

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

To: **HEALTH COMMITTEE**

Meeting Date: **11th July 2019**

From **Head of Public Health Business Programmes**

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 2018/19. 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

<i>Officer contact:</i>		<i>Member contact:</i>
Name:	Kate Parker	Cllr Peter Hudson
Post:	Head of Public Health Business Programmes	Chairman
Email:	Kate.parker@cambridgeshire.gov.uk	Peter.Hudson@cambridgeshire.gov.uk
Tel:	01480 379561	01223 699170

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 14th March 2019 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, Connor, Hudson, Jones and Taylor were appointed to the Task and Finish Group on 14th March 2019. Table 1 details Quality Accounts that have been received at the time of this report was compiled.
- 2.2 A review of last year's responses to Quality Accounts was discussed at this meeting and it was agreed that a more interactive model should be encouraged. NWAFT were provided as an example of good practice as they hold a stakeholder workshop after receiving feedback on their quality accounts. This meeting allows technical questions to be clarified to provide a greater understanding of the quality account.
- 2.3 All Trusts were approached to develop a more interactive model of response and whilst no other trust offered the workshop all agreed to respond to any specific questions or clarifications raised by the task and finish group.
- 2.4 In the past the tight timescales for response have presented difficulties for the Health Committee, unfortunately these are based on national deadlines. Having an established process this year has resulted in a more efficient way to respond to the quality accounts.

Table 1

Organisation	Quality Account Received	Deadline to Respond	Response Made	Further feedback received
Cambridge University Foundation Trust	2 nd April 2019	15 th April 2019	17 th April 2019	18 th April 2019
North West Anglia Foundation Trust	18 th April 2019	3 rd May 2019	3 rd April 2019	Stakeholder feedback session Scheduled for 8 th May – unable to attend
Cambridgeshire & Peterborough Foundation Trust	29 th April 2019	17 th May 2019	17 th May 2019	17 th May 2019
Cambridgeshire Community Services	1 st May 2019	31 st May	31 st May 2019	11 th June 2019
Royal Papworth Trust	16 th April 2019	16 th May	15 th May 2019	
East of England Ambulance Service Trust	14 th May	13 th June	Deadline for submission missed	

- 2.5 The Health Committees Responses to the NHS Trusts submitted are provided in Appendix 1

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/cmc_live/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/6/Default.aspx

Appendix 1

CAMBRIDGE UNIVERSITY HOSPITAL FOUNDATION TRUST

QUALITY ACCOUNT 2018/19

STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL HEALTH COMMITTEE

The Health Committee within its scrutiny capacity has not called on representatives from Cambridge 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.

The Committee has found this quality account overall an interesting report, with evidence of careful attention being paid to some key quality concerns.

At the start, attention is drawn to increased levels of activity in Outpatients, partly driven by increased referrals and the comment made that this will be challenging if it continues (p4). While the increase in the level of A & E activity was lower than anticipated, the outpatient figures indicate that pressures on CUH are not reducing. Quality monitoring continues at a high level with 58 audits across the year.

There is greater emphasis in priority setting for 2019-20 on cultural change and 'healthy and open communication' (Section 4.2.1). The Health Committee has been interested in CUH improvement strategies and notes the 'Improving Together' strategy being steered by the Improvement and Transformation directorate. This is an ambitious programme of improving staff skills, awareness and distributed leadership working with external improvement partners. Part of this is a focus on supporting individuals to raise concerns using the speaking up service for employees (FTSUG), with a longer term aim of culture change that enables staff to raise and managers to work with them to resolve issues locally. Health Committee members have recommended to CUH to consider how the responses by concerns/groups reported to the Board are being used to drive quality improvement.

We understand that DTOC challenges continue although some improvements have been made and CUH sets itself four measures for 2019-20, including a target of 20% for early discharges (p.15-16). Early discharges are defined as 'before midday' and is to be noted that this is very ambitious since performance actually declined from 15.3% to 13% between 17/18 and 18/19 (see p44). The Health Committee encourage CUH to monitor the new process that started in January 2019.

