

**NHS QUALITY ACCOUNTS – ESTABLISHING A PROCESS FOR RESPONDING TO 2017-18 REQUESTS**

*To:* **HEALTH COMMITTEE**

*Meeting Date:* **16th March 2018**

*From* **The Monitoring Officer**

*Electoral division(s):* **All**

*Forward Plan ref:* **Not applicable**

*Purpose:* **For the Committee, as part of its Health Scrutiny function, to agree the process to respond to statements on the Quality Accounts provided by NHS Provider Trusts.**

*Recommendation:* **The Health Committee is asked to note the requirement for NHS Provider Trusts to request comment from Health Scrutiny committees and**

- a) To consider if the committee wishes to respond to Quality Accounts and if so prioritise which Quality Accounts the Committee will respond to.
- b) Establish and appoint to a Member Task and Finish Group that will provide feedback on the Quality Accounts.
- c) Delegate approval of the responses to the Quality Accounts to the Head of Public Health Business Programmes and Democratic Service acting in consultation with the views of members of the Committee appointed to the Task and Finish Group.

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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 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.
- 1.3 This paper outlines the proposed response to the Quality Accounts received by the Health Committee and the internal deadlines to respond to the NHS Trusts.

## **2. MAIN ISSUES**

- 2.1 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.
- 2.2 NHS Healthcare providers are required to submit their final Quality Account to the Secretary of State by 30th June each year. For foundation trusts the Quality Accounts are required to be submitted to NHS Improvement by 31st May for audit purposes. However each provider will have internal deadlines for receipt of any comments from relevant statutory consultees.
- 2.3 As discussed at the Health Committee meeting in previous years, the timing of the Quality Account deadlines puts the Committee in a difficult position to provide an adequate response. Often NHS Trusts are unable to send copies of their draft Quality Accounts until mid to end of April, resulting in a short timescale for the committee members to formally agree a response. There is no statutory requirement for the Health Committee to respond to the Quality Accounts.

## **3. PROCESS FOR RESPONDING TO NHS QUALITY ACCOUNTS**

- 3.1 Under the committee system of governance, it is not possible to delegate decisions to individual elected members or groups of members, but scrutiny regulations require that scrutiny be carried out by elected members and not delegated to officers.

- 3.2 Due to these time constraints previous responses have been limited to details of where the Trust has attended the Health Committee for the purposes of health scrutiny. Any recommendations made by the committee have been submitted within the statement. Feedback received from the Trusts over the last two years has noted that they have expected more of a reflection and comment on the content of the Quality Account rather than an overview of scrutiny actions.
- 3.3 This year the scheduling of the committee meeting does allow for members to discuss the responses at the Committee meeting on 16<sup>th</sup> May 2018. However section 4 outlines the expected deadlines from Trusts may require responses to be submitted prior to the committee meeting. In the past Trusts have refused to publish “draft” statements that have not been endorsed by the committee.
- 3.4 The committee is asked to prioritise which Quality Accounts should be responded to and to consider the feedback from the Trusts (See 3.2) in regards to an appropriate response.
- 3.5 It is suggested that the committee follows the procedures agreed last year and delegates approval of the responses to the Quality Accounts to the Head of Public Health Business Programmes, acting in consultation with, and in accordance with the views of the Committee. Further consideration needs to be given on how the views of committee members are received.

#### **4.0 EXPECTED DEADLINES FOR RECEIPT OF QUALITY ACCOUNTS**

- 4.1 In order to prioritise and prepare for responding to NHS Quality Accounts, Table 1 provides details of the timescales worked on in 2016 and 2017 to respond to Quality Accounts which vary for each trust and can be very tight.

