

HOPSC/25/19

Committee Health Overview and Scrutiny

Date June 2019

QUALITY ACCOUNTS

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Recommendation:

- (i) To note the approach taken and comments made on draft Quality Accounts submitted to the Committee by health bodies during April - June 2019.
 - (ii) To consider how the process has been working this year and how arrangements to provide comments could be improved in future.
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Overview and 2019 approach

Health bodies are required to provide the HOSC with a copy of their Quality Accounts for comment. The health body is required to incorporate any comments on its' Quality Accounts received from stakeholders (including the HOSC) into its final version that is submitted to their regulator (see **Appendix 1** for more Background information).

This year, in consultation with the HOSC Chairman and Lead Members, it was agreed that copies of draft Quality Accounts received would be circulated to all HOSC members for comment. Any comments received have been passed onto the respective providers to include in their finalised Quality Accounts and these are shown in **Appendix 2**.

Each year it is difficult to arrange and co-ordinate HOSC responses due to tight regulatory deadlines (the HOSC is often given less than a month to respond) and difficult timing with comments usually sought during May each year (i.e. clashing with local, national and/or European elections). Therefore, Members may now wish to consider how the process worked this year and HOSC's approach to Quality Accounts and arrangements to provide comments could be improved in future.

Background

Health Overview and Scrutiny Committees are one of the stated statutory consultees that health bodies are required to invite to comment on their Quality Accounts.

A Quality Account is a report about the quality of services by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public.

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. Certain specified quality indicators have to be included in the report.

A healthcare provider has to provide and give a detailed statement about the quality of their services. Every Quality Account will include:

- A signed statement from the most senior manager of the organisation. Managers will describe the quality of healthcare provided by their organisation and the areas they are responsible for. Within this statement, senior managers should declare where the organisation needs to improve the services it delivers and acknowledge any issues in the quality of services currently provided.
- Answers to a series of questions that all healthcare organisations are required to provide. This includes information on how the healthcare provider measures how well it is doing, continuously improves the services it provides, and how it responds to checks made by regulators such as the Care Quality Commission (CQC).
- A statement from the organisation detailing the quality of the services they provide. Clinical teams, managers, patients and patient groups may all have a role in choosing what to write about in this section, depending on what is important to the organisation and to the local community. At the end of each Quality Account you will find a statement from the provider's main commissioner (buyer of their NHS services).
- Quality Accounts do not report on primary care services (GP practices, dental practices, community pharmacies and high street optometrists) or NHS Continuing Healthcare - NHS continuing healthcare refers to a package of continuing care arranged by the NHS to be provided outside hospital for people with ongoing healthcare needs.

The HOSC does not have to comment on the Accounts but it has the opportunity to do so as they provide useful summary and insight into quality issues and performance and actions being taken. Reviewing Quality Accounts can also act as a prompt for the HOSC to comment on how a health body is presenting information, the impression the HOSC has of the organisation's approach towards quality improvement overall, how the HOSC has been engaging and challenging the health body on current concerns and issues and how the health body has responded both to the HOSC and regulatory challenge.

RESPONSES

Anglian Community Enterprise (ACE)

In the last year, ACE has twice worked with, and helped inform, the Essex HOSC – once discussing the broader challenges in community healthcare (along with other providers and commissioners) and the second time in a discussion about care navigation in primary care and issues around the piloting of a specific system. We expect to work again with ACE in the near future on future discussions on community and primary healthcare.

With regard to the Quality Accounts, we felt there could have been more information on how the service works in the front line, referral process and the public prominence of the service offer. Secondly, it would have been useful to have had more information on how services were being targeted to address health inequalities in the most deprived areas.

Thank you for the opportunity to comment.

East of England Ambulance Service NHS Trust

The Trust has directly supported the Essex HOSC in a review of A&E and seasonal pressures held with the hospital trusts and a further follow-up discussion is planned. The Essex HOSC expects to continue working closely with the Trust in the coming year on this and other issues.

In relation to your report it is encouraging to see the number of patient safety incidents (PSI's) continuing to improve. The HOSC is pleased to see the clear list of priorities, in particular the reference to understanding the needs of people with learning disabilities and autism – this is a patient group which the HOSC will also be looking at in the near future.

It is pleasing to see the establishment of a new control centre in Bedfordshire, thereby taking the strain off the Essex control centre. This can only be of benefit to the patients.

We welcome the 24% decrease in complaints and would expect this to be reflected in improved staff morale.

The disclosure on turnaround times is welcome but we find it disappointing that the EEAST continues to experience delays between arrival/handover/departure from hospitals.

The “What went wrong and what we did” is an excellent illustration to the reader into the daily work of the ambulance service and we encourage similar disclosure in future reports to help make your work and challenges clearer to the public.

The Committee is aware that local Healthwatch also reviews Quality Accounts and is content that they can represent the patient and public voice and comment accordingly.

On behalf of the HOPSC, may I thank you for the opportunity to comment on these draft accounts.

