings from that process.

Legal

17 This report has been produced in accordance with the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 as they relate to the National Health Service Act 2006 governing the local authority health scrutiny function.

Conclusion

18 The press articles published in the Northern Echo have raised considerable concerns amongst local residents and Durham County Councillors regarding the future of GP services across the Skerne Group locality and the threat of service reductions.

19 In view of the Committee's previous concerns detailed above Skerne Medical Group have been requested to attend the Adults Wellbeing and Health Overview and Scrutiny Committee to report upon the initial findings from the engagement exercise.

Background papers

- None

Other useful documents

- Department of Health Local Authority Health Scrutiny Guidance June 2014

Contact: Stephen Gwillym Tel: 03000 268140

Appendix 1: Implications

Legal Implications

This report has been produced in accordance with the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013 as they relate to the National Health Service Act 2006 governing the local authority health scrutiny function.

Finance

Not applicable

Consultation

Skerne Medical Group has undertaken patient and stakeholder engagement and the practice will report the results of that process.

Equality and Diversity / Public Sector Equality Duty

Not applicable

Human Rights

Not applicable

Crime and Disorder

Not applicable

Staffing

Not applicable

Accommodation

Not applicable

Risk

Not applicable

Procurement

Not applicable

Appendix 2: Letter from Councillor John Robinson, Chair of the Adults Wellbeing and Health Overview and Scrutiny Committee to Neil Bunney, Practice Manager, Skerne Medical Group

Contact: Cllr John Robinson
Direct Tel: 03000 268140
e-mail:
Your ref:
Our ref:

Neil Bunney,
Practice Manager,
Skerne Medical Group,
Harbinson House,
Sedgefield,
Stockton-on-Tees
TS21 3BN

21 November 2018

Dear Neil,

Future of Skerne Medical Group

I would like to thank Dr Hearman and yourself for attending the County Council's Adults Wellbeing and Health Overview and Scrutiny Committee to advise members of the problems facing the Skerne Medical Group and your proposed public engagement activity regarding this issue and the potential future options for the group moving forward.

The Committee noted Dr Hearman's comments that despite the practice's best efforts in respect of the recruitment of GPs, it faces a reduction of 35% in GP manpower compared to October 2016 due to resignations, retirements and sickness which will reduce GP available appointment time by 40% in February 2019.

The Committee has been made aware of the national GP recruitment crisis to the extent that it is setting up a cross party review group to examine the issues of GP Services across County Durham in greater detail.

Whilst acknowledging the issues facing Skerne Group, the Committee feels strongly that no option should be discounted within the proposed service review that the Skerne Group plan to undertake. To this end, the Committee recommended that the potential for continued GP provision within Trimdon Village should form a key part of

your proposed review and any option for future services developed as part of the review.

The Adults Wellbeing and Health Overview and Scrutiny Committee would also request that you attend a special meeting scheduled for Tuesday 4 December 2018 at County Hall, Durham commencing at 9.30 a.m. to update members on the feedback received to date as part of the current consultation.

Yours sincerely,

Cllr John Robinson

Chair of the Adults, Wellbeing and Health Overview and Scrutiny Committee

Durham County Council

c.c.

Stewart Findlay, Chief Clinical Officer, Durham Dales, Easington and Sedgefield CCG

Nicola Bailey, Chief Operating Officer, Durham Dales, Easington and Sedgefield CCG

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Special Adults Wellbeing and Health Overview and Scrutiny Committee

4 December 2018

Shotley Bridge Hospital Update – Communications and Engagement Plan

Report of North Durham Clinical Commissioning Group (CCG)

Mike Brierley, Director of Corporate Programmes, Delivery and Operations

Rachel Rooney, Commissioning and Development Manager

Electoral division(s) affected:

Countywide

Purpose of the Report

1 The purpose of the report is to outline to the County Durham Adults Wellbeing and Health Overview and Scrutiny Committee the proposed communications and engagement plan for services currently delivered from Shotley Bridge Hospital.

2 The following report outlines the key drivers for change, national guidance on engagement and consultation, a focus on the engagement period and finally a proposal on the medium list of options to be used for engagement.

Executive summary

3 No decisions have been made about future service delivery.

4 Any future plans will be based on the local Clinical Strategy for delivering the best care for our patients and the feedback we receive from the local population.

5 Any future plans will need to co-ordinate with the delivery of Community Services and integration with GPs and Local Authority services.

6 We have recognised and committed to the provision of a modern healthcare facility in this area, any future plans need to be able to demonstrate sustainability to meet future demand.

7 The report details what will be engaged upon and how that information will be used to refine options and inform formal consultation.

Recommendation(s)

8 Based on the content of the report and ongoing engagement with the committee the committee is asked to consider the content of the report,

9 County Durham Adults Wellbeing and Health Overview and Scrutiny Committee is recommended to:

(i) Consider the timescales for engagement and consultation and provide feedback on this

(ii) Review the medium list of options for engagement

(iii) Agree to receive regular updates on progress throughout engagement and consultation, in particular to receive a report on the 1st April 2019

Background

10 Current Site

a) Shotley Bridge Community Hospital (SBCH) is a NHS Property Services (NHSPS) freehold site comprising a medium sized hospital building circa 10,500 m2 gross internal area (GIA), which formed part of a larger hospital site, the majority of which has been demolished.

b) The buildings on the site consist of a six storey tower with basement containing wards, offices and various day services including a day theatre, outpatient's areas and various one and two storey extensions to the tower buildings containing ancillary services, outpatients, a restaurant and offices.

c) The main tower was constructed in 1969 with a two storey tower and basement with corridor link in circa 1950. A rear extension was added in circa 1990 with further extensions in 2001.

d) The associated building infrastructure services to the older blocks have not been replaced since their original installation and as such have exceeded the expected operational lifespan, leading to a number of operational risks.

11 Current Services

a) There are a range of services currently delivered from Shotley Bridge Hospital.

b) These services include;

- Range of outpatients
- Rehabilitation bed provision
- Urgent care
- Diagnostics
- Chemotherapy
- Theatre

c) These services are all part of the scope of engagement and consultation and options for each service line are detailed from point 34 of this document.

12 Drivers for Change

a) There are significant operational running costs to operate the current site at Shotley Bridge (approx. £1.8m).

b) There are also significant backlog maintenance costs associated with the current site (approx. £4m).

c) North Durham CCG is committed to commissioning services which best meet the needs of the local population within environments that are modern and fit for purpose.

13 National Guidance Regarding Engagement and Consultation

a) CCGs have a duty to engagement and consult on any potential major service change (NHS Act 2006).

b) The Government has set out four key tests (below) in relation to major service change which are fundamental to any proposed transformation;

i. Strong public and patient engagement.

ii. Consistency with current and prospective need for patient choice.

iii. Clear, clinical evidence base.

iv. Support for proposals from clinical commissioners.

c) A fifth test relates to any transformation which affects bed configuration;

Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it
Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions
Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

d) CCGs are also bound by the duties set out as part of the Equality Act 2010.

14 Project Governance

(i) A Reference Group has been established and has been meeting since October 2017. The group has representation from the MP, local Councillors, the CCG, clinical lead and County Durham and Darlington Foundation Trust (CDDFT), as well as the Director of Integrated Community Services.

(ii) The Reference Group is chaired by Councillor Lucy Hovvels (Chair of the Health and Wellbeing Board).

(iii) The Reference Group receives and considers reports and information as part of the project to help inform and consider potential options.

(iv) The CCG have also set up a project group which has representation from the local Patient Reference Group, Friends of Shotley Bridge Hospital, Healthwatch (as an observer), the clinical lead and various Trust and CCG representatives.

(v) The aim of the project group is to help inform and shape the future of the project.

Engagement and Consultation

13 North Durham CCG need to present a clear, coherent vision for the future provision of healthcare services in Shotley Bridge and the wider locality that is evidence based and is subject to engagement and consultation with members of the public.

14 North Durham CCG have been involved in pre-engagement activity with key stakeholders to update on progress.

15 North Durham CCG are proposing to lead a period of engagement and formal consultation to inform the outcomes of this project.

16 Engagement and consultation will focus on the potential future service model and location.

17 The first stage will be public engagement which will help shape the content and methodology for formal consultation. Formal consultation will be held over a suggested 12 week period starting in April 2019.

18 North Durham CCG will feedback to the Overview and Scrutiny Committee following this period (at the meeting on the 1st April 2019).

19 The CCG will present the findings from the engagement phase and will seek assurance on proposals for formal consultation.

Engagement Phase

20 It is proposed that the CCG will start formal engagement with members of the public and key stakeholders on the 10th January for a period of 8-10 weeks. This will be extended if weather adversely impacts on people's ability to feed in.

21 The engagement process will be used to inform and gather feedback from members of the public and key stakeholders.

22 The public will be asked key questions based on the information and proposed medium list of options (see section on options).

23 The engagement methodology to be used includes dedicated events, focussed surveys, an ongoing presence at the current site and working groups which include councillors and MPs.

24 The CCG will utilise existing mechanisms to carry out focussed engagement including CCG and Trust patient and public forums.

25 The CCG will also seek support from the local authority to outreach into care provision and people's own homes through domiciliary care; this will give those more isolated communities the ability to feed into the process.

26 The CCG will engage with local networks across the voluntary and community sector.

27 As a CCG we are committed to ensuring that engagement is accessible and inclusive.

28 During this engagement period commissioners will seek to inform members of the public of our proposed medium list of options.

29 All information will be presented as part of a comprehensive engagement document – outlining key information and options.

30 The CCG will ask key questions based on these service model options (listed in section starting at point 34) as well as asking the public if there are any areas that they feel have been missed.

31 As part of the engagement phase the CCG will also begin to explore potential geographical areas where future facilities may be located.

32 Information gathered from engagement will be used twofold;

(i) To help inform decision making criteria on short list of options.

(ii) To be used as part of the overall information fed into the options appraisal process. The result of the options appraisal will be a short list of scenarios both in terms of service model and site to then formally consult on.

33 The information gathered will be used to help populate a pre-consultation business case which will be presented to Overview and Scrutiny Committee in April 2019.

Medium List of Options for Engagement

34 The medium list of options will be broken down into key components based on services currently delivered from Shotley Bridge Hospital.

35 Each option will be presented within the engagement document with supporting narrative to give context and rationale.

36 At this stage there are no preferred options presented as the feedback will help inform recommended scenarios for consultation.

Urgent Care Centre

37 In July 2017 NHS England published “Urgent Treatment Centres – Principles and Standards” which sets out the 27 standards to be implemented to meet the goals of the Five Year Forward View.

38 The services provided at Shotley Bridge Hospital meet the standards for an Urgent Treatment Centre.

39 The CCG is committed to delivering services which help to reduce the burden on busy A&E departments.

40 The service has 24/7 nurse practitioner cover with GP leadership in place.

41 The CCG has recognised (utilising data) that services aren't well utilised during the hours of 00:00-08:00.

42 The CCG is also cognisant of the recruitment and retention issues relating to the GP workforce.

43 On this basis there are three options proposed at this stage;

(i) ***Option 1*** – remove all urgent care services from the Derwentside area and use existing primary care access and urgent care at University Hospital North Durham (UHND)

(ii) ***Option 2*** – provide services as is 24/7

(iii) ***Option 3*** – provide services as is, with only home visits during the hours of 00:00 – 08:00

Bed Provision

44 North Durham CCG recognises there is a need for bed provision within the Derwentside area.

45 Further work is required to understand the impact of any potential changes on this cohort of patients.

46 Within Shotley Bridge Hospital there are currently eight GP-led beds.

47 Within the Derwentside area there are seven Intermediate Care Plus beds and options for 'spot-purchasing' beds both of which are within the independent sector.

