

**NHS QUALITY ACCOUNTS – HEALTH COMMITTEE FINAL RESPONSES TO
QUALITY ACCOUNTS 2017/18**

To: **HEALTH COMMITTEE**

Meeting Date: **12TH July 2018**

From **The Monitoring Officer**

Electoral division(s): **All**

Forward Plan ref: **Not applicable**

Purpose: **To provide an update to the Committee on responses submitted to NHS Provider Trusts in regards to their Quality Accounts 2017/18. It is a requirement for NHS Provider Trusts to request comment from Health Scrutiny Committees on their Quality Accounts.**

Recommendation: **The Health Committee is asked to**

- a) note the statements and responses sent to the NHS Provider Trusts

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1. BACKGROUND

- 1.1 NHS Healthcare providers are required under the Health Act 2009 to produce an annual Quality Account report. A Quality Account is a report about the quality of services by an NHS healthcare provider.
- 1.2 It is a requirement for NHS Healthcare providers to send to the Health Committee in its Overview and Scrutiny function a copy of their Quality Account for information and comment. Statements received from Healthwatch and Health Overview and Scrutiny Committees must be included in the published version.
- 1.3 Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided.
- 1.4 This Health Committee on 16th March 2018 delegated approval of the responses to the Quality Accounts, received from NHS Providers, to the Head of Public Health Business Programmes in consultation with the views of members of the Task and Finish Group.

2. MAIN ISSUES

- 2.1 Councillors Dupre, Hudson and Jones were appointed to the Task and Finish Group on 16th March 2018. Table 1 details Quality Accounts that have been received at the time of this report was compiled.
- 2.2 An update was provided to committee on 17th May of the responses sent by the Task and Finish group. The final Quality Accounts have now been received and this report provides a record of all submissions from the Health Committee.

Table 1

Organisation	Quality Account Received	Deadline to respond	Response Made
Cambridge University Foundation Trust	3 rd April 2018	27 th April 2018	27 th April 2018 Appendix 1
North West Anglia Foundation Trust	20 th April 2018	4 th May 2018	4 th May 2018 Appendix 2
Cambridgeshire Community Services	27 th April 2018	28 th May 2018	25 th May 2018 Appendix 3
Cambridgeshire & Peterborough Foundation Trust	11 th May 2018	22 nd May 2018	22 nd May 2018 Appendix 4
East of England Ambulance Service Trust	14 th May 2018	13 th June 2018	13 th June 2018 Appendix 5

- 2.3 A further quality account was received from the Royal Papworth Hospital Trust on the 21st May requesting a response by 23rd May. Apologies were received from the Trust that an oversight on their part had meant the first draft had not been circulated to the committee. However the timescales to respond were viewed as insufficient and a statement to that effect was submitted on behalf of the committee (Appendix 6)
- 2.3 Responses submitted are provided in Appendix 1-6. In addition to formal statements from the Health Committee comments on clarifications and recommendations for improvements were also fed back to the providers.

SIGNIFICANT IMPLICATIONS

3.1 Resource Implications

Officer time in preparing a paper for the Committee.

3.2 Statutory, Risk and Legal Implications

These are outlined in a paper on the Health Committee powers and duties, which was considered by the Committee on 29th May 2014.

3.3 Equality and Diversity Implications

There may be equality and diversity issues to be considered in relation to the quality accounts.

3.4 Engagement and Consultation Implications

There may be engagement and consultation issues to be considered in relation to the quality accounts.

3.5 Localism and Local Member Involvement

There may be relevant local issues in relation to the quality accounts.

3.6 Public Health Implications

The quality of services at local healthcare providers will impact on public health

Source Documents	Location
NHS Choices information on Quality Accounts	http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Pages/about-quality-accounts.aspx
Reports to and minutes of Health Committee	https://cmis.cambridgeshire.gov.uk/ccclive/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/6/Default.aspx

Appendix 1

CAMBRIDGE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST - QUALITY ACCOUNT 2017/18

STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL - HEALTH COMMITTEE

The Health Committee within its scrutiny capacity has not called on representatives from Cambridgeshire University Hospital over the last year to attend scrutiny committee meetings. However, committee members have maintained an open dialogue with senior leadership at the Trust through the valuable quarterly liaison meetings which are seen as an essential part of the scrutiny function.

