

## **AGENDA ITEM**

### **REPORT TO HEALTH AND WELLBEING BOARD**

**23 JANUARY 2014**

**CHIEF OFFICER NHS  
HARTLEPOOL AND STOCKTON  
ON TEES CLINICAL  
COMMISSIONING GROUP**

#### **SECURING QUALITY IN HEALTH SERVICES – Feasibility Analysis Report**

##### **SUMMARY**

The report presents the findings from the feasibility analysis undertaken following the completion of Stage 1 of the Acute Services Quality Legacy Project (now known as Securing Quality in Health Services (SeQUiS) previously presented to the Health and Wellbeing Board in 2013.

The feasibility analysis report describes which clinical quality standards will be met by 2015 and those that cannot be met and sets out 7 key themes or areas which all the trusts are failing to meet and will struggle to achieve, without a change of approach either in funding or collaborative working or changing the pattern of services across providers.

##### **RECOMMENDATIONS**

The Health and Wellbeing Board are requested to receive the report, consider the findings of the feasibility analysis and discuss the implications for the local health economy. The CCG are keen to hear the views of members particularly in relation to our ambition to ensure that services will continue to be clinically and financially sustainable, provided by viable and sustainable organisations; and suggestions on approaches to broader public and stakeholder engagement.

##### **DETAIL**

1. Having identified the clinical quality standards required during stage 1 of the project, we needed to assess the implications and feasibility of implementing the standards.  
This entailed:
  - Reconfirming the commitment of the County Durham and Darlington NHS FT, North Tees and Hartlepool NHS FT and South Tees Hospitals NHS FT, to delivering the standards across the five clinical areas including Acute Paediatrics, Maternity and Neonatology (APMN); Acute medicine; Acute surgery; Intensive care; and End of Life.
  - For each of the clinical quality standards, carrying out an independent assessment at each hospital site of the timetable and implications of implementing the standard, including:
    - Identifying those standards met since the last assessment in 2013
    - Reviewing the financial and workforce implications of implementation
    - Evaluating the achievability of planned milestones and critically assessing the risks, aiming for implementation by 2015
2. The scope of the project included secondary and tertiary care services at County Durham and Darlington NHS FT, North Tees and Hartlepool NHS FT and South Tees Hospitals NHS FT, in five clinical areas above.
3. Whilst the report reflects the commitment to and progress made in achieving the clinical standards, it also highlights significant challenges encountered in achieving full compliance and a sustainable health economy given workforce and resource constraints.

4. The ambition is to secure high quality care for the population of Durham, Darlington and Tees (DDT);
5. The current levels of adoption of the clinical standards (and the risk of deterioration in compliance with these standards as financial pressures increase in the system) means that doing nothing is not an option especially given the rigorous quality requirements of current national policy.
6. The CCGs need to consider options for the future pattern of service delivery to meet the clinical standards within a more financially sustainable model.

## **FINANCIAL IMPLICATIONS**

Financial considerations are included in the report. An investment of £9.7m will achieve an improvement in standards of just 9%, significantly below the desired level of compliance.

## **LEGAL IMPLICATIONS**

We will need to secure meaningful engagement with people, patients, public and other stakeholders as the next stage of the project commences and in due course carry out formal consultation as necessary.

## **RISK ASSESSMENT**

Risks of doing nothing are likely to result in continued deterioration in clinical standards.

### **Contact Officer**

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