The emphasis on culture change links to the staff experience/well-led quality targets, including one related to appraisal that is a theme in the NHS National Survey. CUH should be commended that 99% of their staff received an appraisal. Whilst it noted that only 26% of CUH staff in 2018 agreed that 'my appraisal helped me to improve how I do my job' suggesting that appraisal is not currently integrated as part of a developmental process for staff. CUH's target of improving the 2018 figure by only 2% does not seem to fit with their more ambitious culture change objectives set out in Section 4.2.1. However feedback received by the Health Committee from CUH

around working to improve the quality of appraisals and the impact of staff's perception of how it helps them improve how they do their work is encouraging. In particular it was good to hear that the percentage of managers supported to receive training, learning or development has increased significantly by 6%.

The national staff survey results indicate that CUH is average or slightly better in reporting of bullying/abuse and some other measures but not on staff confidence in equal opportunities. One aspect may be addressed through the equality and diversity lead drawing on best practice elsewhere (p36). One improvement noted is CUH moving to central advertising of all acting up/secondment opportunities, an important marker for staff of fair and equal treatment.

Quality improvement in clinical practice is driven through engaging with patients and capturing 'lessons learnt'. Work on 'Learning from Death' (p30-34) includes in-depth analysis of the factors underlying sub-optimal care including training needs, staff levels, workload and cultural factors. The Health Committee has appreciated further clarification provided by CUH in regards to the 'Duty of Candour' (DOC) and new guidance published by NHSI which has impacted on the compliance position. It was good to hear that the safety team are working on establishing a revised process that prioritise the follow up of outstanding DOCs

The Committee were pleased to see the CQC inspection outcome gave CUH an overall judgement of 'Good'. Health committee members have been encouraged by the Trust's positive attitude to maintain an open dialogue and will be inviting representatives to attend a health scrutiny session around the CQC improvement plan in the near future.

NORTH WEST ANGLIA FOUNDATION TRUST

QUALITY ACCOUNT 2018/19

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).

The Committee has formally invited representatives from NWAFT to discuss the CQC Inspection report at a meeting held on January 17th 2019. Minutes of the meeting and the discussion can be found on the following link.

<https://cambridgeshire.cmis.uk.com/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/882/Committee/6/Default.aspx>

The Health Committee is particularly interested in the CQC inspection as it relates to Hinchingsbrooke Hospital which is the only part of NWAFT's hospital provision that sits within the Health Committee's scrutiny remit. Of concern is that being "safe" requires improvement for all areas of Hinchingsbrooke Hospital except end of life care and outpatients. Whilst it was disappointing that the trust received a "requires improvement" rating, it was noted that the trust are acting on a range of quality improvements since the inspection and most areas that required improvement had improved.

It is clear that the priorities for 2019-20 have been informed by the CQC inspection, other audits and the Trust's own processes of learning, which is very positive. However the committee has noted that there are many priorities in the five domains and questions if this is achievable.

The Health Committee has taken a particular interest in workforce development, recruitment and retention issues across the whole health care sector and continues to scrutinise this under the Sustainable Transformation programme (expecting an update report in July 2019). The committee has welcomed the Trust's work around the "Grow with us" staff retention project and looks forward to hearing how many staff have been involved. It is encouraging to see that the Trust has been pro-active in training guardians and champions and prides itself on encouraging staff to report unsafe practice and working conditions. It is important that the Trust demonstrates how all staffing issues identified, either through the retention projects and through "Freedom to Speak out" initiatives are incorporated into clear action plans that are monitored and evaluated. This will provide the Trust with confidence that initiatives are achieving their objectives.

In recognising that the Quality Accounts are a technical document the Committee has provided some clarification comments separately. As with previous years the Committee is grateful that the Trust provides the opportunity for members to attend stakeholder meetings and responds positively to feedback received. This sense of openness from the Trust has been strengthened through the continuation of quarterly liaison meetings with the CEO and senior leadership representatives, meeting informally with committee members to discuss local concerns.