48 At this stage we would like to engage on four options for future bed provision in the area;

(i) ***Option 1*** – Utilise independent sector bed provision already in place and dispose of the 8 NHS GP-led beds

(ii) ***Option 2*** – Continue with existing arrangement of 8 GP-led beds based within a 'health' facility and a mixture of block and spot purchasing within the independent sector

(iii) ***Option 3*** – Consolidate all existing bed provision into one integrated health and care facility to create a ward of 16 beds. No provision delivered within independent sector facilities.

(iv) ***Option 4*** – utilise health facility beds as above options with additional palliative use.

Chemotherapy Unit

49 Currently there are chemotherapy services (clinical oncology) delivered from Shotley Bridge Hospital.

50 Based on the information available at this stage the CCG want to engage the public on these three options;

(i) ***Option 1*** – to remove chemotherapy provision from any future health facility in the Derwentside area

(ii) ***Option 2*** – to continue delivering chemotherapy intervention at a local health facility

(iii) ***Option 3*** – to continue delivering chemotherapy intervention at a local health facility and explore the opportunity of delivering further infusion based services i.e. IV antibiotics.

Theatre provision

51 Currently there are theatre based services within Shotley Bridge Hospital.

52 At this stage the CCG is reviewing information regarding local and national strategies for workforce as well as best practice and latest clinical safety guidelines.

53 Based on our initial observations and discussions with local clinical leaders in this field we believe that we need to explore alternative options to those currently being delivered.

54 At this stage we propose the following options;

(i) ***Option 1*** – to invest in local theatre services within Derwentside on the basis that a thorough review of clinical guidelines will be undertaken

(ii) ***Option 2*** – to discontinue services locally and consolidate on existing acute sites

Diagnostics

55 Currently there are plain film x-ray facilities available at Shotley Bridge Hospital as well as ultrasound.

56 The options relating to the future provision of an urgent care centre create an evidence base for access to x-ray and diagnostic facilities within a health facility.

57 At this time we believe there are two options for diagnostics;

(i) ***Option 1*** - to provide x-ray and ultrasound services within any future health facility

(ii) ***Option 2*** – to consolidate any existing x-ray and ultrasound services into major sites i.e. UHND

Endoscopy

58 Endoscopy services at this time are suspended at Shotley Bridge Hospital due to the fact that equipment has failed and the cost to replace and maintain is substantial. This service hasn't been in place for the last 12 months.

59 Going forward there is a case to be reviewed in terms of the clinical and financial viability of such a service locally. What we do know is that currently diagnostic targets are being met.

60 Information will be reviewed as part of the engagement phase with County Durham and Darlington Foundation Trust (CDDFT) with regards to clinical and safety standards relating to such procedures.

61 At this stage North Durham CCG believe there are two options for engagement on endoscopy services;

(i) ***Option 1*** – deliver services within a local facility for the population of Derwentside with on-site decontamination facilities

(ii) ***Option 2*** – deliver services within a local facility for the population of Derwentside with off-site decontamination facilities *Outpatients*

(iii) ***Option 3*** – consolidate endoscopy services onto the 3 main acute sites of CDDFT – UHND, Bishop Auckland Hospital (BAH) and Darlington Memorial Hospital (DMH).*
**Choice would remain available for other providers at different locations*

Outpatients

62 There are a range of outpatients currently delivered at Shotley Bridge Hospital.

63 For each service line delivered as part of the outpatients offer there is an option to continue or stop delivery.

64 The CCG and CDDFT would like to continue to deliver care closer to home whilst recognising that outpatient activity has reduced across all specialities and all sites over time due to changes in pathways and medication.

65 Further work will be required to understand future need and demand.

66 The table below outlines the outpatient clinics available all of which have the ability to be retained locally as an option and during engagement each service line will be given the option of this as well as potential centralisation.

Service Line	Option 1 Local Health Facility	Option 2 Consolidate
Cardiology		
Clinical Photography		
Contraception and Sexual Health		
Community Dietetics		
Dermatology		
Diabetes		
Ear, Nose and Throat		
Gastroenterology		
General Surgery		
Geriatric • Stroke • Movement Disorder		
Haematology		
Midwifery		
Obstetrics		
Ophthalmology		
Oral Surgery		
Paediatrics		*at Stanley PCC
Pain (Tier 3 Management)		
Plastics		
Respiratory		
Retinal Screening		
Rheumatology		
Trauma and Orthopaedics		
Urology		
Vascular		
Women's Health		

Options Regarding Site

67 In terms of the site the engagement period will be used to initiate discussions about the site of any modifications to existing or new build.

68 The options will be around existing site vs new site. With both of these the CCG will explore with the public the considerations to be made with any improved building.

69 We will begin to explore issues regarding access and transportation as well as any other factors which the public feel is important to them. This will help us to design the decision making criteria used to determine any preferred options for consultation.

Timescales

70 The CCG has discussed this with the Reference Group and there was some concern regarding the time of year and the potential for adverse weather conditions. With this in mind we have committed to reviewing the engagement period and reviewing in light of the weather, if there is any disruption we will extend the engagement period and have built this into timescales.

71 The following outline timescales are proposed for engagement and consultation as well as the potential for consultation start date. Please note these timescales are indicative and subject to change.

- Public engagement January 2019 for a period of 8-10 weeks
- Public Consultation April – July 2019 (12 weeks)
- Outline business case to NHS England after engagement and consultation (Spring-Summer 2019)
- Full Business case Summer-Autumn 2019
- Construction late 2019/early 2020

Background papers

- NHS Act 2006
- Equality Act 2010
- Planning, assuring and delivering service change for patients, NHSE April 2018

Contact:	Rachel Rooney Commissioning and Development Manager, North Durham CCG	0191 3898579

Appendix 1: Implications

Legal Implications

Statutory duty of CCGs to engage and consult as outlined within the Equality Act 2010 and NHS Act 2006.

Finance

Financial implications in terms of effective use of public money

Consultation

Duty to consult on major service change

Equality and Diversity / Public Sector Equality Duty

The duties set out in the Equality Act 2010 will be followed throughout engagement and consultation and focus will be paid to the nine protected characteristic groups to ensure fair access to engage.

Human Rights

N/A.

Crime and Disorder

N/A

Staffing

Staff will be formally engaged and consulted as part of this process.

Accommodation

Development of existing or new site for services currently delivered from Shotley Bridge Hospital.

Risk

Risks and mitigations have been documented as part of the overall project but also in relation to communications and engagement (detailed in appendix 2).

Procurement

Any procurement will be carried out following NHS guidelines.

Appendix 2: Draft Communications and Engagement Plan

Healthcare in Derwentside
Draft Communications and Engagement Plan

1. Introduction to the plan

This Communications and Engagement plan is to provide an overview of the process of engagement activity to support information gathering and conversations in advance of the formal consultation.

Through the engagement period we will gather views of local patients, family members, carers and the wider public, alongside healthcare providers and clinicians, local GPs, Local Authority (including Public Health), voluntary and community sector organisations and other stakeholders in relation to; The potential for developing health services in and around Derwentside.

However this part of the process will not deliver a final option at this stage. Instead this process is part of the preparation for the formal consultation. The engagement process will seek to help move from a long list of all the possible scenarios to an informed and viable short list. Comments made throughout engagement will be considered as part of a clinically led options appraisal which will be based on criteria including delivering high quality services in a sustainable way.

This engagement process does not seek to make any firm decisions about what the final outcome would be, but rather to progress the conversation towards what the realistic outcomes are which will then be subject to the formal consultation process.

The project relates to work being undertaken across North Durham and more specifically across the north west locality of the North Durham geography that relate to services in Derwentside and surrounding areas.

2. Situation

- Significant operational costs to sustain the current Shotley Bridge Hospital site
- Existing Shotley Bridge Hospital site is beyond operational lifespan
- Considering future infrastructure required to support current and future delivery of services

- Any new infrastructure needs to support implementation of the new Community Services contract and development of Teams Around Patients (TAPS)
- We know the demographics across 'Derwentside' are changing (Around 34% of the population is aged 50+. This is projected to rise to around 40% by 2020. Around 8% of the population is aged over 75+. This is projected to rise to 10% by 2020).
- A project steering group (including local Councillors and MPs) has been meeting since autumn 2017 to specifically look at these issues
- A working group (including staff from NDCCG, Durham County Council, County Durham and Darlington NHS Foundation Trust, Tees, Esk and Wear Valley NHS Foundation Trust as well as patient representatives and Healthwatch County Durham) has also been meeting since autumn 2017 to consider current information about services provided

3. Aims and Objectives

- Consider information and data relevant to the need for healthcare provision in 'Derwentside'
- Consider options for the future Shotley Bridge Community Hospital estate in relation to future service delivery
- To inform stakeholders about the long list of options / scenarios
- To work with stakeholders to review and evaluate each proposal and its viability
- To seek out any other potential scenarios to inform the consultation
- Ask stakeholders their views on the range of services we propose to deliver in the future
- Seek feedback on proposals for the locations where services may be delivered
- Ensure that a diverse range of voices are heard through the use of inclusive approaches
- To ensure two way dialogue throughout using a 'you said, we did' approach which feeds through to formal consultation
- Establish the basis upon which we can deliver an open, transparent and evidenced consultation process
- To run a process which maximises community support and meets the required tests set out in National Guidance

4. Strategies

In order to achieve the stated objective(s) the project will

- Utilise a standard set of briefings and information to establish core messages
- Utilise key messages which clearly articulate the range of scenarios to ensure that members of the public are fully informed with which to feed into the engagement process

- Reach out to relevant key stakeholders, patients and local population in the areas identified
- Offer the opportunity to comment more widely to local patients through Healthwatch, Area Action Partnerships (AAPs) and other suitable networks in each part of the area included

5. Methods of engagement

These will include:

- Intension to have an 8 week window for the engagement period
- Hold a series of public sessions at community venues in the areas identified
- Hold public sessions at the Shotley Bridge Hospital site
- Continue to engage directly with local campaign groups and interested parties
- Hold specific sessions with staff involved in the services currently delivered at the Shotley Bridge Hospital site
- Reach out to staff working in the delivery of Community Services
- Reach out to staff working in Primary Care in locally defined area
- Continue to engage with local representative bodies involved in local healthcare planning and delivery
- Continue to engage with local MPs and Councillors and local AAPs
- Continue to meet with working groups throughout

6. Methods of communication

These will include

- North Durham CCG's Patient Reference Group meetings
- North Durham CCG's Patient Public and Carer Engagement Committee
- Healthwatch (or similar community organisations) contacts and networks
- GP bulletins for primary care staff (e.g. Headlines)
- Briefings and resource information (as identified and developed) through GP Teamnet / CDDFT intranet where required
- Routine meetings with local MPs and councillors
- Health and Wellbeing Board meetings (as required)
- Health Overview and Scrutiny meetings (as required)
- CCG websites and social media – potentially to include FAQ and other similar public facing materials (could include resources for practices to use with patient groups)
- Staff briefing and bulletins through existing channels

7. Key messages

Key messages need to be developed to communicate effectively with patients, the public, political and wider stakeholders and the media. At this stage we know that:

- No decisions have been made about future service delivery

- Any future plans will be based on the local Clinical Strategy for delivering the best care for our patients
- Any future plans will need to co-ordinate with the delivery of Community Services and integration with GPs and Local Authority services
- Recognise there is a need for a site in this area, any future plans need to be able to demonstrate sustainability to meet future demand

LONG LIST OF OPTIONS TO GO INTO THIS SECTION ONCE APPROVED

8. Stakeholders

Included below is an outline of the key groups that will need to be communicated and engaged with as part of this process. A more detailed breakdown of these contacts will be formulated as part of the engagement materials and resources.

