Health and Wellbeing Board

5 November 2014

Securing Quality in Health Services

Report of Martin Phillips, Chief Officer, Darlington Clinical Commissioning Group

Dr Boleslaw Posmyk, Clinical Chair, Hartlepool and Stockton on Tees Clinical Commissioning Group

Purpose of the Report

1. The purpose of this report is to update the Health and Wellbeing Board on the Securing Quality in Health Services Project.

Background

2. The Health and Wellbeing Board received a report in June 2013 on this project that spans Durham, Darlington and Tees.

3. The **securing quality in health services (SeQIHS) project** was initiated by primary care trusts and has now become the responsibility of the five clinical commissioning groups, working together with the local hospital foundation trusts, in the County Durham, Darlington and Tees region. We are also in discussion with the neighbouring Hambleton, Richmondshire and Whitby CCG.

4. Over the next ten years, both commissioners and providers of acute services face a range of challenges that threaten their long term sustainability. These include an ageing population, a rise in the number of people with long-term conditions, lifestyle risk factors in the young and greater public expectations of NHS provision. All this must be set against rising costs and constrained financial resources.

5. There is growing evidence that patient outcomes could be improved by increasing the number of hours that senior doctors are available in hospital wards to make decisions about the assessment and treatment of patients.

6. Taking into account the number of people currently training to work as health professionals in the region and the age profile of existing staff, we are likely to experience staff shortages in the medium to long term unless we take action.

7. These drivers, along with the requirement to ensure that the delivery of high quality clinical standards remains a priority for commissioners and providers alike, create the rationale and momentum for this project.

Overview of the project

8. This project is being delivered in three Phases:

- Phase one aimed to establish a consensus in relation to the key clinical quality standards that should be commissioned in acute hospitals.
- Phase two worked with individual organisations to update the assessment of where we are in terms of meeting the clinical quality standards now and where we will be by April 2015. It also included an assessment of the implications of meeting the standards and where there are challenges to this across the system.
- Phase three will focus on how organisations and services might work together in the future to deliver the standards and identify a model of care across the Durham, Darlington and Tees area that will maximise our ability to meet the standards within the resources available.

Phase One

9. During Phase one, the following were undertaken:

- a clinical quality assessment that considered national best practices, barriers and enablers
- an economic assessment, taking into account the local financial environment
- a workforce assessment that identified any constraints in relation to the achievement of agreed quality standards.

Phase two

10. During Phase two, clinical and other professional staff helped identify what the best possible care should look like in our hospitals and how we could go about delivering this, given increasing demand for services and the likely financial and workforce challenges ahead.

11. Between June 2013 and January 2014 an external feasibility study was a carried out which considered the implications of implementing the new standards across the Durham, Darlington and Tees region. A link to this document can be found below:

    Securing Quality in Health Services - Feasibility Analysis Report

12. The feasibility analysis was designed to provide an independent assessment at each hospital site of the timetable for implementing the

clinical standards. This included a review of the workforce implications; an investigation of affordability set against potential future financial allocations; a consideration of the overall achievability of planned milestones; and an assessment of the associated risks.

The key findings from the feasibility analysis

- Both providers and commissioners are committed to achieving the clinical standards agreed in Phase one.
- There is a strong alignment of the proposed clinical quality standards identified by the project and those highlighted by Sir Bruce's Keogh's Forum on NHS Services, Seven Days a Week.
- Appropriate monitoring mechanisms will need to be established to ensure confidence in the delivery of agreed clinical quality standards.
- There has been some progress towards the achievement of the agreed clinical standards since completion of Phase one. However trusts are unlikely to be able to deliver the required quality standards in seven key areas without further resources and/or a more system-wide approach (see below).
- The financial challenge for NHS and local authority partners has increased significantly since Phase one of the work was completed.