CAMBRIDGESHIRE & PETERBOROUGH FOUNDATION TRUST (CPFT)

QUALITY ACCOUNTS 2018/19

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 12th July 2018 and further followed up with CPFT at a meeting on 17th January 2019 to specially discuss the findings of the Ombudsman report into Eating Disorders and scrutinise CPFT's response to the report. Minutes of the discussions are available from the links below:

https://cambridgeshire.cmis.uk.com/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/876/Committee/6/Default.aspx

https://cambridgeshire.cmis.uk.com/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/882/Committee/6/Default.aspx

Representatives from CPFT, as a provider of the First Response Service (for patients experiencing a mental health crises) along with commissioners were also invited on 17th January 2019 to discuss the access arrangements to this service for patients living in Wisbech. The committee were reassured by commitments from both organisations that the arrangements for accessing out of hours services did work (Minutes of this meeting available from the link below):

https://cambridgeshire.cmis.uk.com/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/876/Committee/6/Default.aspx

In reviewing the Quality Account the Health Committee notes that pressure on services continues to increase, with a 10.09% rise in referrals between 2017/18 and 2018/19. The Trust has coped with this well and the CQC inspection in June 2018 gave an overall verdict of 'Good' for its services. There were some notable areas of progress in 2018-19, for example in falls reduction, with a 5% overall reduction mainly related to community services, and this remains a priority for 2019-20. This is well related to the STP work programme priorities.

In other areas there is evidence that the Trust has not reached some of its quality priority targets set for 2018/19, which means that its overall priorities for improvement - best care, innovation, best value and good staff experience of working in the trust – are still acknowledged as work in progress.

The priority areas selected for 2018-19 focused on reducing avoidable harm, improving health outcomes and improving experience of care. Most targets were achieved but some targets relating to training, data capture and recording were missed. This may link to the data recorded locally and through the NHS England

staff survey about sickness absence, feelings of stress and motivation at work and, in the CYPF directorate about the quality of relationships between senior managers and staff (pages 13-18). Effective support and training are key components of staff wellbeing and positivity about their workplace. Page 35-37 notes that there is 'much to do to improve the health and wellbeing of our staff'.

The Health Committee has taken a particular interest in workforce development, recruitment and retention issues across the whole health care sector and continues to scrutinise this under the Sustainable Transformation programme (expecting an update report in July 2019). The Committee were encouraged to see that CPFT has focused on enhancing workforce quality and skills during 2018-19 and part of this has been working to embed a safety culture through a focus on it in staff appraisals, with acknowledged progress (pages 22 and 35). It is recognised that this work is ongoing and clarification on where this sits in the 2019-20 priorities has been requested. The ongoing work of training the trainers on the 'Understanding Quality Service and Redesign' programme is noted and Duty of Candour, Structured Judgements Reviews and Speaking Up all highlight work in progress by the Trust to drive 'a definite change in attitudes and behaviour' (pages 58-69).

The Health Committee were pleased to note that CPFT received a "Good" rating following their CQC inspection in March 2018. The 'well led' part of the CQC review highlighted some areas for management improvement including actions related to promoting equal opportunities, transparency and objectivity in recruitment and supporting diversity (page 56). The Committee would like to see further incorporation of this into the 2019-20 priorities for developing and supporting staff.

Improving experience of care for patients and the experience of carers is reported, with progress during 2018-19 on two-thirds of the priorities set. The Committee was pleased to note a fairly low and reducing level of complaints was recorded for 2018-19; interestingly, this sits alongside a 15% decrease in compliments. A priority in this area for 2019-20 is to bring in the NHS complaints satisfaction survey and focus on shared learning, improving response times and reviewing the quality of action plans (page 98-100).

At present, the Trust sits in the average group of trusts of its type across England. However, it has commendable ambitions to improve on this during 2019-20. Health Committee members look forward to discussing these improvement plans with senior representatives from the Trust at their quarterly liaison meetings. The Health Committee members have maintained an open dialogues with senior leadership at the Trust through these valuable liaison meetings which are seen as an essential part of the health scrutiny function.

CAMBRIDGESHIRE COMMUNITY SERVICES NHS TRUST

QUALITY ACCOUNTS 2018/19

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.

The quality account was clearly presented and this allowed the relationship between 2018-19 progress, external and internal feedback and the priorities then set for 2019-20 to be tracked. This is commendable.

The four priority areas for 2019-20 contain some largely new quality improvement actions but also include continuation of work begun in 2018-19 (or earlier) but still in progress. We understood this to mean that rather than progress being slow actions are complex to achieve fully. For example, the Trust launched the 'Our Improvement Way' programme, and its 2018-19 comments indicate work completed but at the same time it is recognised that embedding the approach should continue. Evidence is further seen in 2019-20 Priority 4 'Learning and Continuous Improvement' in activities 4.1 and 4.4.