**Table 1: Quality Account Timeline**

<b>Organisation</b>	<b>Statutory Submission date for the Trust</b>	<b>Timescales for responding to Quality Accounts for 2015/16</b>	<b>Timescales for responding to Quality Accounts for 2016/17</b>
<b>Cambridge University Hospital Foundation Trust (CUHFT)</b>	<b>Submission and publication with NHS Improvement on June 30<sup>th</sup> 2018.</b>	Received on 15 <sup>th</sup> April 2016. Response requested 12 <sup>th</sup> May 2016.  Response sent 12 <sup>th</sup> May 2016	Received 3 <sup>rd</sup> April 2017  Response requested 13 <sup>th</sup> April 2017  <b>Negotiated and response sent 24<sup>th</sup> April 2017</b>

	<b>Completion for audit 31<sup>st</sup> May 2018</b>		<b>Update for 2017/18</b>  Notification that QA will be received by 3 <sup>rd</sup> April with a response for 13 <sup>th</sup> April 2018. This has been negotiated for the end of April 2018
<b>Peterborough &amp; Stamford Hospital Foundation Trust (PSHFT)</b>	<b>As Above</b>	Received on 21 <sup>st</sup> April 2016.  Response requested 4 <sup>th</sup> May 2016  Response sent 12 <sup>th</sup> May 2016	Received 21 <sup>st</sup> April 2017 with an invitation to attend external stakeholder meeting on 4 <sup>th</sup> May 2017 to discuss opinions and comments  Response requested by 3 <sup>rd</sup> May 2017  <b>No response provided</b> as members considered PSHFT covered by PCC.  For 2018 PHSFT will be replaced with NWAFT
<b>Cambridgeshire &amp; Peterborough Foundation Trust</b>	<b>As Above</b>	Received on 27 <sup>th</sup> April 2016  Response sent but was not published as it was noted by the Trust that they received a draft response.	Received on 10 <sup>th</sup> May vs 1  Received on 16 <sup>th</sup> May vs 2  <b>Response sent 19<sup>th</sup> May 2017.</b>  Request from the Trust to present the Quality Account to members as concern that statement does not reflect the content of the report
<b>Queen Elizabeth Hospital Kings Lynn (NHS Foundation Trust)</b>	<b>As Above</b>	Previously received on 7 <sup>th</sup> May 2016.  Response requested 12 <sup>th</sup> May 2016.	No Quality Account Received for 2016/17  We have not had any scrutiny involvement

		Response sent 12 <sup>th</sup> May 2016.  CCC is not the local scrutiny committee for QE. The Quality Account was received	with QE Trust in 2016/17  <b>No Response sent</b>
<b>Papworth Hospital (NHS Foundation Trust)</b>	<b>As Above</b>	Received on 18 <sup>th</sup> April 2016.  Response requested 13 <sup>th</sup> May 2016.	Received on 18 <sup>th</sup> April 2017.  Final responses required for 19 <sup>th</sup> May  <b>No Response sent</b>
<b>Hinchingbrooke Health Care NHS Trust</b>	<b>Non Foundation Trust 30<sup>th</sup> June 2017</b>	Previously received on 3 <sup>rd</sup> May 2016. Response requested 15 <sup>th</sup> May 2016.	Received 27 <sup>th</sup> April 2017  <b>Response sent 26<sup>th</sup> May 2017</b>  Hinchingbrooke Hospital now comes under North West Anglia Foundation Trust (NWAFT)
<b>Cambridgeshire Community Services</b>	<b>Non Foundation Trust 30<sup>th</sup> June 2017</b>	Previously received on 29 <sup>th</sup> April 2016. Response requested by 30 <sup>th</sup> June 2016.  Members may wish to consider if they wish to respond. We have not had any direct scrutiny involvement with CCS in 2016/17	

## **SIGNIFICANT IMPLICATIONS**

### **5.1 Resource Implications**

Officer time in preparing a paper for the Committee.

### **5.2 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.

### **5.3 Equality and Diversity Implications**

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

#### **5.4 Engagement and Consultation Implications**

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

#### **5.5 Localism and Local Member Involvement**

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

#### **5.6 Public Health Implications**

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

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