In response to the Quality Report 2017/18 members have found the “other Information section” very helpful in setting out targets, measurements and degree of success in reaching targets. The Committee would welcome further conversations to understand the links between not meeting targets and the challenges the Trust faces in terms of staffing. The Committee has paid a particular interest in workforce development and recruitment and retention issues across the whole health care sector and specifically scrutinising this under the Sustainable Transformation Programme (minutes can accessed via the link below).

https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/538/Committee/6/Default.aspx

There are four objectives, of which one is ‘Strengthening the Organisation’. The goal is admirable and the Committee would welcome further clarity about how this is being achieved. It would be interesting to understand the impact of this on patient journeys and organisational strength. Engaging patients in improvement is important and more information of patient involvement would be welcomed.

The Committee would like to comment on how impressive that in the staff survey over two-thirds of staff would recommend CUH as a place to work. A deeper understanding would be helpful about why there was less confidence shown by staff in their responses to taking actions over errors, near misses and incidents.

Evidence of the pressure the Trust is under through rising demand for services and vacancy rates is evident in the missed target for cancelled operations and delayed transfers of care. The Health Committee recognised that this is a whole system issue involving health and social care and acknowledge the work that CUH are undertaking in working within a partnership framework to address this local pressure.

The Committee has provided some clarification comments separately, recognising the Quality Accounts are a technical document but would like to conclude that this is a helpful report in explaining the Trusts stance on issues and what is being done though the year to make improvements.

Appendix 2

NORTH WEST ANGLIA FOUNDATION TRUST

QUALITY ACCOUNT 2017/18

STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL HEALTH COMMITTEE

The Health Committee within its scrutiny capacity has welcomed the opportunity to comment on the Quality Account for North West Anglia Foundation Trust (NWAFT) during its first year of existence. We recognise that the Trust has had a number of challenges during the merger of the Peterborough and Stamford NHS Foundation Trust (PSHFT) and Hinchingsbrooke Healthcare Trust (HHCT). Previously the Health Committee has examined a number of issues with the former HHCT as it move out of special measures.

The Health Committee within its scrutiny capacity has not called on representatives from NWAFT over the last year to attend scrutiny committee meetings, recognising that the Trust needed time to address the impact of the merger. However, committee members have maintained an open dialogue with senior leadership at the Trust through the valuable quarterly liaison meetings which are seen as an essential part of the scrutiny function.

The report highlights the significant staffing challenges the Trust faces and how recruitment for nursing staff is be addressed both at internally through programmes like “Aspiring Clinical Managers” and through overseas nurse recruitment. The committee welcomes continued dialogue with the Trust around wider medical workforce issues. We have paid a particular interest in workforce development and recruitment and retention issues across the whole health care sector and specifically scrutinising this under the Sustainable Transformation Programme (minutes can accessed via the link below).

<https://cmis.cambridgeshire.gov.uk/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/538/Committee/6/Default.aspx>

At the time of reviewing NWAT’s Quality Account a final figure was not available for the target set for developing and retaining the workforce and the committee await this with interest as part of their wider scrutiny of workforce planning in both the health and social care sector.

The Committee was particularly impressed with the Trusts progress around CQUIN on Healthy Eating working with the Trusts supplies of food and drink in the hospitals, to assist them in making changes to their outlets to offer staff and visitors healthier choices.

Of concern the Health Committee has noted that the volume of complaints has increased and it will be interesting to see next year if this changes i.e. how much of it is related to the impact of the merger and how much is managing increased demand on the health care system.

In recognising that the Quality Accounts are a technical document the Committee has provided some clarification comments separately. The committee has been encouraged to see how the Trust has actively responded to this feedback, inviting members to a stakeholder meeting and incorporated suggestions in the final Quality Account. This is an excellent example of listening to ones stakeholders.

Appendix 3

CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST QUALITY ACCOUNTS 2017/18 STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL - HEALTH COMMITTEE

The Health Committee within its health scrutiny capacity has welcomed the opportunity to comment on the Quality Account for Cambridgeshire Community Services (CCS). The Health Committee has not called on representatives from CCS over the last year to attend scrutiny committee meetings however the committee has received briefings from senior Trust representatives.

The introductory section focuses on positives (in terms of staff survey results, strong patient feedback) which are carefully substantiated in the body of the report. Services moving to new providers (closure of outpatients, dermatology and acute children's services) are noted it would have been useful to see the impact on patients, although the committee realises that CCS may not have been able to assess this.