Internal:	**External:**
• North Durham CCG	• Patients
• Durham Dales, Easington and Sedgefield CCG	• Wider public
• Darlington CCG	• Carers
• County Durham and Darlington NHS Foundation Trust	• Health and Well-being Board
• City Hospitals Sunderland NHS Foundation Trust	• Overview and Scrutiny Committee
• Tees, Esk and Wear Valley NHS Foundation Trust	• Durham County Council Adults Health Service
• North East Ambulance Service NHS Foundation Trust	• Durham County Council Childrens Health services
• North Durham CCG Patient Reference Groups	• Healthwatch
• North Durham CCG Patient, Public and Carer Engagement Committee	• Local MPs and Councillors
• Staff currently working at Shotley Bridge Hospital site	• Area Action Partnership
• Community services staff (via CDDFT)	• MyNHS membership
• Local Medical and Pharmaceutical Committees	• Local Campaign groups (FOSBH)
•	• Local press and media
•	• Local Voluntary and Community Sector organisation and networks
•	• Church and Faith Groups

•	• Care Homes / Nursing care providers

9. Equality

In line with established policy and process, the principles of equality and diversity will underpin all communication activity. Alternative formats will be produced as necessary and appropriate.

10. Evaluation and Review

The plans and proposed engagement activity will be collated and used to inform the pre-engagement activity as part of this defined consultation proves. During and after this period of engagement updates in relation to patient engagement will be provided to the various stakeholders identified above as appropriate. A summary engagement report outlining the work undertaken and key themes from it will be made available once completed. Information from this piece of pre-engagement will be taken forward into the formal consultation.

11. Actions

The CCG Engagement Lead will work alongside the relevant Communications / Engagement leads from partner organisations and others as appropriate. Specific communications advice will be sought from NECS colleagues who will be co-ordinated to help deliver the overall objectives of the strategy.**Methods of delivery**

Overview of engagement methods

Detailed below are the key aspects to the engagement processes which will be incorporated into the project. These are not necessarily written in chronological order in the tables below.

12. Risks and Mitigations

Risk	Potential mitigation
Failure to engage with relevant stakeholders and meet statutory duties / stakeholders feel that they have not been fully involved	Plan developed identifying relevant stakeholders and partners Ensure all stakeholders receive appropriate updates and feedback Ensure appropriate stakeholders are invited to participate in a way that is accessible to them Ensure clear communication of messages through robust communications plan, including updates on CCG website, stakeholder bulletins and through My NHS
CCG does not engage with marginalised, disadvantaged and protected groups	Plan identifies relevant groups and organisations. Also work with local voluntary sector groups, community organisations and partners to access these groups and communities
Accessibility of activities and appropriate feedback mechanisms to those taking part	Ensure clear contact for EasyRead, translations or alternative formats Include appropriate feedback mechanisms in plan that are accessible to people with varying needs and abilities
Managing expectations of members of the public	Ensure adherence to communications and engagement plan and advise CCG of any issues that arise
Any proposals for change may be seen as a cost-cutting exercise by members of the public	Ensure adherence to communications and engagement plan and advise CCG of any issues that arise
The engagement may be subject to challenge	Appropriate governance policies / standards will be put into place to ensure correct procedure and equality analysis are maintained throughout

North East Ambulance Service NHS Foundation Trust

CATEGORY OF PAPER					
Specific action required:		**Provides Assurance:**	✓	**For Information:**	

Overview & Scrutiny Panel - Durham – 04/12/2018	
Report title:	NEAS Quality Accounts progress delivery – quality priorities 18/19
Purpose of report:	To provide the Overview and Scrutiny Panel with an update with progress on delivery of the 2018/19 Quality Priorities.
Key issues: *(key points of the paper, how this supports the achievement of the Trust's corporate objectives, overview of risk implications, main risk details on page 2)*	The 2018/19 Quality Priorities are aligned to delivery of the corporate priority – improving quality and safety. Progress with delivery of these are reported to Board. The 4 quality priorities are: **Quality Priority 1: Early recognition of sepsis –** **Executive Lead: Mathew Beattie, Senior Manager: Dan Haworth** There are 6 elements to deliver for this quality priority: • Sepsis training to continue to be developed and delivered as part of core Statutory and Mandatory training programme for 2018/19 – **current compliance is 94% on track to deliver 95% compliance by year end.** • Determine the sensitivity and specificity of the adult sepsis recognition tool – **delayed against plan, due to resource constraints at James Cook University Hospital & NEAS. To progress in Q4** • Develop a paediatric sepsis recognition tool – **use of the Sepsis Trust tool has been agreed & work underway to include the tool in the electronic Patient Care Record. The training package is being developed and will be included in the 2019/20 statutory and mandatory training** • Develop a maternity sepsis recognition tool – **use of the Sepsis Trust tool has been agreed & work underway to include the tool in the electronic Patient Care Record. The training package is being developed and will be included in the 2019/20 statutory and mandatory training** • Audit our compliance with the national early warning score – **monthly audit established and results reviewed at the Clinical Excellence Group. The baseline data in 2017/18 – 40% compliance. From April 18 compliance was 48.3% which has increased to 61.4% in October 18 (2018/19 target 75%)** • Take part in the national sepsis audit - **audit commenced in Sept 1. Q1 data shows 76% compliance with national audit criteria (target 80%). It should be noted that the national audit uses a different audit criteria to that which was used by NEAS in 2017/18**

Quality Priority 2: Cardiac arrest – improving survival

Executive Lead: Mathew Beattie / Senior Manager: Paul Aitken Fell

There are 6 elements to deliver for this quality priority:

- Develop and implement a cardiac arrest strategy – **a draft is under development, which will be approved by Quality Committee in January 2019.**
- Evaluate the Resuscitation Academy's '10 steps' action plan and agree and develop an new action plan aligned to the Cardiac Arrest Strategy – **a range of actions have been undertaken, in line with the '10 steps' approach. This includes NHS Pathways upgrade implementation, which ensures prompt start of cardio pulmonary resuscitation, where it is difficult to determine whether a patient is breathing, close monitoring of how long it takes for call handlers to identify cardiac arrest and providing feedback on this, ensuring training is updated to reflect local learning following incidents.**
- Roll out the new defibrillator technology to a wider group of clinicians, which provides live feedback on the quality of CPR delivered **– these are currently being fitted into RRV's, 13 had been fitted by October 2018 with all 50 being fitted by end of December 2018.**
- Audit the resuscitation checklists used by staff to determine their benefit – **this will be undertaken in Q4. We will seek feedback from staff on the use of these checklists.**
- Strengthen the mortality review process for cardiac arrest deaths whilst patients are under our care – **this has progressed though Board reporting on Learning from Deaths outcomes from November 2018. It should be noted this is not currently mandated for Ambulance Trusts.**
- Purchasing Community Public Access Defibrillators, through our NEAS Trust Fund to place in areas we feel would benefit most, based on our local intelligence **– approval has been given by the Charitable Funds Committee and the locations are currently being considered.**

It is noted that the Clinical Ambulance Quality Indicators for Cardiac Arrest are reported to the Clinical Excellence Group, Quality Governance Group and Quality Committee.

Quality Priority 3: Longest waits for patients who fall

Executive Lead: Paul Liversidge, Senior Managers: Vicky Court & Dan Hayworth

There are 4 elements to deliver for this quality priority:

- Enhance the use of real time performance feedback in EOC through use of a dashboard, pulling a range of information together to really focus on those patients with a long delay who have fallen – **a real time dashboard is available to managers external to the EOC. Arrangements are in place to ensure clinical oversight of those patients waiting a long time and the introduction of a specialist**

Inspected and rated Good CareQuality Commission

dispatch desk will ensure Alternative Response Teams can be maximised to reduce long waits.

- Review the process for managing patients who fall and are over 65yrs old and are in the C4T category who experience long delays **– process has been reviewed prior to commencing a number of Alternative Response Teams**
- Pilot and evaluate a range of pathway and service developments, working with partner organisations to determine what has the greatest impact on patient safety and patient experience for patients who fall and are over 65 years of age, without an obvious injury, including those who fall outside – **pilots are in place which include community care alarm providers, Occupational Therapist / Paramedic and expanding the role of the Community First Responders**
- Lead an event with key stakeholders to look at how we can develop a regional approach to patient who are over 65 years and fall without obvious injury to improve patient experience – **stakeholder event held and ongoing networking to increase coverage of Alternative Response Teams. Work continues to provide specialist falls training into care homes across the North East and Cumbria.**

It is noted that the performance data regarding Alternative Response Teams are monitored through the Transformation Board.

Quality Priority 4 – Improving the care of patients with mental health needs, through improving staff knowledge and skills

Executive Lead: Mathew Beattie, Senior Manager: Sue Tucker

There are 4 elements to deliver for this quality priority:

- Introduce a three year Mental Health education programme to enhance the knowledge and skills of our frontline workforce to meet the care for patients with mental health needs – **year 1 of the programme has commenced in 18/19**
- Develop a Mental Health Strategy for the Trust – **a draft strategy has been developed, which will be approved by March 2019.**
- Develop a mental health screening tool for paramedics to support clinical decision making and referral on to appropriate services – **mental health screening tool has been developed, led by NEAS and reviewed nationally. Work to include this as part of the ePCR is the next stage.**
- To work with pathway and service development leads in the two Mental Health trusts to ensure we have clear referral processes into mental health services for our crews in and out of hours – **Safeguarding lead for adults is meeting with the two mental health trusts to explore referral routes into mental health services. Work is underway to establish a mental health lead in the Trust which will enable further progress with pathway redesign.**

It is noted that progress to date with this quality priority was made due to the secondment of a mental health practitioner to NEAS. This secondment ended in October 2018.

Conclusion

	The Trust has progressed with the implementation plans to deliver the Quality Priorities for 2018/19 and further work is planned for Q4.
Issue previously considered by:	Quality Governance Group Quality Committee Board of Directors
Recommended actions:	The Overview and Scrutiny Committee is asked to note progress made to date to deliver the Quality Priorities 2018/19.
Sponsor / approving director:	Joanne Baxter, Director of Quality & Safety
Report author:	Debra Stephen, Deputy Director of Quality & Safety

Governance and assurance

Link to Trust Priorities: *(please tick)*

Organisational Sustainability	Improving Quality & Safety	Workforce & Investors in People	Clinical Care & Transport	NHS 111 & Clinical Assessment Service	Comms & Engagement
✓	✓	✓	✓	✓	✓

Link to CQC / KLOE: *(please tick)*

Caring	Responsive	Effective	Well Led	Safe
✓	✓	✓	✓	✓

Link to Trust values: *(please tick)*

Pride	Strive for excellence	Respect	Compassion	Take responsibility & be accountable	Make a difference – day in & day out
	✓		✓	✓	✓

(Please explain how this paper supports the application of the Trust's values in practice)

Please enter how this paper supports the trusts values

Any relevant legal / statutory issues?
(Such as relevant acts, regulations, national guidelines or constitutional issues to consider)

There is a requirement to deliver the Trust Quality Priorities as outlined in the Quality Accounts

Equality analysis completed

Yes	No	Not Relevant
		✓

If this is not relevant please explain why:

An equality analysis is a review of a policy, function or significant service change which establishes whether there is a positive or negative impact on a particular social group

Key considerations	Details
Confirm whether any risks that have been identified have been recognized on a risk register and provide the reference number:	Note that the Board and its committees this should include references to the BAF and ORR where appropriate.

