Adults Wellbeing and Health
Overview and Scrutiny Committee

1st October 2012

Quality Legacy Project

Report of Rosemary Granger, Project Director

Purpose of Report

1. The purpose of this report is to provide the Overview and Scrutiny Committee with a Project Brief and presentation on the Quality Legacy Project.

Background

2. A Quality Legacy Project briefing paper is attached, outlining the project which is underway across County Durham and Tees Valley that will support and enhance the commissioning of acute hospital services as Primary Care Trusts transfer their commissioning responsibilities to Clinical Commissioning Groups over the next year.

3. The Quality Legacy Project was discussed by the County Durham Shadow Health and Wellbeing Board on 5th September 2012.

Recommendation

4. It is recommended that the Overview and Scrutiny Committee note the contents of the Project Brief and presentation.

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County Durham and Tees Valley Acute Services Quality Legacy Project

Briefing

Introduction

The purpose of this briefing is to inform colleagues and stakeholder organisations about a significant project that is underway across County Durham and Tees Valley that will support and enhance the commissioning of acute hospital services as Primary Care Trusts transfer their commissioning responsibilities to Clinical Commissioning Groups over the next year.

The overall objective of the project is to reach consensus on the quality standards in acute services we want to achieve, using levels of national best practice. We will identify opportunities for meeting these standards and assess the financial environment and workforce constraints in which such improvements may take place.

There are three main reasons for the project being initiated at this time:

- To support the transition of commissioning responsibility from Primary Care Trusts to Clinical Commissioning Groups
- To inform the commissioning and contracting intentions process for the 2013/14 financial year.
- In preparation for the publication of the Francis 2 inquiry report into Mid-Staffordshire NHS Foundation Trust, due in October 2012.

1. **Project scope**: within the scope of the project are the secondary and tertiary care elements of:
   - County Durham and Darlington FT
   - North Tees and Hartlepool FT
   - South Tees Hospitals FT

Out of scope:

- Mental Health
- Ambulance services
- Neighbouring acute hospital services
- Primary Care Services
- Community services

2. **The project will deliver**, by November 2012, a quality legacy report for acute hospital services in County Durham and Tees Valley. This will include: a quality, economic, and workforce assessment based on the assumptions agreed across the two health economies and recommendations for implementing agreed quality standards based on the findings from this work. The Clinical Commissioning Groups will pick up the recommendations to feed into commissioning intentions going forward.

3. Key interfaces:

The work will feed into:

- The PCT cluster legacy documents
- Tees Valley Strategic Forum
- CCG commissioning intentions and “Clear and Credible” Plans

4. Communication and Engagement

Objectives: To ensure there is a shared understanding of the project objectives and that partners and wider stakeholders are informed of and engaged appropriately in the project. We must ensure the project benefits from the contributions and comments of partners and stakeholders and that there is ownership of the project outcomes by those partners directly involved.

The approach to communication and engagement will be to tailor engagement appropriately: for key partners who are directly involved in the project and ensure they are kept informed and involved in order to optimise their input and ownership of the project outcomes; for stakeholders who need to be kept informed and engaged and ensure they are provided with opportunities to receive information about the project and its progress and for wider stakeholders who need to be kept informed of project progress and outcomes.

5. Project workstreams

There are three workstreams within the project and each member of the project team is responsible for leading a workstream and ensuring that their work takes account of the implications of the other workstreams.

The three workstreams are:

- Clinical assessment
- Workforce assessment
- Economic assessment

Clinical Assessment workstream objectives:
To establish a clinical consensus of the quality standards that should be aimed for in the five areas below and to produce an evidence base on current levels of hospital activity and trends over the past 3 years; modelling future activity based on impact of demographic change and impact of changes in disease prevalence eg cardio vascular disease, diabetes etc and activity growth due to changes in demand, technology, clinical practice. The evidence base will also look at the quality of services – looking specifically at wide and unexplained variation and outcomes benchmarked against national/regional standards.