Essex Partnership Trust

The HOSC continues to push for higher prominence of mental health in STP plans and encourages the Trust to do all it can in this connection.

We welcome the opening up of Peter Bruff ward as an assessment ward which we believe will help reduce out-of-area placements. However, we believe that further focus is needed to improve responding to crisis and, in particular, the crisis line.

The HOSC is encouraged that, despite the challenges of the recent merger, regulatory ratings are improving. Whilst recognising there has been better engagement with stakeholders, the HOSC encourages continuing focus and effort to maintain these important relationships.

The HOSC looks forward to working with the trust in the coming year.

Thank you for the opportunity to comment.

East Suffolk & North Essex NHS Foundation Trust

The Trust has worked regularly with both the Essex HOSC and the Joint HOSC (established with Suffolk County Council) updating members on the merger and development of a corporate strategy and as a key partner of STP plans. In addition, it has supported the Essex HOSC in its recent review of A&E and seasonal pressures. Both the Essex HOSC and JHOSC expect to continue working closely with the Trust in the coming year.

With regard to the Quality Accounts, we liked the way you presented your priority areas and actions being taken. Some commentary on how those priorities may change over time, with the processes followed for management review, and anticipated future priorities would be helpful.

Some of the scores from the Staff Survey recommending services to family and friends, and about recommending the organisation as a good place to work, seemed low and we would have expected a more robust statement of intent on what steps would be taken to address this.

The section on Volunteering system was informative. As it seems that there may be circumstances where some volunteers could have access to confidential patient

information some commentary providing reassurance about data security protection and safeguarding might help the disclosure.

Thank you for the opportunity to comment.

Farleigh Hospice

The HOSC has not worked directly with the Hospice in the last year. However, the importance of good end of life care is often raised as part of wider cross-cutting discussions on acute, community and primary care. The Committee has, in the main, been content with the engagement of local healthcare providers in its work over the past year.

In view of the number of quality accounts the HOSC is invited to review each year, only a very limited review can be undertaken. The HOPSC thanks Farleigh Hospice for the opportunity to comment on the report. Our only observation this year is that it is encouraging to see evidenced that where human error occurs that the need for increased vigilance is recognised and taken on board (e.g. Medication).

The Committee is aware that local Healthwatch also reviews Quality Accounts and is content that they can represent the patient and public voice and comment accordingly.

Mid-Essex Hospitals Trust

The Trust has worked with the Essex HOSC as a key partner of STP plans. It has supported the Essex HOSC in its recent review of A&E and seasonal pressures. The Essex HOSC expects to continue working closely with the Trust in the coming year.

The HOSC fully supports the Patient safety priorities 2018-19 “Developing a culture that encourages a home first approach for all our patients” and recognise the improvements made. However, the HOSC is glad that it is also recognised that further work needs to be done.

With regard to the priorities addressing hospital acquired pressure ulcers and minimising the risk of inpatient falls, the HOSC looks forward to these nursing tasks becoming part of standard core nursing care so that they do not need to be part of a corrective action plan in future. Similarly, the low scores for some of the Clinical Effectiveness priorities 2018/19 remain a concern and need further attention to bring in line with national performance.

On a more positive note, it is encouraging to see the various steps being undertaken to enhance patient experience. However, it is concerning that the rating score for Staff Friends and Family Test (staff) seems to be getting worse. The HOSC encourages further action to reduce the level of Patient Safety Incidents.

In light of the concerns highlighted by CQC, the quality report offers limited assurance about providing a safe environment for patients and HOSC encourages the management team to further increase their focus on delivering safe and fundamental nursing and medical care.

Princess Alexandra Hospital Trust

The Trust has kept the Essex HOSC informed on the estate challenges being faced and the strategy and preferred option for a hospital rebuild. A recent site visit to PAH to see some of these challenges was really appreciated by HOSC members. The Trust has also supported the Essex HOSC in its recent review of A&E and seasonal pressures with a further follow-up discussion planned. The Essex HOSC expects to continue working closely with the Trust in the coming year on both these and other issues.

In view of the number of quality accounts the HOSC is invited to review each year, only a very limited review can be undertaken. Through HOSC discussions with PAH and feedback from local members, it is clear that the Trust faces significant demand pressures which can impact particularly on responsiveness. Local members have highlighted some issues with the booking of outpatient appointments which could have been acknowledged in the report although we believe senior management are already aware of the issues.

The Committee is aware that local Healthwatch also reviews Quality Accounts and is content that they can represent the patient and public voice and comment accordingly.

Thank you for the opportunity to comment

Southend University Hospital Foundation Trust

Thank you for the opportunity to comment on your Quality Accounts.

Whilst recognising that we may have been commenting on an early draft we would recommend the importance of having a Contents page at the beginning to help navigate around the contents.

We are encouraged to see that the response rates regarding inpatient and daily care are above the national average. Further disclosure on the percentage of negative comments received would have been useful to increase understanding of this area.

We are also pleased to see the score regarding the question asked of patients being involved in decisions about their care, has improved and would encourage continued focus on this important measure.