<table>
<tr><td>Please specify any Financial Implications

Please explain whether there are any associated efficiency savings or increased productivity opportunities?</td><td></td></tr>
<tr><td>Are any additional resources required e.g. staff capacity?</td><td>Please enter any additional resource requirements</td></tr>
<tr><td>Is there any current or expected impact on patient outcomes/experience/quality?</td><td>The Quality Priorities are aligned to the Quality Strategy and Corporate Priorities for 2018/19.</td></tr>
<tr><td>Specify whether appropriate clinical and/or stakeholder engagement has been undertaken:
(stakeholders could include staff, other Trust departments, providers, CCGs, patients, carers or the general public)</td><td>The Quality Priorities are identified through internal and external stakeholder consultation, in line with the requirements set out by NHS Improvement</td></tr>
<tr><td>Are there any aspects of this paper which need to be communicated to our stakeholders (internal or external)?
(Please tick – if ‘yes’ then please complete all boxes. Please briefly specify the key points for communication and ensure the Comms team are informed via mailto:publicrelations@neas.nhs.uk)</td><td>
<table>
<tr><th>Yes</th><th>No</th><th>Positive</th><th>Negative</th></tr>
<tr><td>✓</td><td></td><td>✓</td><td>✓</td></tr>
<tr><th>Proactive</th><th>Reactive</th><th>Internal</th><th>External</th></tr>
<tr><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
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Please enter key points for the communications team
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County Durham and Darlington NHS
NHS Foundation Trust

Adults Wellbeing and Health Overview and Scrutiny Committee

Quality Accounts 2018 - 2019

December 2018

Joanne Todd
Associate Director of Nursing (Patient Safety and Governance)

with you all the way

Patient Safety & Governance, Darlington Memorial Hospital, Hollyhurst Road,
Darlington, County Durham DL3 6HX Tel: 01325 743924
www.cddft.nhs.uk

QUALITY ACCOUNTS UPDATE

PURPOSE OF THE REPORT

To update the committee on progress of County Durham & Darlington NHS Foundation Trust with regards to the agreed priorities for improvements for the 2018/2019 period. This report provides and update from April 2018 to September 2018.

WHAT ARE QUALITY ACCOUNTS?

Quality Accounts are annual reports to the public from the providers of NHS healthcare about the quality of the services they deliver. The primary purpose is to encourage leaders of healthcare organisations to assess the quality of care they deliver. The Quality Accounts for County Durham & Darlington NHS Foundation Trusts includes indicators set by the Department of Health and those we have identified as local priorities.

PRIORITIES FOR 2018/2019

The table below sets out the priorities and position (where data is available). The priorities were agreed through consultation with staff, governors, local improvement networks, commissioners, health scrutiny committees and other key stakeholders.

Where progress can be reported at this point this has been colour coded as follows;

RED – not on track
AMBER – improvement seen but not to level expected
GREEN – on track

Priority	Goal	Position/Improvement
SAFETY		
Patient Falls[1] **(Continuation)**	Targeted work continued to reduce falls across the organisation. To ensure continuation and consolidation of effective processes to reduce the incidence of injury. To continue sensory training to enhance staff perception of risk of falls. To continue a follow up service for patients admitted with fragility fractures.	- To introduce the new Trust Falls Strategy, covering a 3 year period. - To agree a plan of year 1 actions. - To monitor implementation of year 1 actions against the Strategy. Multi agency action plan mapped out and agreed. Part of national NHS Improvement falls collaborative. Falls per 1,000 bed days within limits. Quality Improvement work underway. Reduction in falls resulting in serious incident see for the period
Care of patients with dementia[1] **(Continuation)**	Continued development and roll out of a dementia pathway and monitoring of care for patients with dementia.	- Continued adherence to the national standards on assessment of patients aged 75 and over to ensure they are asked about their memory on admission; and measure ongoing referral rate. Monitoring to continue. Explore feasibility of introducing the screening tool into existing electronic

Priority	Goal	Position/Improvement
		assessment tool will continue through this period. - Action plan developed from the results of the National Dementia audit to be monitored for improvement. - Carers survey has been completed. The recommendations are to be monitored alongside the national dementia audit recommendations. The action plans have been merged and form the Strategy Action Plan 2018/2019.This will be monitored. - Participate in a 5 year research project of dementia services within the Durham area to continue during 2018/2019. Participation to continue. - Continue the study in the development of a good practice audit tool for assessing patient care and services for those living with dementia. Participation to continue. All workstreams in place and being delivered
Healthcare Associated Infection **MRSA bacteraemia**[1,2] **Clostridium *difficile***[1,2] ***(Continuation and mandatory)***	National and Board priority. Further improvement on current performance.	- Achieve reduction in MRSA bacteraemia against a threshold of zero. Two cases reported since April 2018 - No more than 18 cases of hospital acquired Clostridium *difficile.* Nine cases reported since April 2018 - Both of these will be reported onto the Mandatory Enhanced Surveillance System and monitored via Infection Control Committee.
Venous thromboembolism risk assessment[1,2] **(Continuation and mandatory)**	Maintenance of current performance.	- Maintain VTE assessment compliance at or above 95% within inpatient beds in the organisation. This mandated indicator will continue during 2017/2018. - Assessment will be captured onto a Trust database and reported weekly to wards and senior managers. Performance will be reported and monitored at Trust Board using performance scorecards. This indicator will move to part 3 of the report as background monitoring as process is now well developed. Compliant
Pressure ulcers[1]	To have zero tolerance for	- Full review of any identified grade 3

Priority	Goal	Position/Improvement
(Continuation)	grade 3 and 4 avoidable pressure ulcers.	and 4 pressure ulcers to determine if avoidable or unavoidable. - Reduce incidence from last year to zero avoidable grade 3 or 4 pressure ulcers. 1 in acute services and 3 in community setting
Discharge summaries[1] **(Continuation)**	To continue to improve timeliness of discharge summaries being completed.	- Monitor compliance against Trust Effective Discharge Improvement Delivery Plan. - Enhance compliance to 95% completion within 24 hours. - Data will be collected via electronic discharge letter system and monitored monthly with compliance reports to Care Groups and Trust Board via performance scorecards. Although not yet consistently at 95% good progress made with task & finish group now reviewing quality of discharge summaries. Deep dive audit undertaken regarding quality of discharge summaries
Rate of patient safety incidents resulting in severe injury or death **1,2** **(Continuation and mandatory)**	To increase reporting to 75th percentile against reference group.	- Cascade lessons learned from serious incidents. - NRLS data. Enhance incident reporting to 75th percentile against reference group. - Carry out bespoke Trustwide work to embed and improve reporting of near miss and no harm incidents. October 17 to March 18 - remain in 50 percentile. Near miss reporting improvement work stream underway with support from Care Groups. Early results show significant improvement but formal report awaited
Improve management of patients identified with sepsis[3] **(Continuation)**	To monitor roll out of sepsis screening tool via electronic system.	- Continue to implement sepsis care bundle across the Trust. - Roll out of sepsis screening tool via electronic system. - Continue to implement post one hour pathway. - Continue to audit compliance and programme. - Hold professional study days. Screening compliant Time to administration of antibiotics requires further improvement in EDs

Priority	Goal	Position/Improvement
		but improvement made on the trajectory. This continues to be closely monitored
Local Safety Standards for Invasive Procedures (LOCSSIPS) **(new indicator from Stakeholder event)**	To ensure full implementation of national guidance embedding Local Safety Standards into all areas conducting Invasive Procedures trust-wide.	- The Trust has formed a LocSSIP Implementation and Governance Group (LIGG) which brings together members of the Corporate Governance body with Care Group representatives in order to develop LocSSIPs. - The LIGG will work with procedural teams to support the implementation of developed LocSSIPs ensuring all individuals understand why the programme is required and how the additional steps are to be conducted. - The LIGG will co-ordinate both quantitative and qualitative audits to ensure procedural LocSSIPs are being conducted to a high standard providing reports to IQAC and the Trust Board. Project on track and recognised as good practice by NHS Improvement
EXPERIENCE		
Nutrition and Hydration in Hospital[1] **(Continuation)**	To promote optimal nutrition for all patients.	- Focus on protected meal times. - Continue to use nutritional bundle for weekly nutritional care planning of patients nutritionally at risk for inpatients – move the nutritional assessment tool to Nerve Centre and once embedded move the care planning bundle to nerve centre also. - Trust wide menu implementation of finger foods. - Report and monitor compliance monthly via Quality Metrics. Monitoring in place and nutritional assessment into Nervecentre piloted and ready to roll out
End of life and palliative care[1] **(Continuation)**	We now have an effective strategy and measures for palliative care. The measures are derived from the strategy and will support each patient to be able to say: *"I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me*	- CQC action plan for palliative care 100% complete. - Deliver at least 75% of strategic plan for end of life and palliative care. - Responses to VOICES survey should be as good or better than 2012 benchmark. - Continuing improvement in palliative care coding and "death in usual place of residence".

Priority	Goal	Position/Improvement
	and the people who are important to me, including my carer(s)"	End of Life Steering Group now embedded to ensure agenda moves forward
Responsiveness to patients personal needs[1,2] **(Continuation and mandatory)**	To measure an element of patient views that indicates the experience they have had.	- Continue to ask the 5 key questions and aim for improvement in positive responses in comparison to last years results. - Quarterly Reports to Integrated Quality and Governance Committee and any emerging themes monitored for improvement through the Patient Experience Forum. - The Trust will continue to participate in the national inpatient survey. Results not yet available
Percentage of staff who would recommend the trust to family or friends needing care[1,2] **(Continuation and mandatory)** **Percentage of staff experience harassment, bullying or abuse from staff in the last 12 months**[2] **(Mandatory measure)** **Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion**[2] **(Mandatory measure)**	To show improvement year on year bringing CDDFT in line with the national average by 2018/2019.	- To bring result to within national average. - Results will be measured by the annual staff survey. Results will be reviewed by sub committees of the Trust Board and shared with staff and leaders and themes considered as part of the staff engagement work. - In addition we will continue to report results for harassment & bullying and Race Equality Standard. Staff survey results are not yet available. Draft report expected December 2017.
Friends and Family Test[1] **(Continuation)**	Percentage of staff who recommend the provider to Friends and Family.	- During 2018/2019 we propose to increase or maintain Friends and Family response rates. All areas participating will receive monthly feedback and a quarterly report of progress and will be monitored by the Trust Board This is a quarterly report with focus on 2 care groups at each quarter. Quarter 2 results show an improvement of staff recommending the Trust to friends and family from 62% to 66%, however there has been a slight increase in those not

Priority	Goal	Position/Improvement
		recommending from 11% to 13%
EFFECTIVENESS		
Hospital Standardised Mortality Ratio (HSMR)$_1$ **Standardised Hospital Mortality Index (SHMI)$_{1,2}$** **(Continuation and mandatory)**	To closely monitor nationally introduced Standardised Hospital Mortality Index (SHMI) and take corrective action as necessary.	- To monitor for improvement via Mortality Reduction Committee. - To maintain HSMR and SHMI at or below 100. - Results will be captured using nationally recognised methods and reported via Mortality Reduction Committee. We will continue to benchmark both locally and nationally with organisations of a similar size and type. Monthly updates will be submitted to Trust Board via the performance scorecard. - Weekly mortality reviews led by the Medical Director will continue, and any actions highlighted monitored through Care Group Integrated Governance Reports. - Embed "Learning from Deaths" policy. Within expected range. Mortality reduction committee now embedded along with "Learning from Deaths" process. Mortality reviews being undertaken and linked with incident monitoring process
Reduction in 28 day readmissions to hospital$_{1,2}$ **(Continuation and mandatory)**	To improve patient experience post discharge and ensure appropriate pathways of care. To support delivery of the national policy to continue to ensure patients receive better planned care and are supported to receive supported self – care effectively.	- To aim for no more than 7% readmission within 28 days of discharge. - Information will be submitted to the national database so that national benchmarking can continue. Results will be monitored via Trust Board using the performance scorecard and any remedial actions measured and monitored through the performance framework.
To reduce length of time to assess and treat patients in Accident and Emergency department$_{1,2}$ **Continuation and mandatory)**	To improve patient experience. To improve current performance.	- No more than expected rate based on locally negotiated rates. Monthly measure. - Information will be submitted to the national database so that national benchmarking can continue. Results will be monitored via Trust Board using the performance scorecard.