The Health Committee has taken a particular interest in workforce development, recruitment and retention issues across the whole health care sector and continues to scrutinise this under the Sustainable Transformation programme (expecting an update report in July 2019). The committee was pleased to see this focus replicated in the CCS quality account. Strong claims are made about the Trust's workforce: for example, that they are 'engaged and happy' and the medical director and chief nurse both focus on staff as the key to progress. This is then reflected strongly in Section 3.7 on workforce factors and in the subsequent sections on diversity and inclusion, staff excellence and service redesign. Evidence in these sections indicates that active support, development and management of staff are in place. This is reflected in the strong scores from the national staff survey, the high percentage of completed appraisals and staff belief in equal opportunities at work.

In recognising that the Quality Accounts are a technical document the Committee has provided some clarification comments separately these related to how staff experiences are translated into the priorities for 2019-20.

The committee were pleased to see how the Trust highlights the 'step change' it is engaged in – of moving from a patient engagement to a people participation approach. This work is fully reflected in 2019-20 Priority 3, which focuses on how service users, patients and local communities will help to shape future service provision. The 2018-19 findings cite the review work undertaken and the creation of

a people participation committee within the governance structure to embed this approach. The quality account discusses moving towards co-production (pg. 8) and the committee recognises that this is ambitious and not without challenge for staff and users in terms of resources and other Trust priorities, including safety. It will be interesting to see how the work is progressed during 2019-20.

ROYAL PAPWORTH NHS TRUST

QUALITY ACCOUNTS 2018/19

STATEMENT BY CAMBRIDGESHIRE COUNTY COUNCIL HEALTH COMMITTEE

The Health Committee within its scrutiny capacity has welcomed the opportunity to comment on the Royal Papworth NHS Trust Quality Account.

The Committee has received a very clear and well formulated quality account on the whole, making it easy to read and digest. In particular, it is frank and open in relation to priority areas where progress has been slower than hoped for or where there has been a slippage in performance. For example, page 6 flags concerns about ward incidents relating to deteriorating patients, where targets have not been achieved for 2018-19. This is discussed in more detail in Part 3 and it is highlighted as a continued priority for 2019-20 (page 15).

In areas where progress has been made, for example in falls reduction, it is acknowledged that further progress is possible although it is not entirely clear what the challenges are in the new hospital setting.

The challenge of moving a whole hospital to an entirely new site is dealt with through various priority targets having been set and monitored throughout the planning and moving period. Achieving a 'safe hospital move' remains a priority for 2019-20 with strong evidence of robust 'go-no go' points set down and achieved.

Two major areas are discussed in some depth: the shift in 2017 and operationalising of Lorenzo and the importance of leadership and culture. Lorenzo, with its electronic patient record system, is clearly taking quite a while to become embedded beyond the user champions and exemplar groups. The positive outcomes in terms of recording a range of data which can then be used to optimise bed management, throughput and reduced stay for example, is still a work in progress. There are also ambitions to provide better data for quality assurance, research and audit. It appears that the team understands the importance of staff training and support but still have a lot of work to do to change the approach. The comment on page 42 about sepsis is an interesting one, as it is seen as an area where there remain significant issues about documentation related to the EPRS.

The Health Committee has taken a particular interest in workforce development, recruitment and retention issues across the whole health care sector and continues to scrutinise this under the Sustainable Transformation programme (expecting an update report in July 2019). It has been helpful to see that Royal Papworth has a strong record of recruiting and retaining staff and the staff survey indicates that a high percentage of staff agree that the organization provides equal opportunities for staff to develop and get promotion, while a declining percentage report that they experience bullying and harassment; both indicators moving in the right direction.

The Quality Account features training and support for the workforce but more evidence on how the 2018-19 Priority 3 on workforce was being carried forward into 2019-20 would have been useful in the priority set for leadership and culture.

It is useful to see the preparation and progress that Papworth has made in preparing for a CQC inspection and the results of the mock inspection (page 62). There is only one 'requires improvement' (for diagnostics well-led category). The 2019-20 quality focus on 'leadership and culture' makes good sense in relation to the mock CQC outcomes, with page 22 and 23 earlier in the report flagging the work to be done on equality and diversity and on building leadership capability. It is noted that there are still targets to be added to this section.

The Health Committee looks forward to inviting representatives from the Royal Papworth NHS Trust later this year to attend committee to discuss issues relating to the relocation and to review the outcomes from the CQC inspection.