There have been a high number of external and internal clinical audits and CCS provides the evidence that it has performed well in these. For example, in the two-year cycle of CQUIN (p14) it is on track to deliver most on of the 13 targets, although not flu jabs for staff. It would be helpful to have an explanation of why there is a 7% reduction here. It was noted that patient safety incidents have increased and some discussion on the reasons why would be helpful. It is clear that CCS are being very effective in other measures e.g. infection control. The committee welcomed the Trusts transparency in its approach to discussing serious incidents, including the involvement of patients through the process and full apologies in line with the duty of candour.

There is a substantial discussion of quality improvement, even though the staff and patient survey results were above average and 90% of users were likely to recommend the service to friends or family. The most impressive part of the report focuses on doing better, picking up issues raised in earlier years and tracking them through in terms of improvements made. It uses the 'You said. We did' approach to demonstrate concrete responses to staff and user feedback.

The Health Committee has paid a particular interest in workforce development and recruitment and retention issues across the whole health care sector and specifically scrutinising this under the Sustainable Transformation Programme (minutes can be accessed via the link below)

https://cmis.cambridgeshire.gov.uk/ccs_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/538/Committee/6/Default.aspx

The committee has been briefed on workforce issues that CCS have faced this year. It is clear in the Quality Account that the Trust understands that workforce improvement lies at the heart of quality improvement. Findings from the previous year's staff survey are reflected on in terms of responses and improvements are now recorded.

One important area, bullying and harassment, has been addressed through a range of improvements including a confidential phone line, new appraisals process and flexible working. Quality innovation in systems, information management etc. is also noted.

The priorities set for 2018-19 suggest that the future focus on quality improvement and enhancement will remain strong. The Committee is pleased to receive a Quality Account that is well focused, succinct and honest and looks forward to continuing with an open dialogue with the Trust in the year ahead.

Appendix 4

CAMBRIDGESHIRE & PETERBOROUGH FOUNDATION TRUST (CPFT) QUALITY ACCOUNTS 2017/18 STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL - HEALTH COMMITTEE

The Health Committee within its scrutiny capacity has welcomed the opportunity to comment on the Quality Account for Cambridgeshire and Peterborough Foundation Trust (CPFT). The committee has requested attendance from the Trust at a public Health Scrutiny meeting on 16th January 2018 to discuss the findings of the Ombudsman report into Eating Disorders and specifically scrutinise CPFT's response to the report. A further follow up session has been scheduled for 12th July 2018. Minutes of this discussion are available from the link below:
<https://cmis.cambridgeshire.gov.uk/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/540/Committee/6/Default.aspx>

The committee acknowledges that the Trust has recently undergone a further CQC inspection in March 2018 and is encouraged that the trust will build on its previous "good" rating from the CQC inspection in 2015. However the committee recognises there were some areas for improvement required and that the Trust has evolved and now has a very complex range of services grouped into three areas; children, young people and families services (CYPF); and older people and adult's community services (OPAC). The Health Committee in preparing the statement for this year's Quality Account has focused on understanding the degree and type of improvements made in 2017-18 in these three areas.

The committee is hopeful that the CQC concerns in 2015 on safety and responsiveness in CYPF services and in specialist community mental health services for children & young people have been addressed in previous years but would have liked more clarity on this. The range of audits and surveys undertaken by the Trust provide a detailed picture of quality and areas of progress, it was noted that in many areas these link in well to future priority setting for example the use of National Falls survey data indicating increased falls fed into priorities set for 2018-19. The committee has paid particular attention in the last year to workforce development issues across the Health Care system and would have welcomed more information around the issues associated with not meeting the CQUIN 2017-18 targets for improving the health and wellbeing of staff. However the anti-bullying campaign launched in May 2018 demonstrates an on-going commitment to addressing staff health and wellbeing. CPFT workforce has only a brief section at the end of the report and given the Trust has recently expanded the workforce to include wider and more diverse professional groups, further detail would have been welcomed by the committee. However the Health Committee through the quarterly liaison meetings with senior leadership at the Trust have recently been appraised of the Trusts workforce plans and are encouraged by the recognition of workforce related challenges and the commitment to address them.

In the Health Committee's health scrutiny role, the importance of patient safety has been the focus of previous scrutiny with CPFT. The committee has noted that the Quality Account reflected the importance the Trust places on patient safety, "reducing avoidable harm" and improving patient experience and both featured as quality priorities for 2017-18 and restated for 2018-19. Although the summary performance data shows a mixed picture, the discussions of these issues sets out a clear pathway from outcomes to future improvements. The committee welcomes the Trusts commitment to improving the patient experience but does acknowledge that complaints have increased significantly particularly in the OPAC service area but is pleased to see the Trust setting out ideas for practical improvements.