Priority	Goal	Position/Improvement
		Quarter 1 = 91.2% Quarter 2 = 89.1%
Patient reported outcome measures[1,2] **(Continuation and mandatory)**	To improve response rate.	- To aim to be within national average for improved health gain. - NHS England are removing groin hernia and varicose vein from mandatory data collection, hip and knee will continue. Results not yet available
Maternity standards (new indicator following stakeholder event)	To monitor compliance with key indicators.	- Continue to monitor for maintenance and improvement in relation to breastfeeding, smoking in pregnancy and 12 week booking. - Monitor actions taken from gap analysis regarding "Saving Babies Lives" report. On track and priorities of "Each baby Counts" policy in place
Paediatric care (new indicator following stakeholder event)	Embed paediatric pathway work stream.	- Continue development of more direct and personal relationships with individuals within Primary and Secondary care by building on the work already undertaken.
Excellence Reporting (new indicator following stakeholder event)	To ensure that CDDFT continues to embed learning from excellence into standard culture and practice through Excellence Reporting.	- A monthly report to the Executive and Clinical Leadership Committee (ECL) incorporating total Excellence Reports for the preceding month, a Care Group breakdown, highlights of departments with the most excellence reports and common themes. - A quarterly report to the Integrated Quality Assurance Committee (IQAC) summarising the ECL report and encompassing summary from learning from excellence group. Now embedded in practice

1 - continuation from previous year

2 - mandatory measure

3 - new indicator following stakeholder events

During 2018/2019 we will incorporate a section to include changes to services and their impact, with a particular emphasis on access to clinical services and whether their effectiveness has been diminished through service change.

Four Never Events have been reported since April 2018. Action plans are developed and monitoring is in place for completion

Recommendation

The Committee receives the report as evidence of ongoing commitment to improve quality outcomes for patients under our care.

Joanne Todd
Associate Director of Nursing (Patient Safety & Governance)
October 2018

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Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Quality Account Quarter 2 Update

Quality Account 19/20 Improvement Priorities

1. INTRODUCTION AND PURPOSE

1.1 This report presents updates against each of the four key quality improvement priorities for 2018/2019 identified in the current TEWV Quality Account as well as performance against the agreed quality metrics up to 30th September 2018. Some comparisons are made with 2018/19 Q1 to give an indication of the direction of travel.

1.2 It also sets out the priorities for next year's Quality Account which were approved by TEWV's Board of Directors on 30th October 2018.

2. BACKGROUND INFORMATION AND CONTEXT

2.1 NHS Trusts and Foundation Trusts are required to produce a Quality Account each year. The document must include between 3 and 5 quality priorities and a number of quality metrics (measures) and targets.

2.2 Trusts must engage and involve stakeholders in the production of their Quality Account. Although there is only a legal obligation to engage the largest local authority and CCG (by contract value) for each Foundation Trust, TEWV has an annual process that gives representatives of all of the overview and scrutiny committees, health and wellbeing boards, commissioners and Healthwatch bodies in the areas served by the Trust the opportunity to help the Trust identify issues and to shape the priorities. Trust governors are also engaged in this process.

2.3 The Stakeholder engagement events that we hold each February and July are the most visible part of this process, but we also deliver progress reports, such as this Quarter 2 report to Overview and Scrutiny Committees (on request), CCGs and to our Council of Governors.

3. KEY ISSUES

3.1 Progress on the four Quality Priorities for 2018/2019

3.1.1 Within the 2017/2018 Quality Account the Trust agreed the following four quality improvement priorities for 2018/2019:

- Reduce the number of Preventable Deaths
- Improve the clinical effectiveness and patient experience in time of transition from Child to Adult services
- Make our Care Plans more personal
- Develop a Trust-wide approach to Dual Diagnosis, which ensures that people with substance misuse issues can access appropriate and effective mental health services

3.1.2 There are a total of 46 actions set out in the Quality Account to deliver these priorities. **40 of these 46** quality improvement actions were **Green** at 30/09/2018 (87%). The paragraph below shows that these are spread across all four priorities.

3.1.3 Actions that were reporting red at 30/09/2018:

- ***Further Improve the clinical effectiveness and patient experience at times of transition from CYP to Adult services - Implement actions from the thematic review of patient stories:*** Although all patients who transition from CYP to Adult services are asked 3 months later to complete a post-transitions survey so far there have only been three responses received. There are actions in place to ensure transferees are better targeted; this is still work in progress but there is not enough data available to be able to complete to complete a thematic review. It is expected that this will be delivered in Quarter 3 2018/2019 after we have collected more patient stories.

- ***Improve the personalisation of care planning – Co-develop training and development packages and align to, and incorporate where possible, the training and development work of other programmes, projects and business as usual – these must include evaluation measures:*** The development of the training packages is currently underway but is not yet complete. They are being co-produced with the Trust's Experts by Experience. It is expected that this will be now be delivered in Quarter 3 2018/2019.

- ***Develop a Trust-wide approach to Dual Diagnosis which ensure that people with substance misuse issues can access appropriate and effective mental health services – Directorates and specialties to confirm their use of Dual Diagnosis Clinical Link Pathway (CliP) within relevant pathways:*** The Dual Diagnosis Clinical Link Pathway has been circulated but all feedback has not yet been obtained from all parts of the Trust. It is expected that this will now be delivered in Quarter 3 2018/2019.

- ***Develop a Trust-wide approach to Dual Diagnosis which ensure that people with substance misuse issues can access appropriate and effective mental health services – To introduce a Training Needs Analysis (TNA) which includes dual diagnosis and identify those staff who have dual diagnosis capabilities:*** The Dual Diagnosis staff competency and training audit is currently in draft format however it is expected that this will be delivered in full in Quarter 3 2018/2019.

- ***Reduce the number of Preventable Deaths – To produce an engagement plan to involve family, carers and non-Executive Director within the review process:*** Guidance was published by the National Quality Board in late July. An initial paper was taken to Patient Safety Group in August. The resulting plan is being discussed by TEWV's Patient Safety Group in October (just after the end of quarter 2 when this was due) and will be implemented by the end of Quarter 3 2018/2019.

3.2 Performance against Quality Metrics at Quarter 2

Our full Quality improvement metric performance is set out in Appendix 1. The following table shows the number and percentage of the Quality Metrics in each RAG Category as at Quarter 2. The RAG ratings used to monitor the metrics are simply green if the target is met and red if the target is not met.

RED	GREEN
Patient Safety Measures	
67%	33%
Clinical Effectiveness Measures	
33%	67%
Patient Experience Measures	
100%	0%

Patient Safety Measures – Information regarding Red metrics

Metric 1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'

The Trust position for Quarter 2 is 59.67%, which relates to 466 out of 781 surveys. This is 28.33% below the Trust target of 82.00% and represents reduction of just under 3 percentage points compared to the previous quarter. All localities are underperforming this quarter. North Yorkshire are performing highest with 70.48% and Forensic Services are performing lowest with 43.75%. Our data generally indicates that the most frequent reason that people feel unsafe is due to other patients on the wards.

Metric 3: Number of incidents of physical intervention/restraint per 1000 occupied bed days

The Trust position for Quarter 2 is 34.43, which relates to 2,391 incidents out of 69,451 Occupied Bed Days (OBDs). This is 15.18 above the Trust target of 19.25 - almost identical to Q1. Forensic Services, North Yorkshire and Durham & Darlington are achieving the target this Quarter. Of the underperforming localities York & Selby had 30.89 incidents per 1000 OBDs and Teesside are performing furthest away from the target at 88.59 per 1000 OBDs. The Teesside figures are significantly higher than the rest of the organisation due to the frequency of incidents involving physical intervention that were reported from Trust's West Lane Hospital.

West Lane is TEWV's hospital for children and young people. This is located in Middlesbrough but admits patients from the whole of the North East and north Cumbria, and occasionally from elsewhere in the UK. 1,407 incidents were reported across the West Lane site during Q2. These incidents represent 59% of the Trust's total usage of physical intervention. The majority of these incidents are linked to a small group of individuals, with 6 patients involved in 1,040 incidents. The complex needs of this group regularly require physical intervention to be utilised as part of their clinical treatment in providing them with nutrition. 2 of the 6 patients alone, due to the level and complexity of their needs, were involved in 531 of the reported incidents.

Services at West Lane continue to work closely with the Trust's Positive and Safe team to develop Behaviour Support Plans for patients and to implement Safewards intervention access there wards. In addition to further support the wards, TEWV has successfully applied for all 3 wards at that hospital to take part in a National Service Improvement Project facilitated by NHS England and NHS improvement. This will commence on 23rd November. It is hoped that this will help TEWV to reduce the levels of restrictive intervention.

Clinical Effectiveness Measures

Metric 6: Average length of stay for patients in Adult Mental Health Services and Mental Health Services for Older People Assessment and Treatment Wards:

The average length of stay for patients in Mental Health Services for Older People for Quarter 2 is 65.50 days. This is 13.5 above the Trust target of <52, and very similar to the Q1 position.

The median length of stay within MHSOP was **49** days, which is within the target threshold of less than 52 days and demonstrates that the small number of patients that had very long lengths of stay have a significant impact on the mean figures reported. A small number of patients have long lengths of say which impact on the average figure. The two drivers of long stays tend to be clinical complexity and a lack of suitable care home placements for patients to be discharged into. The Trust is engaging with some local authorities on locality specific schemes to reduce delayed discharges.

Patient Experience Measures

Metric 7: Percentage of patients who reported their overall experience as 'excellent' or 'good'

The Trust position for Quarter 2 is 91.34%, which relates to 4,337 out of 4,748 surveys. This is 2.66% below the Trust target of 94.00%. There has been an improvement of just over half a percentage point from Q1 to Q2.

All localities are underperforming this quarter. North Yorkshire are performing highest with 93.38% and Forensic Services are performing lowest with 84.40%.
There are a number of initiatives taking place which may improve patient experience. These include training forensic patients in quality improvement techniques and involving them in quality improvement work. The Trust has also invested in environmental improvements to the café and created a family room at West Park Hospital, Darlington.

Metric 8: Percentage of patients that report that staff treated them with dignity and respect

The Trust position for Quarter 2 is 86.08%, which relates to 3,796 out of 4,410 surveyed. This is 7.92% below the Trust target of 94.00%, but represents an improvement of over 2 percentage points on Q1.

All localities are underperforming this quarter. North Yorkshire are performing highest with 89.74% and Forensic Services are performing lowest with 73.81%.

The Trust continues to communicate the need for managers and staff to reflect the Trust's values in their day to day behaviours, and has been using expert by experience testimonies to increase both corporate and clinical staff understanding and empathy. The Trust is also delivering an autism awareness training programme so that staff can better understand how best to interact with, and take account of the needs of this particular service user group.