There will be five clinically-led groups (Clinical Advisory Groups) covering:

- acute paediatrics and maternity services
- acute care
- planned care
- long term conditions
- end of life care

The clinical advisory groups (CAGs) for each of the clinical areas described above, have been asked to reach consensus on the following questions:

- What are the current issues facing your service?
- What does best practice look like?
- What are the barriers to achieving best practice?
- What can be done to overcome those barriers to achieve best practice?

Workforce assessment workstream objectives:
To identify the main workforce risks and opportunities for the future from an analysis of local and national workforce intelligence and to describe what good looks like using best practice and latest evidence for the design of the shape of the workforce to optimise productivity and the agreed quality standards and outcomes.

Key features of this workstream will be to use demand modelling to produce scenarios to highlight the potential future workforce risks for individual specialities and the delivery of specialist services. It will be based on the agreed quality standards, factors effecting future workforce supply such as demographics, retirements and affordability.

Economic workstream objectives:
To try and establish a consensus on the main financial assumptions on a range of financial information covering both the commissioning and provision of acute activity forecast over the next ten years

Key features of this workstream will be to establish the range of scenarios on allocations and the impact of demography for the commissioning of acute care and establish the impact of efficiency assumptions on providers and the implications for the workforce in future years

6. What do we mean by standards and what might this mean in practice?

The quality standards that have been considered by the Clinical Advisory Groups (CAGs) have been drawn from a range of national and regional documents and reports, for example Standards for Maternity Care (RCOG 2008) and Clinical Negligence Scheme for Trusts Maternity Standards 2012/13, and outputs from the North East Clinical Innovation Teams.

Initially, the project team considered all relevant standards. In the case of acute paediatrics and maternity care for example, this amounted to over 490 standards. The team filtered these down to those standards that would have the biggest impact on clinical quality and the greatest implications for the sustainability of services. Information on all the standards will be made available to the CCGs. It is anticipated that many of these standards could be implemented through the usual commissioning and contracting processes and should therefore result in improved quality of care and outcomtes within a relatively short period of time.

Each CAG has reviewed the draft standards, and accepted, revised, rejected or referred them for further discussion. They have also identified standards they would propose to add to the list. CAG members also carried out an informal self assessment against the standards in order to gather views about whether the

standards are met currently or how challenging it would be for organisations to meet the standards in the short or medium term. It is proposed that where it is not possible to reach agreement on a particular standard, this would be referred for external review to the regional Clinical Innovation Teams (soon expected to become clinical senates or regional strategic clinical networks) or to commissioners in due course for a commissioning decision.

To provide stakeholders with a sense of the standards under discussion by the CAGs, the acute paediatrics and maternity CAG is considering a standard that would state that all obstetric units should provide 168 hour (ie 24 hours per day, 7 days a week) consultant obstetrician presence on each labour ward and each woman should receive 1:1 midwifery care during established labour. Currently there is variation across the health economy in the level of consultant obstetrician presence and 1:1 midwifery care on labour wards. The group is also looking at the best way to approach minimising variation in clinical practice, since consultant presence on the labour ward is not of itself enough to secure better outcomes for women in labour and their babies.

The next meetings of the groups will debate the potential implications of meeting the standards agreed within each CAG across the health economy of County Durham and Tees Valley in the context of economic and workforce constraints.

7. Process and timescales

The project is governed by a Project Board chaired jointly by the Chief Executive of NHS Tees and the Chief Executive of NHS County Durham and Darlington. Project Board membership includes the Chief Executives of the three NHS Foundation Trusts listed above, Clinical Commissioning Group representatives, and two Local Authority Chief Executives. The Project Board has met twice and will meet again in early October and mid November 2012.

The outcome of the Acute Services Quality Legacy Project will be a synthesised set of analysis and clinical recommendations, supported by wider workforce and economic modelling that will help inform CCGs as they develop their commissioning plans and contracting intentions for the 2013/14 financial year and onwards. This will help ensure that the focus on sustainable, high-quality care remains the key driver for all organisations commissioning or providing secondary care for the patients of County Durham, Darlington and Tees as the next phase of NHS reform begins. The report will also describe the next steps and the process for taking forward the recommendations.

Rosemary Granger
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