13. The analysis concluded that trusts would be unable to deliver the required quality improvements with significant additional funding or a change of approach in the following areas:

- Providing extended access to diagnostic services both out of hours and at weekends
- Providing extended access to other support services such as physiotherapy, pharmacy and social services both out of hours and at weekends
- Access to interventional radiology is currently extremely limited at all providers. Arrangements for out of hours cover and on-call need to be developed
- Workforce to provide 10 WTE on each level of middle grade medical rotas (impacting upon acute paediatrics, maternity and neonatal services, acute surgery and Acute medicine services)
- Trusts are close to achieving the 98 hours consultant cover at all maternity units within the region. However they are a long way from achieving the 168 hours best practice and clinical ambition agreed by the clinical advisory group
- The majority of the agreed end of life care standards are not going to be met by two of the trusts.
- The volume of neonatology services across the area means all providers fail to meet occupancy and staffing standards.
- The workforce assessment in Phase one identified that the current configuration of acute neonatal, maternity and paediatrics

services was unsustainable in the medium to long-term, and that a reduced number of sites should be considered.

Phase Three

14. The SeQIHS Project Board, which comprises NHS and local authority organisations from across the Durham, Darlington and Tees region, have confirmed their commitment to work together to continue to improve services and identify how the required clinical quality standards can be delivered within the available resources. All parties acknowledge that this could result in significant changes to the provision of services and could require significant engagement and formal consultation in due course.

15. This next stage of the project must be informed by a range of national and local initiatives including the Keogh report on urgent and emergency care, developments around integrated care, specialised services commissioning, seven day working, and the five-year plans of local CCGs. The following service areas are included in the scope of the project:

    - Acute Surgery;
    - Acute Medicine;
    - Intensive Care;
    - Acute Paediatrics, Maternity and Neonatology;
    - End of Life Care; and
    - Urgent & Emergency Care (added in phase 2 following the publication of the Keogh report on urgent and emergency care)

16. Following the completion of the feasibility analysis, the basis for moving forward was agreed as four sites [Middlesbrough, Hartlepool/Stockton, Darlington & Durham] across Durham & Tees Valley together with Friarage Hospital, Northallerton, all delivering a range of inpatient, outpatient, diagnostic and urgent care services.

17. It was also agreed that critical to consideration of any proposals to change the pattern of service delivery will be the need to reach agreement on the balance between quality, access and affordability.

18. To progress these discussions and to further develop the case for change and a service model for the area, a clinical leadership group has been established. The group is made up of senior clinicians from the three Foundation Trusts and the CCGs and Healthwatch colleagues, and is chaired by the chair of the Northern Clinical Senate who is independent of the organisations involved in the project.

19. The purpose of the Clinical Leadership Group is to provide clinical leadership, advice and challenge to the project. The group will make recommendations as to the future model of care for Durham, Darlington and Tees, for approval by the project board and it is anticipated that this will be in draft form in the new year.

Engagement

20. To date, there has been significant engagement with partners, Health and Wellbeing Boards and Overview and Scrutiny Groups. In the next phase of this work, the Board has acknowledged the need to incorporate wider involvement of the public and patients.

21. To this end we are commissioning independent research which will be carried out with the public to gain an understanding of what local people feel is important about hospital services, gauge levels of understanding of the balance that has to be achieved between quality, access and affordability and gauge levels of understanding about the need for change in the NHS generally.

22. We are also working with Healthwatch colleagues to obtain their advice about the further development of our engagement with local people.

Recommendations

23. The Health and Wellbeing Board is recommended to:

- Note the contents of this report
- Receive a further update from the project team in due course

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Appendix 1: Implications

Finance
No Implications at this stage

Staffing
No Implications at this stage

Risk
No Implications at this stage

Equality and Diversity / Public Sector Equality Duty
No Implications at this stage

Accommodation
No Implications at this stage

Crime and Disorder
No Implications at this stage

Human Rights
No Implications at this stage

Consultation
No Implications at this stage

Procurement
No Implications at this stage

Disability Issues
No Implications at this stage

Legal Implications
No Implications at this stage