Metric 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment

The Trust position for Quarter 2 is 87.76%, which relates to 4,203 out of 4,789 surveys. This is 6.24% below the trust target of 94.00%, but is an improvement of just under 2 percentage points on Q1

All localities are underperforming this quarter. North Yorkshire are performing highest with 90.27% and Forensic Services are performing lowest with 81.20%

In relation to the Patient Experience Measures, the Trust is working hard to try and ensure that these targets are met in future. If there are areas/teams where specific issues are identified then action plans are put in place to address these.

3.3 Improvement Priorities for 2019/20 (2018/19 Quality Account)

3.3.1 Following a process which has gathered views from Trust governors, stakeholders, service users and carers, managers and staff; analysed current activity and other quantitative data and created future forecasts; and considered local and national policy priorities, the Trust Board has determined that the existing four Quality Account priorities will be extended into 19/20 and a new 5th priority added as shown in the table below:

	Improvement Priority	Lead Director	Completion Date
A	*Further improve the clinical effectiveness and patient experience at times of transition from CYP to AMH services*	*Director of Quality Governance*	*Q4 19/20*
B	*Make Care Plans more personal*	*Director of Nursing and Governance*	*Q4 19/20*
C	*Develop a Trust-wide approach to dual diagnosis which ensures that people with substance misuse issues can access appropriate and effective mental health services*	*Chief Operating Officer*	*Q4 19/20*
D	*Reduce the number of preventable deaths*	*Director of Quality Governance*	*Q4 19/20*
E (new)	*Review our urgent care services and identify a future model for delivery*	*Chief Operating Officer*	*Q4 19/20*

3.3.2 The detailed actions and milestones for each priority will now be worked up and presented to TEWV's Quality Account Stakeholder event at Scotch Corner on 5th February, TEWV's Quality Assurance Committee on 7th February prior to the completion of the draft Quality Account document and the formal consultation with stakeholders on this in April and May.

4. IMPLICATIONS

4.1. Compliance with the CQC Fundamental Standards
The information in this report highlights where we are not achieving the targets we agreed in our 2018/2019 Quality Account and where improvements are needed to ensure our services deliver high quality care and therefore meet the CQC fundamental standards.

4.2. Financial/Value for Money
There are no direct financial implications associated with this report, however there may be some financial implications associated with improving performance where necessary. These will be identified as part of the action plans as appropriate.

4.3. Legal and Constitutional (including the NHS Constitution)
There are no direct legal and constitutional implications associated with this paper, although the Trust is required each year to produce a Quality Account and this paper contributes to the development of this.

4.4. Equality and Diversity
The Trust does monitor quality data for protected characteristic groups where possible, and takes action at Trust or Locality level to address issues as they are identified.

4.5. Risks
There are no specific risks associated with this progress report

5. CONCLUSIONS

5.1 The current quality priorities are on track for delivery with only a few slight delays to specific actions.

5.2 In terms of Quality Metrics, 3 of 9 (33%) are reporting green. We are reporting red on 6 of 9 metrics (66%). Although there have been some encouraging trends since the last quarter the issues that have to be addressed if the Trust is to hit its ambitious

quality targets remain complex, and many of the initiatives we are taking will have an impact only in the long term. The national support about to be received at West Lane Hospital should help the Trust to reduce the instances of restraint.

5.3 The report also notes that Stakeholder engagement outcomes have been fed into the Trust's planning process and that the Trust's Board of Directors has agreed to extend the four current quality account improvement priorities into 2019/20. It has also added reviewing our urgent care delivery model added as a 5th improvement priority.

Chris Lanigan
Head of Planning and Business Development

Laura Kirkbride
Planning and Business Development Manager

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Appendix 1: Performance with Quality Metrics at Quarter 2 2018/2019

Quality Metrics											
Patient Safety Measures											
	Quarter 1 18/19		**Quarter 2 18/19**		**Quarter 3 18/19**		**18/19**		**2017/2018**	**2016/2017**	**2015/2016**
	Target	**Actual**	**Target**	**Actual**	**Target**	**Actual**	**Target**	**Actual**			
1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'	88.00%	62.40%	88.00%	59.67%	88.00%		88.00%		62.30%	N/A	N/A
2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) - for inpatients	0.35	0.17	0.35	0.19	0.35		0.35		0.12	0.37	N/A
3: Number of incidents of physical intervention/restraint per 1000 occupied bed days	19.25	34.23	19.25	34.43	19.25		19.25		30.65	20.26	N/A
Clinical Effectiveness Measures											
4: Existing percentage of patients on Care Program Approach who were followed up within 7 days after discharge from psychiatric inpatient care	>95%	98.07%	>95%	97.03%	>95%		>95%		94.78%	98.35%	97.75%
5: Percentage of clinical audits of NICE Guidance completed	100%	0%	100%	100%	100%		100%		100%	100%	100%
6a: Average length of stay for patients in Adult Mental Health Assessment and Treatment Wards	<30.2	24.76	<30.2	21.73	<30.2		<30.2		27.64	30.08	26.81
6b: Average length of stay for patients in Mental Health Services for Older People Assessment and Treatment Wards	<52	65.89	<52	65.50	<52		<52		67.42	78.08	62.67

Patient Experience Measures											
7: Percentage of patients who reported their overall experience as excellent or good	94.00%	90.82%	94.00%	91.34%	94.00%		94.00%		90.50%	90.53%	N/A
8: Percentage of patients that report that staff treated them with dignity and respect	94.00%	84.60%	94.00%	86.08%	94.00%		94.00%		85.90%	N/A	N/A
9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment	94.00%	85.81%	94.00%	87.76%	94.00%		94.00%		87.20%	86.58%	85.51%

Appendix 2: Performance against Quality Metrics by TEWV Operational Locality

Quality Metric	Trust	Durham & Darlington	Teesside	North Yorkshire[1]	Forensic Services	York & Selby
Metric 1: Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?'	59.67%	64.06%	53.45%	70.48%	43.75%	60.56%
Metric 2: Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) - for inpatients	0.19	0.24	0.17	0.31	0.00	0.49
Metric 3: Number of incidents of physical intervention/restraint per 1000 occupied bed days	34.43	14.80	88.59[2]	13.05	12.00	30.89
Metric 4: Percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care:	97.03%	N/A	N/A	N/A	N/A	N/A
Metric 5: Percentage of Clinical Audits of NICE Guidance completed:	100%	N/A	N/A	N/A	N/A	N/A
Metric 6a: Average length of stay for patients in Adult Mental Health Services Assessment and Treatment Wards:	21.73	N/A	N/A	N/A	N/A	N/A
Metric 6b: Average length of stay for patients in Mental Health Services for Older People Assessment and Treatment Wards:	65.50	N/A	N/A	N/A	N/A	N/A
Metric 7: Percentage of patients who reported their overall experience as 'excellent' or 'good'	91.34%	92.35%	91.09%	93.38%	84.40%	90.43%
Metric 8: Percentage of patients that report that staff treated them with dignity and respect	86.08%	88.62%	84.34%	89.74%	73.81%	87.07%
Metric 9: Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment	87.76%	89.43%	87.14%	90.27%	81.20%	85.63%

[1] Services covering Hambleton, Richmondshire, Whitby, Scarborough, Harrogate and Rural District and Ryedale. The Wetherby area of Leeds is also served by these teams.
[2] Teesside statistics include the children and young people's wards at West Lane, which serves the North East and north Cumbria (and also admits patients from Yorkshire and elsewhere)

County Durham
Integrated care
partnership

NHS Planning and the Developing Commissioning Landscape

Health Overview and Scrutiny Committee

4th December 2018

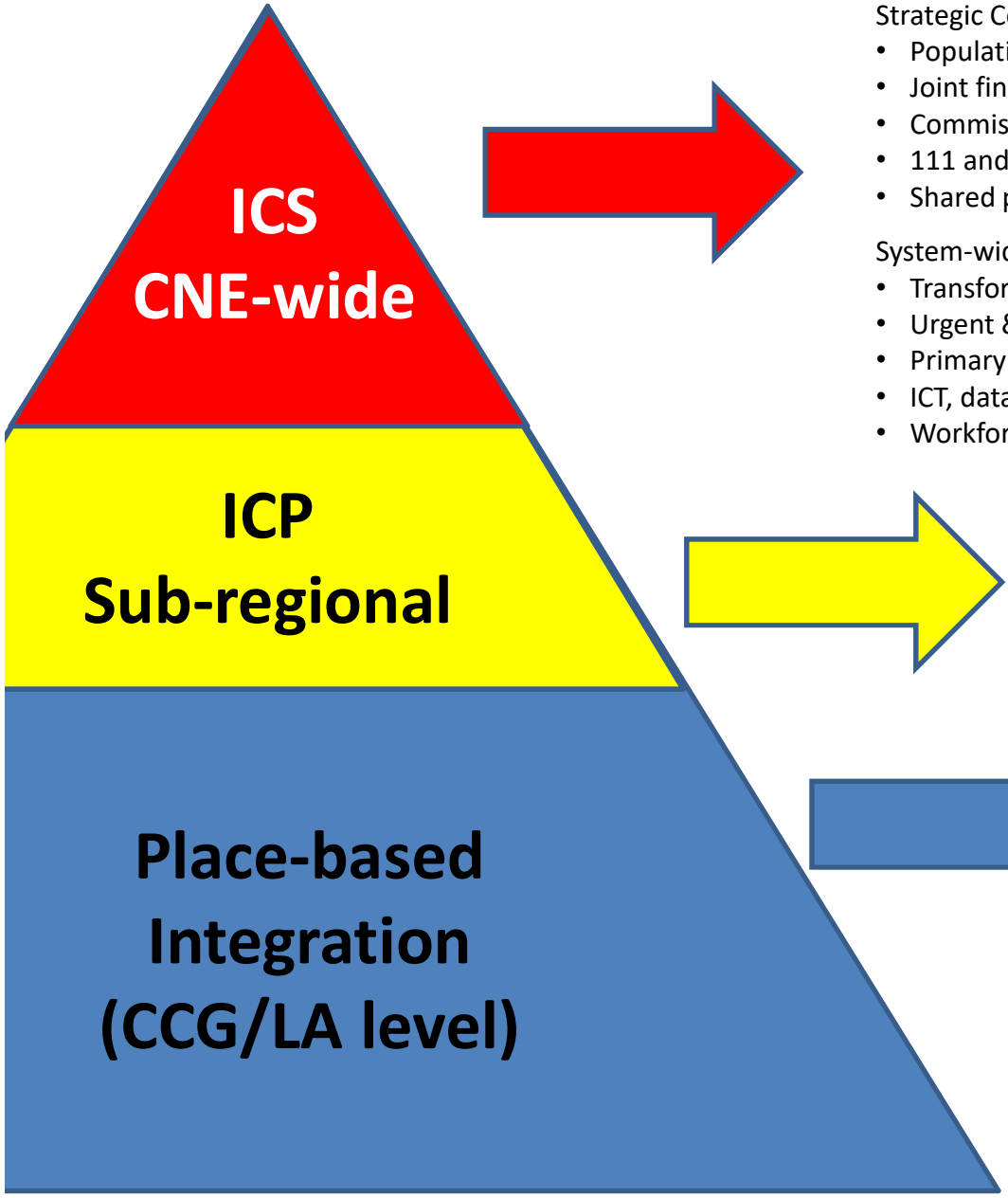
Dr. Stewart Findlay

Three Emerging Levels of Commissioning

- Integrated Care System (ICS)
- Integrated Care Partnership (ICP)
- Place
- Neighbourhoods (PCH/TAP)
- CCG reorganisation