In recognising the Quality Accounts are a technical document the committee has provided some clarification comments separately. The Health Committee welcomes the open dialogue developing between the new senior leadership and is encouraged that this will enable effective and meaningful scrutiny of CPFT in the future.

Appendix 5

EAST OF ENGLAND AMBULANCE SERVICE QUALITY ACCOUNT 2017/18 STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL - HEALTH COMMITTEE

The Health Committee within its scrutiny capacity has welcomed the opportunity to comment on the Quality Account for East of England Ambulance Service Quality Account 2017/18. The committee has requested attendance from the Trust at a public Health Scrutiny meeting on 8th February 2018. The Minutes of this discussion are available from the link below:

<https://cmis.cambridgeshire.gov.uk/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/541/Committee/6/Default.aspx>

The Committee acknowledges that it is a complex service operating from 130 sites, with 4000 staff serving a population of six million. On average, it receives 3000 calls each day, making judgments about level of emergency/urgency and responding to DH standards in terms of call-response times.

Their quality strategy was framed in 2015-16 as a three year plan focusing on reducing avoidable harm by 50%, underpinned by an honest, responsive, supportive, safe and listening approach (p7). The focus in their introduction to quality highlights is on the reduction of serious incidents, with 71% being 'near miss incidents with no significant harm caused' and only one incident of patient safety (p12) being investigated by NHS England. After a risk summit, this was found not proven. EEAST are awaiting the outcome of a CQC inspection following the previous one in 2016 in which the CQC reported that improvement was needed in several areas to ensure a safe, effective, responsive and well-led service. It called for more learning from incidents.

In response, EEAST have worked to shift from compliance to a greater focus on quality improvement. However, the national targets response time set for ambulance trusts, which changed mid-year in October 2017, are an inevitable and important focus for quality. In category 1, the most urgent, the national target time to reach a patient is 7 mins and the Trust time is 8mins 46 secs (p20). There is no comment on the reasons for this and it would have been helpful to have more clarity here – and perhaps to measure the Trust against other Trusts with a similar demographic and infrastructure (roads, settlement patterns, population density). In Part 2, a statement about 2018-19 objectives, the mandatory targets remain and other indicators are rolled forward from 2017-18, which is important in a quality improvement plan.

Part 3 focuses on the review of 2017-18 and there could be greater clarity here to aid the reader. In the context of discussing complaints, for example, it is stated that compliments 'always outweigh' complaints but in the period Oct-Dec 2017 there were an equal number of each with no explanation given (p28). It would be helpful to understand the figures, which may relate to winter pressures on the NHS service as a whole. However, it is stated (p29) that the Trust took over the PT service in October 2017 and complaints rose by 15% so this may be the cause. It would help if the graph on page 28 was more clearly labelled as it is a key one.

There is summary reporting of the PALA and patient surveys but it would be helpful to understand more about what the Trust sees as their significance and how these surveys fed back into the 2018-19 quality objectives.

There is a strong discussion of quality priorities for 2017-18 from page 37ff, with a focus beyond DH targets to Trust set objectives, such as patient safety priorities and patient experience. That said, patient safety is the main focus and work on areas such as deep cleaning of PT vehicles, a focus on clinical effectiveness in areas such as sepsis, ACS and anti-microbial infections is reported, with evidence of significant progress in several areas.

Although there are references throughout the report on staff training and a section (p58ff) on supporting our staff, a lot of the focus here is on training and e-learning. Given that in the NHS staff survey there were reported concerns about EEAST providing equal opportunities for career progression and about levels of harassing and bullying from staff – although these were lower they were still above target – it would be helpful to find out more about the Trust's planned actions in these areas. In this area, there is not much evidence of feeding forward into the 2018-19 quality plans.

**THE ROYAL PAPWORTH HOSPITAL TRUST
QUALITY ACCOUNTS 2017/18
STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL - HEALTH
COMMITTEE**

The Health Committee within its health scrutiny capacity received the Quality Account from the Royal Papworth Hospital Trust on 21st May 2018. This did not provide the committee with time to fully review the Trusts Quality Account for 2017/18.

However the Committee would like to comment that the “Summary of Progress” against the 2017-18 Quality Priorities provides a clear overview. The committee would also like to acknowledge the changes that the Trust is currently going through and looks forward to receiving the Quality Accounts in good time for review next year.