Our ‘place’ is County Durham

What gets done at ICS, ICP, and place-based levels



Strategic Commissioning
- Population Health Management
- Joint financial planning
- Commissioning of specialised acute services
- 111 and ambulance
- Shared policies and pathway redesign (VBC/IFRs) - TBC

System-wide coordination
- Transformation programmes
- Urgent & Emergency Care
- Primary prevention, Public Health and Strategic Comms
- ICT, data management and digital care
- Workforce planning, e.g. recruitment and harmonised training

- Commissioning, contracting and performance management of acute hospital services
- Acute services reconfiguration and improvement (e.g. BHP, P2E, Success Regime)
- **Risk sharing …**

- Public & political engagement and consultation
  - Health and Wellbeing Boards
  - Overview and Scrutiny committees
  - GP Councils of Practices
- Relationship with local public and third sector
- Commissioning of
  - GP services
  - Community Services
  - Health and Social Care integration
  - Local pharmacy services
- Local workforce development
- Safeguarding children and adults

Place: Durham Integrated Model Overview

- Health and Wellbeing Board -2016
- Ambition to integrate further
- Primary Care central
- Teams around Patients first stage
- Community reprocurement

County Durham
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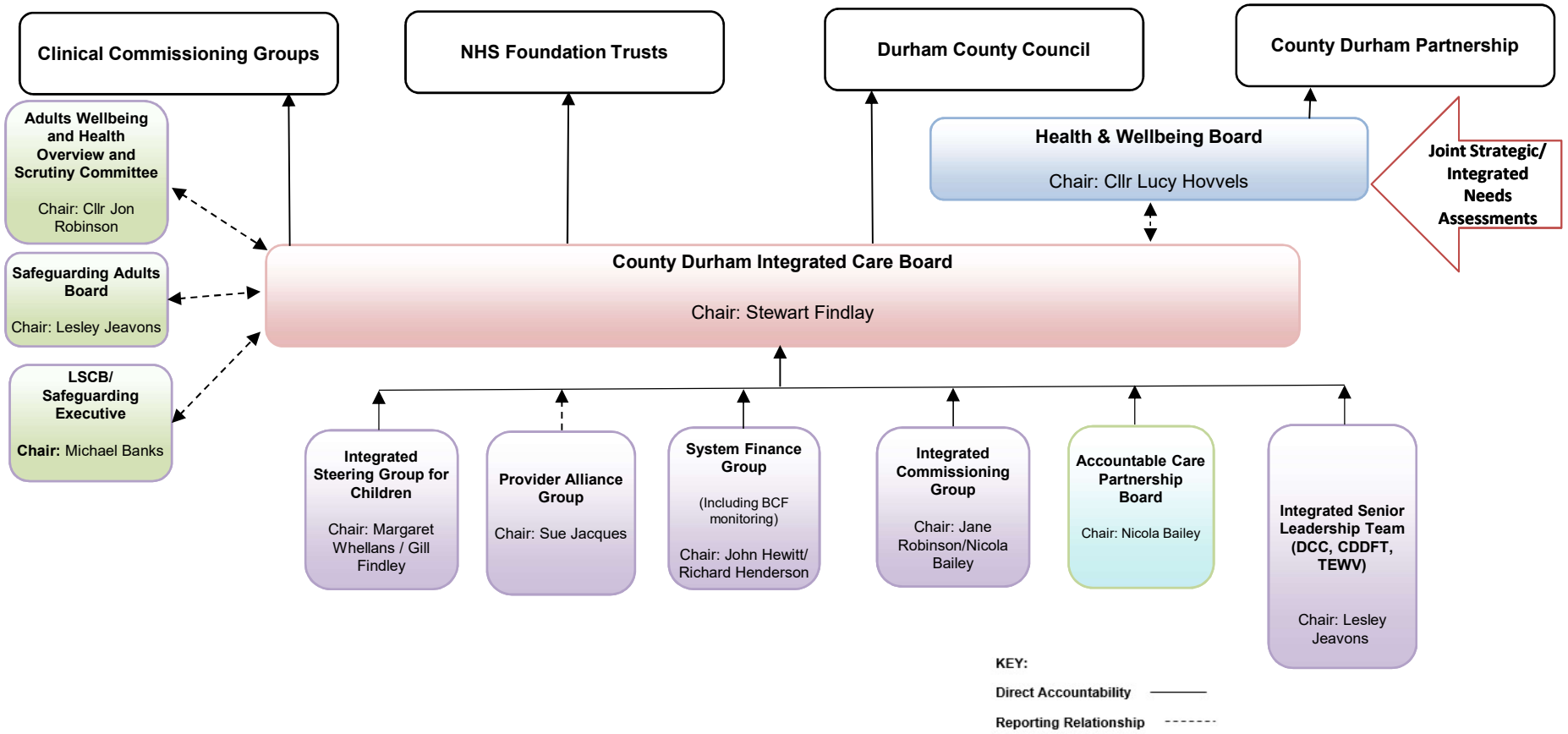
Teams Around Patients

- 13 Teams Around Patients (TAP) established.
- Staff aligned
- Proactive care management of the frail elderly underway
- Voluntary Sector engaged

Our Ambition

- Health and Social Care Plan for County Durham
- True partnership approach
- Community service redesign
- Integrated service delivery
- Integrated commissioning

Integrated Care Board Joint Working Arrangements Structure



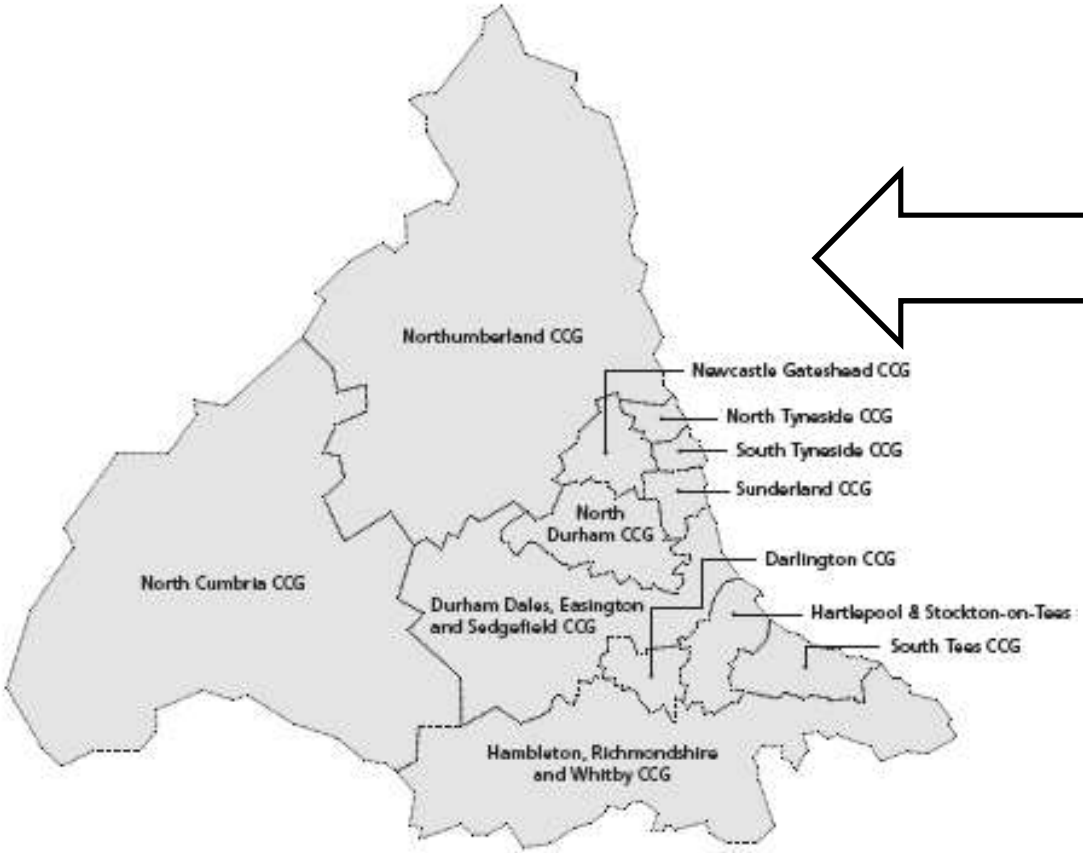
Next Steps

- Development of an integrated commissioning unit for County Durham for place based commissioning
- Focussing on
  - What it makes sense to commission together e.g. intermediate care services which have been jointly commissioned for 3 years +
  - How we build on this and do things once, share resource etc.

The Future

- Deliver fully integrated service
- Fit for purpose structure across NHS and Adult Social Care
- Whole system approaches including all providers on patch
- Clear pathways between Community Services in County Durham and Acute Healthcare in CNE
- Fundamental shift of resource/services

Integrated Care System Update



12 Clinical Commissioning Groups

12 unitary local authorities and 2 county councils with districts

The case for change: why we need an ICS in CNE

Context

- A long-established geography, with highly interdependent clinical services
- Vast majority of patient flows stay within the patch.
- Strong history of joint working, with a unanimous commitment to go further as an ICS
- High performing patch, with a track record of delivery

Challenges

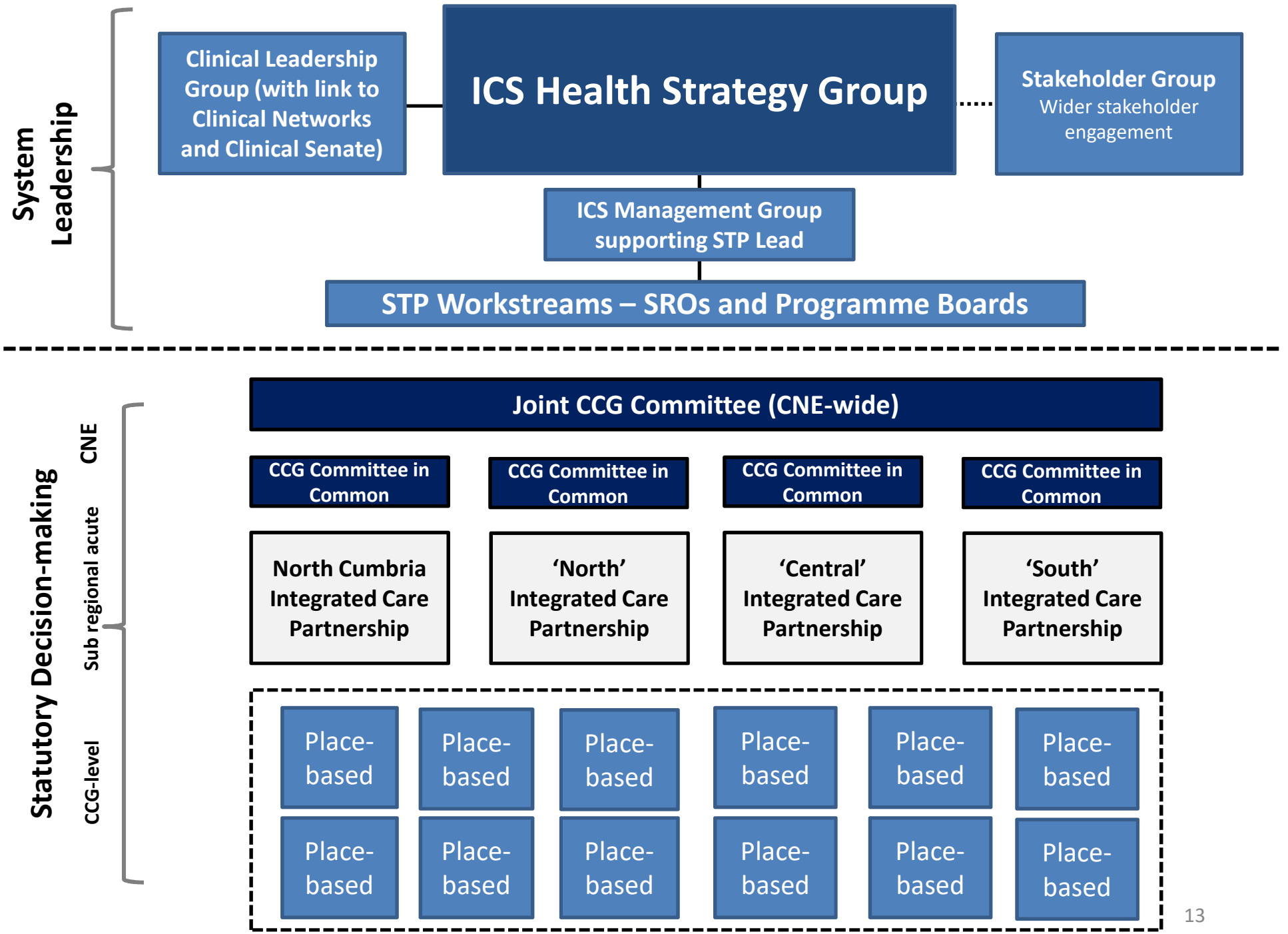
- Fragmentation following the 2012 Act has made system-wide decision-making difficult
- Significant financial gaps , service sustainability issues and poor health outcomes
- Maximising our collective impact to delivery the triple aim whilst reducing duplication and overheads.

Our ICS will:

- Create a single leadership, decision-making and self-governing assurance framework for CNE
- Coordinate the integration of 4 ICPs – building on the learning from North Cumbria
- Establish joint financial management arrangements
- Aspire to devolved control of key financial and staffing resources
- Set the overall clinical strategy and enabling workstreams to reduce variation
- Coordinate 'at scale' shared improvement initiatives – including prevention and pathway standardisation
- Arbitrate where required and hold the ICPs to account for the delivery of FYFV outcomes

Our ICPs will be commissioned to

- Deliver integrated primary, community and acute care (aligned to the overall ICS strategy).
- Ensure critical mass to sustain vulnerable acute services within their geography


System Leadership
Clinical Leadership Group (with link to Clinical Networks and Clinical Senate)
ICS Health Strategy Group
Stakeholder Group
Wider stakeholder engagement
ICS Management Group supporting STP Lead
STP Workstreams – SROs and Programme Boards
Statutory Decision-making
CNE
Sub regional acute
CCG-level
Joint CCG Committee (CNE-wide)
CCG Committee in Common
CCG Committee in Common
CCG Committee in Common
CCG Committee in Common
North Cumbria Integrated Care Partnership
'North' Integrated Care Partnership
'Central' Integrated Care Partnership
'South' Integrated Care Partnership
Place-based
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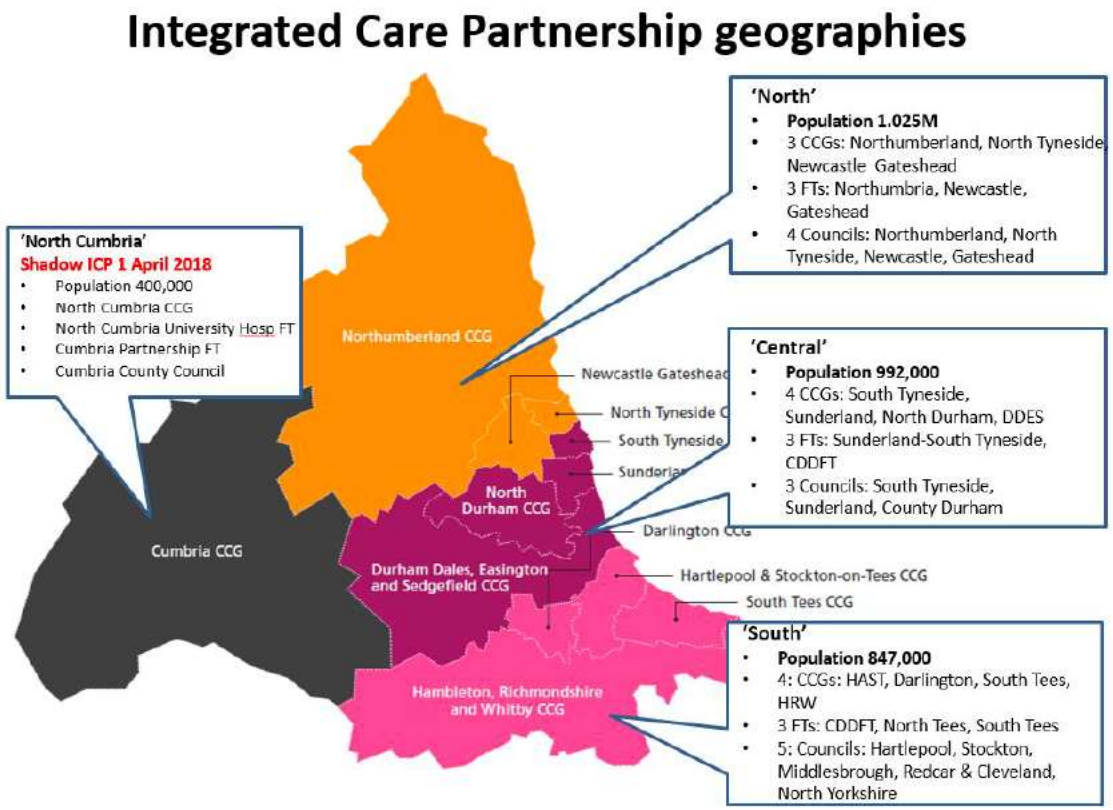
We have concluded on our ICP boundaries



- Role and function of the ICP is being considered
- Local Authority representatives involved in the development work

5 CCG Collaborative

1. North Durham CCG
2. DDES CCG
3. Darlington CCG
4. Hartlepool and Stockton CCG
5. South Tees CCG

Single executive team

Dr Neil O'Brien – Chief Clinical Officer

Dr Stewart Findlay – Chief Officer (Durham)

Nicola Bailey – Chief Officer (Darlington and Tees)

Supporting structure in development

Benefits of Collaboration

- Sharing resources and pooling expertise
- Reducing variation
- Reduce duplication
- Reducing management costs
- Increased focus on transformation
- Ability to retain a focus on ‘place’

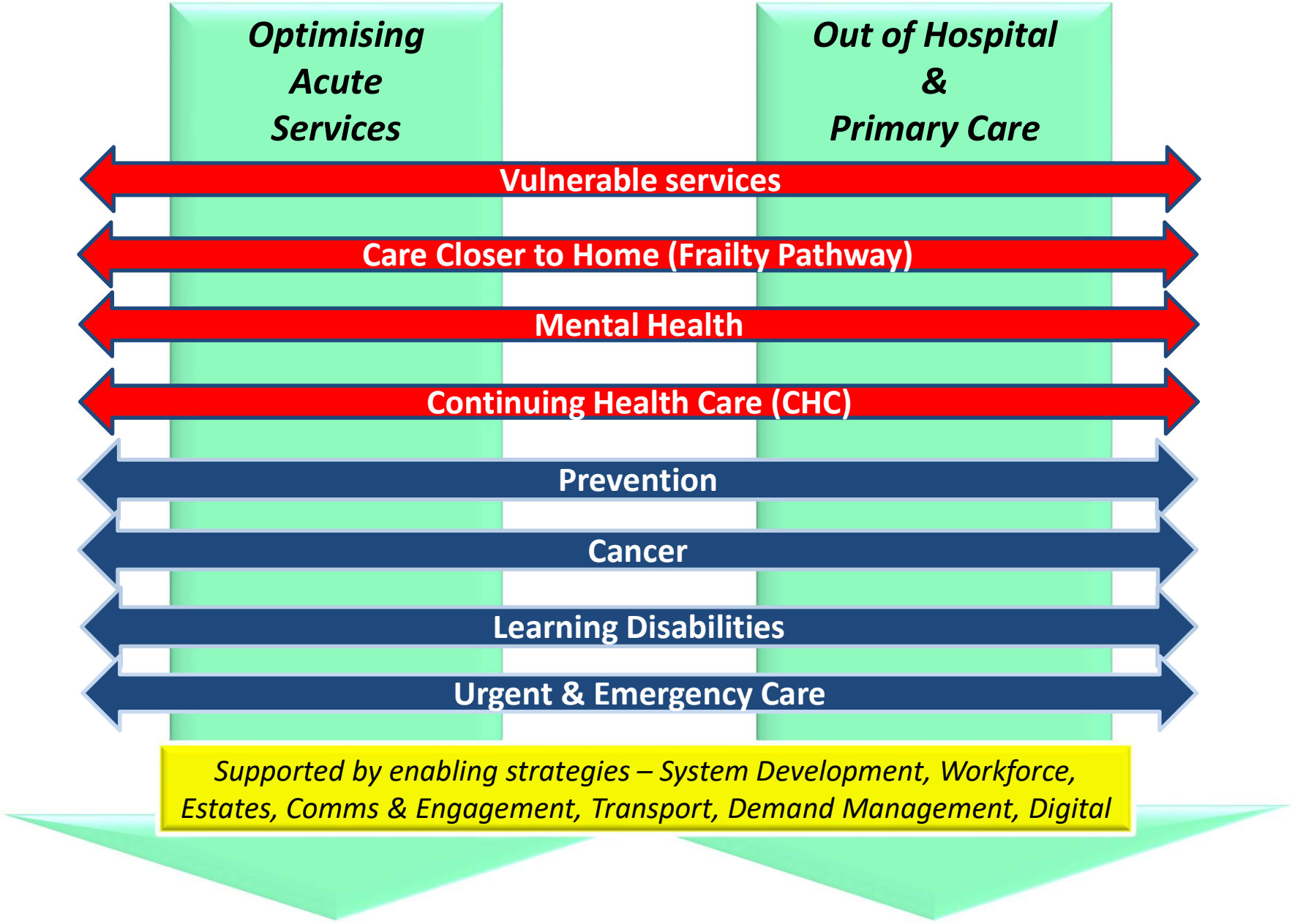
Timetable

Shadow ICS by April 2019

Support from PWC and Optim

Aspiration to go live April 2020

CNE delivery programmes & enabling strategies



NHS Long term plan by Autumn 2018

Due to be published early December

Planning

- Planning Guidance due early December 2018
- Plans expected across ICS/ICPs
- Local plans 1st cut due to be completed January 2019
- Some information available now
  - £3.5m for primary and community care by 2023/24
  - 20% reduction in running costs by 2020/21
- Community investment £2m in Durham

Expected Priorities from NHS Plan

- Prevention and personal responsibility
- Healthy childhood and maternal health
- Integrated and personalized care for people with long-term conditions and the frail elderly (including dementia)

Clinical priorities

- Cancer
- Cardiovascular and Respiratory
- Learning Disability and Autism
- Mental Health

Enablers

- Workforce, training and leadership
- Digital and technology
- Primary Care
- Research and innovation
- Clinical review of standards
- Engagement
- Funding and financial architecture
- Capital and infrastructure
- Efficiency and productivity

Southern ICP Priorities

- Vulnerable Services
  - Paediatrics and Maternity Services
  - Breast Services
  - Urology
  - Spinal Services
  - Frailty
- Supported by Sir Ian Carruthers

Thank you

Any questions?

Developing Integrated Health and Care Partnerships
North East and North Cumbria

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